INQUIRY INTO REVIEW OF THE NEW SOUTH WALES SCHOOL CURRICULUM

Name:

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Partially Confidential

LEGISLATIVE COUNCIL PORTFOLIO COMMITTEE NO. 3 – EDUCATION

Inquiry into the review of the New South Wales school curriculum

Submission of Tracy Anne

INTRODUCTION

For the purpose of this submission, 'sexual health programs' includes the following topics:

Consent	Good sexual health: STIS and BBVS (Sexually transmitted Infections and blood borne virus)	Contraception
Respectful relationships	Gender and sexual diversity	Answering tricky or challenging questions
The impact of social media: pornography and sexting	Puberty	Exploring values and attitudes
Best practise approaches to sexual health education	Communication strategies for working with young people	Parents and carers

In the last 20 years I have been involved in the education sector. I am a registered NESA Accredited primary school teacher (currently on leave). I have been employed as a teacher in the public and independent education systems. I have been a Professional Development and Training Manager at a college for international students. I have been engaged independently to deliver sexual health education. I have been employed as a youth education officer delivering sexual health professional development programs for teachers. I have also worked on a mental health Project funded by Department of the Prime Minister and Cabinet. I have established and operated my own OOSH centre. Prior to my involvement in the education sector, I worked in the legal industry. In 2019, I established Sexual Safety Australia, in response to an emerging need for non-agenda driven, inclusive (not exclusive), sexual safety and health education. Due to personal illness and COVID, Sexual Safety Australia has not commenced operating. It is hoped to commence in 2021.

I was engaged on a two-year contract as a youth education officer for Family Planning NSW. In my role as a youth education officer, I was responsible for writing new and updating existing sexual health professional development programs and facilitating professional development workshops. The programs and workshops were aimed at school teachers, youth workers and other professionals who worked in paid or voluntary positions with young people. Some professional development workshops were funded by NSW Health Ministry or Local Health Districts. Sometimes I attended at high schools with the Health Promotion team to deliver the Crossroads program to years 11 & 12 students and other sexual health promotion to high school students.

In summary:

I have been a primary school classroom teacher educating students about sexual health.

I have been a facilitator/educator of teacher and youth worker professional development sexual health programs.

I have delivered face to face sexual health education to high school students.

I have been a participant in many sexual health training programs.

I am also the mother of a year 12 student, so I am able to have an understanding of the impact of these programs from a student's perspective.

I am not a member of any political party and consider myself politically impartial.

I hold the following relevant qualifications:

Bachelor of Arts (Humanities) some subjects studied were psychology, gender, women's studies, and history.

Bachelor of Teaching (Primary)

Certificate IV Workplace Training & Assessment

Certificate in Sexuality in Contemporary Australia

I am currently enrolled in a Masters Dissertation in Human Services and I am also completing a Graduate Certificate in Human Resources Management.

CONTEXT

This submission relates to Terms of Reference 3 (a) (b) (c) (g) and 4.

During my time as a teacher and as a youth education officer, I became increasingly disturbed and concerned about:

- a. the agenda-driven, and somewhat bias and prejudice content and instruction of sexual health/sexuality and respectful relationships programs being taught to school children. I also have some reservations and concerns about the content and instruction in professional development courses for teachers. In my opinion, they have become quite exclusive rather than inclusive.
- b. The lack of evidence-based research to support and justify the content, theories, instructions and resources being used or referred to in the abovementioned programs and courses.
- c. The wide range of material (digital and hard copy) being promoted as resources for teachers and students to use. Many of these resources have been banned or deemed inappropriate to use for certain age groups, yet often this distinction is not made known to teachers in professional developmental course workshops. Despite certain material and content being banned or suggested to be modified for use in NSW Schools, it continues to proliferate within our school system. In my opinion, it seems to be with the blessing of NSW Ministry of Health and NSW Department of Education Department. This will become evident further in my submission.
- d. The lack of qualifications, skills and knowledge of program content writers and facilitators in organisations who deliver sexual health professional development courses for teachers and deliver face to face workshops to students.
- e. The lack of tolerance, respect and acceptance of ALL students' diversity, family values and cultural belief systems in relation to sexual health education and in general, within NSW schools.
- f. The lack of transparency and availability of sexual health programs to parents and the wider community to access, to enable them to make informed decisions about necessity and appropriateness of content in the school curriculum.
- g. The increased outsourcing of sexual health professional development courses for teachers to third party organisations and the use of third-party organisations to deliver sexual health programs to NSW public school students in schools.
- h. The lack of monitoring and regulation by NESA.

I have also been concerned at some of the ill-informed commentary made by social media groups and commentators, journalists, Members of Parliament and organisations on both sides of the political and social spectrum: both groups have made unsubstantiated and misleading claims about the content of the NSW Safe Schools program and other sexual health and well-being programs to suit their own agendas, rather than in the interest of encouraging informed public discussion.

In July 2017 in my capacity as a teacher, I met with the former NSW Education Minister, Rob Stokes on a separate matter and personally handed him a letter in which I did raise concerns about the Safe Schools Program, lack of transparency and monitoring of programs in schools.

During the time I was employed as a youth education officer delivering sexual health professional development courses for school teachers and youth workers, I encouraged (and sometimes challenged) Members of Parliament (State and Federal), journalists, interest group organisations, social media commentators and members of the general public to attend sexual health workshops so they can experience first-hand the content and instruction of these programs and the impact - good or bad, these programs may have or does have on the education and well-being of students. All declined.

I also offered to meet with some Members of Parliament to discuss concerns they had, clarify or correct their knowledge of content and purpose of some programs. All declined. I found this unsettling as rather than being pro-active and speaking to an actual facilitator and teacher to develop a better understanding of the purpose and content, so as to lead and engage the general public in more informed discussions, it seemed far easier for many to continue to write their own narratives.

For that reason, I think it is pertinent and would be prudent that members of this Committee actually take the time to meet with me to go over the programs or content referred to in this submission so they gain a better understanding of the programs' purpose, content and instruction enabling them to report more accurately on sexual health programs so as to engage the wider community in more informed and accurate discussions.

A previous submission was forwarded to the Measurement and Outcome-based funding in New South Wales Schools Inquiry (August 2019) which included the NSW Safe Schools program. Perhaps it would have been more appropriate to make that program submission in this one.

The inclusion of sexual health programs in the NSW education curriculum

Sexual health programs for school students and professional development courses for teachers focussing on the 'what and how to teach' sexual health well-being programs have become increasingly popular within all NSW schools over the last ten years. In my opinion, these particular programs and content have been dominating the NSW school curriculum in that time, with the support of the NSW Department of Education, the NSW Ministry of Health and with an overwhelming push from the NSW Teachers' Federation.

It is important to remember though, that some form of sex education has been a part of the NSW curriculum for over a century. The initial inclusion of sex education in the NSW school curriculum was controversial and remains so today. Early sex education content and instruction was usually reserved to science lessons and was very matter of fact, anatomical and reproductive based. Over the years, it has evolved to be delivered from a western-values and heteronormative perspective which many would argue, from a Christian values and beliefs viewpoint (sex is only to procreate); a risk adverse approach (sex is risky and leads to unintended pregnancy and STIS) and from a male-centric pleasure/dominated point of view.

Today sexual health instruction and content in schools is delivered and promoted from a sex-positive framework. Sex-positive instruction means to focus on the life-enhancing aspects of sex, not the just the risks; having a comprehensive definition of sexuality; being non-judgmental and inclusive; having choices and supporting people with their choices.

The sex-positive framework has been adopted and adapted from many sources including guidance and direction from United Nations (particularly the UN Aids International Technical Guidance on Sexuality Education-an evidence informed approach) and World Health Organisation's sexual health/sex education in schools' frameworks, as part of the UNESCO Global Education 2030 Agenda.

The inclusion of sexual health education in NSW schools and teacher professional development IS linked to UNESCO Global Education 2030 Agenda, Federal and State Legislation, Federal and State Health frameworks and the Australian curriculum. It is also underpinned by a commitment of the NSW Education Department to the Melbourne Declaration, 2008.

Whilst overall there is concern about 'sex ed' in schools generally, it is common knowledge that the most concerning well-being program currently being taught in NSW Schools is gender and sexual diversity content.

Many will ask how does sexual health education particularly gender and sexual diversity content, relate to the Melbourne Declaration, 2008?

In short, the Melbourne Declaration, 2008 has a call to action to focus on students at risk of disengagement from learning and that school students should be encouraged to become active and

informed citizens. To achieve these two goals, the Melbourne Declaration's call to action includes, that students:

- have a sense of self-worth, self-awareness and personal identity that enables them to manage their emotional, mental, spiritual and physical wellbeing;
- relate well to others and form and maintain healthy relationships; and
- appreciate Australia's social, cultural, linguistic and religious diversity, and have an understanding of Australia's system of government, history and culture.

The Melbourne Declaration, 2008 has a call to action for schools to:

- provide all students with access to high-quality schooling that is free from discrimination based on gender, language, sexual orientation, pregnancy, culture, ethnicity, religion, health or disability, socioeconomic background or geographic location and
- ensure that schooling contributes to a socially cohesive society that respects and appreciates cultural, social and religious diversity.

In regards to promoting world class curriculum and assessment, the Melbourne Declaration, 2008 has a call to action which includes that:

 the curriculum will include a strong focus on literacy and numeracy skills. It will also enable students to build social and emotional intelligence, and nurture student wellbeing through health and physical education in particular.

Sexuality and sexual health, according to the United Nations definitions, is an integral part of a person's whole well-being and health. Therefore, it is fair to say, a reasonable person would conclude the inclusion of sexual health education in schools is considered essential learning. But this raises a valid question - what should that content be and what instruction should be given?

As has been identified in much research, including the Writing Themselves In 1, 2 and 3 National Study on the Sexual Health and Well Being of Same Sex Attracted and Gender Questioning Young people (conducted every six years since 1998), young LGBTIQ people were consistently identified at risk of disengagement from schooling, particularly in the middle to senior years of schooling. In NSW, young LGBTIQ people are recognised as a 'priority population'. Research has demonstrated they are at a higher risk of mental health, homelessness, domestic violence, poor health outcomes and other social disadvantages.

Therefore, in accordance with the Melbourne Declaration, 2008 the NSW Department of Education has an obligation to address ways in which these students could be better accommodated in school life. From a holistic personal well-being and health point of view, a student's gender identity and sexuality are definitive and significant parts of their identity and whole-being. It needs to be acknowledged, accepted and respected at every stage of their life, to ensure good physical and mental health is maintained.

The NSW Department of Education's Legal Issues Bulletin 55 Transgender students in schools, issued in December 2014 supports the rights of Trans students in schools and is a commitment of the DEC to providing a safe and supportive learning environment that respects and values diversity free from violence, discrimination, harassment and vilification (NSW Teachers Federation GLBTI Newsletter – February, 2015).

The NSW Safe Schools program, current sexual health professional teacher training programs and face to face student programs such as Crossroads, were implemented and/or modified to include gender and sexual diversity content with all good intentions and purpose to educate teachers and students about gender and sexuality diversity to ensure schools can address and meet the needs of LGBTIQ students. The primary purpose was to reduce stigma and promote acceptance, tolerance and inclusivity.

CONCERNS ABOUT CURRENT SEXUAL HEALTH PROGRAMS

There are four significant problems I believe that have occurred with the thrusting of these programs into the NSW Education system.

1. Content, instruction and validity & reliability of programs

What actually occurred and continues to occur, is the programs are sometimes hijacked by individuals who have their own ideals and agenda, who use these programs to gain access to students to promote their own ideology, values and theories to be the absolute. Many are familiar with the admittance by Roz Ward of doing exactly this.

But hijacking of this curriculum content is not just restricted to being done by members of the LGBTIQ community-feminists and even people of faith, who each have their own ideals, theories and agendas, have opportunity to hijack this curriculum content when teaching students directly in public schools or facilitating professional development courses for teachers.

In my opinion, there is an element of privilege of being an educator of sexual health education and it is probably, if not the most important subject, **where educators MUST be values-neutral**. This is a critical issue in sexual health education and what is at the core of content and instruction being problematic-very few educators can take this position.

We now have a multitude of inconsistent content and all kinds of theories (some which are considered to be radical), values and beliefs being taught as the 'absolute correct and only' content. We have the LGBTIQ, religious and feminism communities, not to mention political parties, all competing for their values and beliefs to be the ONLY set of values taught. Students, teachers, principals and parents are confused and overwhelmed as to what is socially acceptable by the wider community and what is 'correct' and acceptable to teach.

We also have programs based on what I think is questionable research, ethics and allegedly 'evidencebased' content to support each group's ideology. We have research being used as an absolute that does not meet the validity and reliability threshold nor ethics. For example, the NSW Sexual Health in Schools Project (Stage 1) report which has actually been used to support and justify sexual health teacher training programs and content (for pre-service teachers and current teachers), clearly states on page 25 that:

'Ethics and SERUP' approval was deemed unnecessary for the needs assessment and therefore there are some difficulties in deciding whether findings are publishable and able to be disseminated, even to a specific closed group'.

It goes on to say,

'However, many needs assessment participants expressed great interest in the findings, and they may be of particular use in generating enthusiasm and justification for the project's future development'.

In my opinion, If one was to thoroughly examine the references and resources used to justify the content and resources of sexual health teacher professional development programs, as well as face to face student programs of the same nature, the extent to which the research, content and resources may fail the ethics, validity and reliability test and threshold, would be a cause of concern.

2. The promotion of intolerance and lack of real diversity in NSW public schools

The Melbourne Declaration, 2008 specifically states:

- ensure that schooling contributes to a socially cohesive society that respects and appreciates cultural, social and religious diversity; and
- appreciate Australia's social, cultural, linguistic and religious diversity, and have an understanding of Australia's system of government, history and culture.

Yet, in my experience as a teacher and youth sexual health educator, organisations delivering teacher training courses and face to face programs to school students in NSW public schools, are NOT always

upholding or demonstrating a commitment to these statements. Whilst it was absolutely necessary LGBTIQ students were acknowledged and equally recognised, specifically in sexual health education programs and courses and acceptance in the school community was certainly overdue, in my opinion, there is evidence within the programs and workshops to support community concern that the pendulum has swung too far to upholding the rights, values and beliefs of the LGBTIQ, at the exclusion of others.

I found many sexual health programs' content, instruction and resources used in NSW public schools were not inclusive of heteronormativity, religious and other cultural values. In fact, an INTOLERANCE to religious values, (particularly those that are Christian) and an intolerance to heterosexual males and their views/opinions was promoted, sometimes quite openly and other times, in a more subtle way.

Heteronormative language was often completely erased and replaced with gender neutral language or the preferred language used within the LGBTIQ community. Similarly, cultural, religious and heteronormative values and beliefs were often completely replaced by the values and belief systems of the LGBTIQ community.

From my experience, sexual health programs and courses for students and teachers, have been actively promoting tolerance, inclusivity and the rights of specific certain groups of students/people, whilst at the same time, and to varied extents, promoting an intolerance and exclusion of other groups of students'/peoples' values and beliefs, particularly Christian values and beliefs.

It should also be noted there is a gender imbalance of sexual health educators. There are very few, (heterosexual) men as sexual health educators and contributors. The majority of educators are female or male from within the LGBTIQ community.

In my experience as a primary school teacher, male teachers were often required to be accompanied and supervised by a female teacher when delivering sexual health content, yet female teachers were able to deliver lessons independently. It was acceptable for female teachers to teach sexual health content to both boys and girls yet male teachers are only allowed to deliver sexual health content to boys. This is discriminatory towards male teachers and men in general. If we are working to change 'social constructs and attitudes' why do we continue to allow and reinforce stereotypes of men? Why is it not socially acceptable to have men, particularly heterosexual men, teach sexual health to all students and why is this gender imbalance not being addressed?

3. The exclusion of parents

The Melbourne Declaration, 2008 explicitly refers to the inclusion of parents and the wider community involvement in school policy, curriculum and decision making. The controversial Safe Schools program continues to be locked up and kept hidden not only from parents but Members of Parliament (State and Federal) and the media. This is very concerning as it is evident in the public media arena, that people continue to be misled by commentators and are not accurately informed as to what the actual program is. This only exacerbates the controversy and concern surrounding it. Parents should be able to access ALL school and class teacher programs at the school office. No program should ever be 'teachers' or a 'school's secret business'

Parents, the wider community, particularly teachers and principals who did not participate in the Program are unable to engage in any informed discussions as they do not have access to the Program. Similarly, parents do not have access to a large majority of sexual health programs or resources to make an informed opinion and be able to engage in the decision-making process of acceptable sexual health programs in the school curriculum. This needs to be immediately addressed and rectified if we are to maintain a commitment to the Melbourne Declaration, 2008 and 2018. Transparency is needed.

4. Qualifications of sexual health educators and accountability of organisations delivering sexual health programs

In my experience, I have found colleagues and many of the people writing and delivering sexual health professional development programs and courses for teachers and writing and delivering face to face student lessons ARE NOT qualified educators. There is no requirement for qualified teachers to deliver

face to face sexual health education to students, Similarly, facilitators of professional development courses for teachers are not required to have a Certificate IV in Workplace Training and Assessment. Sexual health educators/trainers/facilitators/sexual promotion officers are not required to demonstrate any understanding in pedagogy nor andragogy and not required to have any knowledge of the curriculum. It is not a requirement to have qualifications in the subject matter content.

This, in my opinion, is not acceptable and should never have been an acceptable standard. Considering swimming teachers for school swimming schemes must be qualified teachers and are employed directly by the NSW Education Department, it seems strange sexual health 'educators' giving direct lessons and instruction to students, are not required to hold any teaching or education qualifications.

There is a multitude of organisations who promote and deliver sexual health (accredited and nonaccredited) programs for teacher professional development. There is no requirement for these organisations to be educational organisations. There is no education certification or requirement required of organisations. Education does not have to be their core business element. As the programs are not vocational education courses, there is no requirement for organisations to be registered training organisations.

Under Local Schools, Local Decisions, schools have the autonomy to decide which organisations can deliver face to face teaching to students and professional development courses for its' teachers. Teachers also have the autonomy to choose their own professional development courses.

The Committee would have to consult with schools to ascertain the criteria used to choose third party organisations for face to face sexual health education to students.

EXPERIENCE AND EXAMPLES

Family planning NSW delivers a number of NESA accredited professional development courses (primary and high school) for teachers and a course for youth workers and other people (either in paid or voluntary work) who engage with young people in a variety of capacities. It also delivered the Crossroads program and continues to deliver sexual health promotion lessons in schools.

The delivery of some programs was (and still may be) funded by NSW Ministry of Health and Local Health Districts.

The Nitty Gritty, was a new youth worker course funded in 2017 under the NSW Ministry of Health Youth Worker Training for Sydney LHD Aids/Sexual Health project. This new program included gender & sexual diversity, consent, contraception and good sexual health: STIS and BBVS modules. These modules were already contained in other Family Planning NSW teacher professional development programs, such as Beyond the Nuts and Bolts and Working it Out (NESA accredited programs).

Being a researcher, program writer and a facilitator of sexual health programs is not without challenges. Experts from peak body organisations contributed to the content of The Nitty Gritty. Final approval of the content and instruction was given by representatives of the NSW Health HARP Unit, the Sexual Health Promotion Program Manager, NSW STI Programs Manager and Family Planning NSW Education Manager.

This program was not NESA accredited as it was not specifically intended for teachers. However, teachers and other people who worked with young people in a school- based setting were invited and did attend Nitty Gritty workshops.

Once the content of The Nitty Gritty was finalised and approved, for consistency, the Beyond the Nuts & Bolts and Working it Out programs were updated to include the same content and instruction for the modules mentioned above.

These professional development courses for teachers are not secret business. They are readily available on Family Planning NSW website. Participants would often take photos of the power point presentation

slides to refer to later. Participants are provided with workbooks in which a lot of the program information is contained.

My comments are not intended to disparage any organisation or persons but rather, to give an insight into how some professional development programs for teachers are developed. It will also shine light on the fact, that not only is the content approved by NSW State Government departments, but many program workshops are also funded by the NSW State Government. This is not a secret. All programs, which are contracted and/or funded partially or wholly by NSW Government Departments, to the best of my knowledge, acknowledge this during delivery of the programs and in marketing material, unless otherwise instructed.

The wider community has remained oblivious to this fact, as the NSW State Government and many politicians, in my opinion, usually duck for cover whenever sexual health education programs are mentioned.

I feel this is a very important point considering sexual health education for students and professional development programs for teachers are used by political parties to galvanise popularity in the public arena for political point scoring. Often, independent third-party organisations are left 'copping the flak' so to speak, from media commentators and the public in general, whilst the government shirks its' responsibility and avoids accountability for its' role in the content, instruction and delivery of sexual health education programs and courses for students and teachers. In my opinion, the government hides behind these third-party organisations.

Whilst I cannot and do not speak for all third-party organisations who deliver sexual health programs, to the best of my knowledge, some third-party organisations, when contracted for government projects, are simply taking instruction from the funding body, that is: government department stakeholders. It is usually the government stakeholder funding body who decides the desired outcomes of a course and what modules, content and instruction will be included. Courses are designed to meet government initiatives or outcomes. Whilst the government might engage third party organisations because of their considered expertise, the government ultimately has the final approval of the content and instruction of funded programs.

There is however, still a lot of organisations who deliver face to face sexual health/sex education lessons directly to students and delivers professional development programs for teachers which the government and many politicians, to be frank, would not have any clue what is contained in the content and instruction of those programs.

Gender and sexual diversity module

The sexual and gender diversity model below is an adaptation of the Genderbread person resource. What is important to remember and yet rarely acknowledged, the Genderbread person was found on Tumbler from an unknown source, by comedian Sam Killerman, who then put it on his website-'it'spronouncedmetrosexual.com'. It became a word-wide hit and the number one teacher resource promoted and used in schools.

The content and instruction of these slides was approved for use by NSW Ministry of Health in 2017. It is the same content that exists in other professional development courses for teachers. NSW school teachers use it in the classroom as a resource.



Whilst this adaptation might look harmless and appears to provide a clear explanation of sexual and gender diversity, to my knowledge, it is not supported by reliable and valid research.

This and similar models are used by various organisations in teacher professional development programs and in the teaching of gender and sexual diversity to students in face to face classroom lessons.

The explanation of the model and how it is used is dependent upon the teacher or facilitator. Many facilitators and teachers do not acknowledge that this is a THEORY. Rather, many will state this is the absolute fact. I have witnessed this first hand.

This model is created using western heteronormative and LGBTQI perspectives. It does not consider or acknowledge that some 'traits, expressions and identity' of people are irrelevant to gender but rather, based on religious and cultural values and beliefs. People and students who are of a CALD background have often expressed offense of this model. These views are usually dismissed by facilitators.

Experts within and external to the NSW Ministry of Health provided guidance for facilitators to use when using the above model and gender and sexuality diverse content generally in courses. This guidance was:

[facilitators] 'needed to be clear on the gender identity section that transgender/cisgender are not gender identities they are 'gender experiences'. For gender identities you would have woman – non-binary –

man. Non-binary is a gender identity that encompasses several terms such as genderqueer, agender, pangender, there are also on-binary folks that sit outside this continuum altogether as they do not identify with the social construct of gender'.

'It is preferred that people ask other people what words they would like you to use when speaking about them. The terms LGBTIQ people use to describe themselves are not always acceptable for other folks to use e.g. dyke, poof. Name and pronouns are the most important thing here, other words to describe gender identity, experience and attraction come second. The use of the term, 'preferred pronouns' is also not acceptable to be used. We were trained that, 'people's names/pronouns/identities are what they are, they must be treated as such not as preferred which implies a decision or a priority, they should not be questioned'.

This is an example of the instructive learning and content teachers are encouraged to use in the classroom to educate students about sexual and gender diversity. I have witnessed similar content and instruction being given to students in face to face lessons by many third-party organisations, using models like the one above.

Gender and sexual diversity modules also educate teachers about 'correct' language to use in the classroom to create an inclusive and safe environment for LGBTIQ students. In many of the professional development courses for teachers I facilitated for Family Planning NSW or have attended as a participant, the use of heteronormative language such as man/woman; male/female; husband/wife or mum/dad are not acceptable to use (except in the consent and relationship courses). Gender neutral language is promoted such as: person, partner and parent/carer. This is common practise. This is Federal and State Government driven. Yet when teaching about consent and respectful relationships, quite often facilitators and teachers defer back to gender specific language.

As you can see, the teaching of sexual and gender diversity is very tricky. It is complicated further by the Genderbread person resource on 'itspronouncedmetrosexaul' website, continually being updated. This apparently is where the 'instruction' of use originates from. A comedian.

In conversations I have had with teachers, many have expressed concern and an overwhelming 'fear of offending someone' if they did not get the language usage correct or taught gender and sexual diversity incorrectly. Gender and sexual diversity theory and instruction is very problematic. We must also be mindful that young people are vulnerable and impressionable and easily influenced by teachers.

Content such as gender and sexual diversity, which is not evidence-based and does not have a set instruction, can and will have devastating consequences on the lives of young people. To support this statement, I will share two personal examples.

- (i) My daughter's teacher used the above model in a school lesson. My daughter came home announcing that, 'according to her teacher, I'm [my daughter] not a girl, but a boy'. Fortunately for my daughter, she has a mother with expertise in this area and my daughter is well educated on this topic. However, not every student has parents with expertise in this subject.
- (ii) During a teacher workshop at a teacher asked advice about the do's and don'ts of discussing breast banding with students. For context, the teacher had a 14-year old student asking her information about where to buy a breast band. The student had expressed discomfort and shame about the size of her breasts. The teacher was aware the student enjoyed playing football and other 'boys' sports'. The teacher was friends with the student's parent and was wanting advice around the ethics of this situation approaching the parents, giving advice to the student without the parent knowing and the boundaries of teacher involvement in this kind of matter. The student did NOT want her parents to know.

The co-facilitator advised the teacher that the student 'was displaying signs of normal transgender behaviour for a student of that age' and encouraged the teacher to provide all information the student requested and even provide the student with places she could purchase a bra band from.

I was shocked to say the least at this advice. Being an experienced school teacher I was not comfortable with this advice. It would have been remiss and irresponsible of me to not correct this advice. I politely intervened and advised I didn't believe that advice might be correct and that I would actually go and put in a call to the health and well-being unit of the regional Department of Education office. I felt I needed evidence to support my advice. I left the room and did contact the health and well- being unit who confirmed my suspicions that the advice should have been:

- (a) A teacher cannot and should not provide students with any kind of medical information. Bra Bands are considered a medical device. Bra Bands can have a long- term effect on breast development.
- (b) The teacher should not be assisting a student to obtain a medical device.
- (c) The teacher could refer the student to the school Counsellor and encourage the student to see the counsellor. A teacher cannot and should not be engaging in this kind of talk with a student and should be encouraging the student to talk to the counsellor.
- (d) The teacher can suggest the student and teacher talk to the parents together.

Upon returning to the workshop I reiterated the advices of the DET's health and well-being unit. I reminded the teachers that if ever they were unsure of something tricky, that the health and well being unit of the Department of Education is always a good place to start for advice. My colleague was very dismissive of this advice and said if it were her, she would do all she could to help a student who was showing signs of gender questioning.

This is an example of the kind of dangerous, ill-informed and what I believe is negligible advice. This facilitator was not a qualified teacher and this is a very good example of why I believe only qualified and experienced teachers should be facilitating gender and diversity professional development for school teachers and face to face to students.

My colleague made a formal complaint about me for not being 'affirming of a student's gender identity'. The teacher who asked the question also had a complaint made against her by one of her colleagues for the same reason.

While I understand that gender and sexual diversity are the most controversial modules, I have concerns about other topics of sexual health that the Committee may wish to consider in its' review.

Contraception module

Contraception is a module included in teacher professional development programs. Approved content does not allow for abstinence to be discussed as it is considered to be of a 'religious' nature and is also not considered a sex-positive approach. However, I found it reassuring that many teachers often did bring it up which allowed for conversation. Apart from that, facilitators are discouraged from mentioning it. In professional development courses I attended as a participant, it also was not mentioned.

STIS and BBVS Module

As a result of the historical stigma around HIV and Aids, a sex-positive approach is promoted when teaching about STIS and BBVS. In Australia, we do not use the term 'sexually transmitted diseases', we use sexually transmitted infections – STIS. The sex-positive approach is the approved pedagogy and andragogy of the NSW Ministry of Health. While there are some great activities embedded in these programs, the problem I found with taking a sex-positive approach however, is there is a 'STIS of no consequence' theme as teachers and students are usually not made aware of the possible long-term effects of STIS and BBVS. It is promoted that a simple pill will cure any infections.

My other concern is the sex-positive approach to HIV and AIDS. Whilst I understand there is a continued need to reduce the stigma around people living with HIV and AIDS, this needs to be balanced against the need to educate students and teachers about the seriousness of HIV and the need to be proactive about prevention.

Young people will NOT BE proactive about prevention if they are not aware of the seriousness of HIV/AIDS. The sex-positive approach teachers and students are being taught, potentially could be doing more harm than good. Rather than focusing on reducing the stigma of people who live with HIV/AIDS and other STIS and BBVS, sex-positive advocates focus on hushing up the seriousness of the consequences of STIS and BBVS. I have witnessed facilitators speak about PrEP and PEP as being a 100% effective prevention against HIV when this simply is not correct.

In March 2019, SBS Insight ran a story on LIVING WITH HIV and AIDS. I highly recommend the Committee and others watch these episodes.

Consent Module

Consent is another contentious module in professional development courses for teachers and in lessons to school students as a stand-alone module or as part of respectful relationship modules.

Without a doubt education around consent is absolutely needed. In my experience of working with teachers in juvenile detention centres, teachers have reported 'light bulb moments' for young offenders of sexual assault when consent has been explained to them.

There is a push across Australia for all States to legislate for affirmative consent.

What I have found extremely problematic with this content, is it is very much a free for all for facilitators and teachers. Consent lessons in NSW schools and in professional development courses for teachers is delivered mostly by women's organisations who have their own ideals on this subject. Some are good.

The problems I have encountered with this content delivered by some facilitators of third-party organisations and teachers, it is very much dominated from a feminist perspective and discussion around female responsibility is often immediately shut down. Negative stereotypes of men are often reinforced. The language sometimes used also contradicts the promotion of gender-neutral language. As mentioned earlier, rather than referring to 'person' this is the one subject where many facilitators/organisations and teachers actually defer back to gender specific language. Quite hypocritical actually.

In my opinion, we need to ensure that all teachers have an understanding that when teaching about consent, it is done in a way that ensures both men and women have an equal responsibility to seek consent and that stereotypes of men as being the only perpetrators are broken down. I have had many discussions with other facilitators of sexual health education and women in general, and the consensus always appears to be, it is expected that the responsibility of seeking consent is on the male. There is certainly a gender imbalance of responsibility being taught by some facilitators of professional development courses for teachers and by and third-party organisations in the classroom. This actually is disempowering females and reinforcing negative stereotypes of men.

I have seen facilitators swap out approved NSW Ministry of Health content for their own content that supports their views. I have seen incorrect laws being taught to students and teachers that contradict NSW Laws. I have heard the most disgusting and sexist comments levelled against men in consent workshops. 'Believe all women' and 'men should just know' are certainly central themes.

I have been concerned at the use of video resources from overseas that teach young people what sexual assault is. I have often questioned if what is promoted as being a sexual assault is actually more a case of poor communication between both parties. Instead of using these videos as resources to educate

about better communication skills to ensure no one is harmed, they are used to reinforce stereotypes of men. A good educator will use these tools wisely. Unfortunately, in my experience, I have seen these resources used too often in a very poor, agenda driven manner.

In my experience, I found a significant gender imbalance in consent resources being used. There are very few, if any resources available that depict a female (lesbian or heterosexual), gay person or trans person as a perpetrator of sexual assault. This is teaching and reinforcing to heterosexual boys that they can not be victims of sexual assault. It is reinforcing toxic masculinity.

One of the most alarming resources I have seen used in the teaching of consent is the below image.



Reversible: Reversible is taught that consent can be withdrawn at any time. Whilst consent can be withdrawn, the 'at any time' becomes problematic. What is being taught by many facilitators and teachers is that consent can be withdrawn after an act has occurred.

Enthusiastic: What exactly is the definition of 'enthusiastic consent'? There is no set or consistent definition being taught to teachers and students. There is no current definition in NSW law.

Informed and specific: As you may or may not be aware, these particular points were highlighted in the Lazarus case. This case led to the 2019 LAW Reform Commission: consent in relation to sexual offences.

I would recommend the Committee read the Report from the NSW Law Reform Commission of 2019. In light of the recommendations not being finalised or any new changes being legislated yet, it's difficult to ascertain and comment on the impact (good or bad) current teaching around these two points might have.

Values and Attitude Module

This is a module taught by most third-party organisations of teacher professional development workshops and in schools.

The Taking a Stand activity was widely used as part of the Safe Schools program and continues to be used to today in sexual health education lessons

Used correctly, the activity can be successful in teaching students about acceptance and tolerance and the appreciation of diversity. But more often than not, the activity is framed to challenge the beliefs and values of students of religious faith or other cultures. They are pressured by peers and teachers to give up their beliefs and values and 'join' the other students. This activity forces students to question their beliefs and values. On many occasions I have seen this activity conducted, I have witnessed students in classrooms and teacher participants in workshops being made to feel ashamed of their beliefs and values as they stand-alone to the rest of the class or workshop.

This is not inclusion. It is exclusion. It is forcing students to conform to only ONE set of values and beliefs which goes against the Melbourne Declaration, 2008 statemen that schools must:

- provide all students with access to high-quality schooling that is free from discrimination based on gender, language, sexual orientation, pregnancy, culture, ethnicity, religion, health or disability, socioeconomic background or geographic location and
- ensure that schooling contributes to a socially cohesive society that respects and appreciates cultural, social and religious diversity.

As I have mentioned earlier, I believe the pendulum has swung too far to the other side now.

The NSW Safe Schools Review by Professor Bill Louden identified problems with this activity and recommended modifications. Those changes have not been implemented. This activity is used by many third-party organisations and teachers in NSW primary and high schools. There are no set questions in the activity. Teachers and facilitators are free to include any questions they wish.

SUGGESTIONS

For too long, non-qualified and inexperienced people have been allowed to hijack and dominate the content and instruction of what has become a very critical and controversial subject flourishing in NSW Schools.

I make the following suggestions:

1. Sexual health education is a legislated subject topic in NSW Schools. It is part of the PDHPE curriculum and also forms part of Mandatory Child Protection lessons. Rather than relying on third party organisations to deliver inconsistent, controversial subject matter, perhaps the NSW Department of Education should consider establishing a sexual health education 'n-house unit. This will ensure the Department has full control, responsibility and accountability as being the ONLY deliverer of both teacher professional development and classroom learning. A core group of teachers, similar to the NSW Department of Education Swimming Scheme could be established.

This ensures consistency and approval of content and instruction and resources used and recommended in the classroom are approved.

2. Failing the NSW Department of Education establishing a core sexual health unit, NESA and the Department of Education need to work together to establish a set of standards required of all third-party organisations who deliver professional development programs in sexual health to teachers and for organisations who provide face to face lessons to students.

Considering the standards of the Quality Teaching Framework NSW School teachers are expected to meet for accreditation with NESA, one would equally expect that NESA has a responsibility to ensure all organisations and individuals of teacher professional development programs, particularly sexual health programs, is delivered by qualified educators. By setting an accreditation standard for third- party organisations, will ensure a higher level of professionalism, consistency and accountability.

For example, it could be a requirement that professional development teacher training in sexual health must be delivered by a qualified teacher (with minimum two years' classroom teaching experience) and also hold a Certificate IV in Workplace Training & Assessment.

Consideration could also be given to an expectation that educators have some formal subject matter qualification.

Similarly, The NSW Department of Education needs to establish a set standard for organisations and individuals who deliver face to face lessons to students.

- 3. In my opinion, the NSW Department of Education and/or NESA should immediately suspend all sexual health teacher training courses and third-party sexual health courses delivered to students. At the very least, restrict all professional development sexual health courses for teachers, to only accredited courses. A complete audit of the current organisations delivering accredited programs needs to be undertaken by NESA. This needs to be provided to the Committee.
- 4. A full audit of third-party organisations who conduct face to face student lessons in schools needs to be undertaken and provided to the Committee. The public has a right to know who has been delivering sexual health lessons in schools.
- 5. For transparency and accountability purposes, a full audit of all sexual health and related programs funded by all NSW Government Departments needs to be undertaken and made available to the Committee to report on and be made publicly available.
- 6. The NSW Department of Education needs to uphold its' commitment to the Melbourne Declaration, 2008 and, 'provide all students with access to high-quality schooling that is free from discrimination based on gender, language, sexual orientation, pregnancy, culture, ethnicity, religion, health or disability, socioeconomic background or geographic location' and 'ensure that schooling contributes to a socially cohesive society that respects and appreciates cultural, social and religious diversity'.

The conformity and indoctrination of one set of values and beliefs around sexual health education and excluding religious and cultural beliefs is a failure of the NSW Department of Education. It has been divisive and has not created a safe learning environment for all students. The NSW Department of Education has a responsibility to ensure all students feel safe in public schools.

- 7. The NSW Government needs to step up and start taking responsibility for its' role in controversial sexual health education content and instruction in NSW public schools.
- 8. The NSW Liberal Party and its' Federal counterpart need to stop finger pointing and blaming the Labor and Greens' Parties for controversial sexual health content in schools and in professional development courses for teachers. It needs to come clean and acknowledge this is not 'left wing policy/agenda in schools'. This is global sexual health content designed to meet specific outcomes, and that it is well aware has existed in our schools for quite some time now.

- 9. The controversy surrounding sexual health education in NSW Schools has gone on for far too long. The content and instruction are not perfect. We can do better. But we cannot get it right until a full disclosure of current content, instruction and purpose is made available and reflected upon and all interested parties are prepared to engage in mature, honest and respectful public discourse and work together to find better solutions.
- 10. Someone needs to bang the heads together of all minority activist groups, religious groups, Members of Parliament and media who refuse to start working together to find solutions to creating a safer environment for all students. All interest groups, Members of Parliament and journalists need to step up and stop acting like kids in a school yard. They need to start being proactive in finding ways to accept and appreciate each other's differences and promote tolerance and acceptance of each other's values and beliefs. They need to go sit in the naughty corner together until they can grow up and come to a solution of ways in which all students' values and beliefs will be promoted and accepted in schools. A values-neutral approach is at the heart of having an appreciation of diversity in NSW public schools.

It can be done.

In sexual health education, we have a saying, 'it might not be your kink, but it is someone else' kink'. The same applies to values and beliefs: 'they might not be your values and beliefs, but they are someone else'.

Lead by example!

I thank the Committee for its' time in reading my submission and for conducting this Inquiry into the NSW curriculum. I hope I have been of assistance in shedding some light on a controversial subject which is part of the NSW curriculum.

Should you require any further information, please do not hesitate to contact me.

Kind regards,

Tracy Anne.