Irish Family Planning Association submission to the NCCA review of Relationships and Sexuality Education

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INTRODUCTION

Comprehensive sexuality education (CSE) plays a critical role in preparing young people for a safe, productive and fulfilling life by providing them with the means to protect themselves from the risks of sexually transmitted infections (STIs), unintended pregnancies, gender-based violence and gender inequality. The United Nations Educational, Scientific and Cultural Organization (UNESCO), the UN specialised agency for education and the education sector, defines CSE as, "a curriculum-based process of teaching and learning about the cognitive, emotional, physical and social aspects of sexuality. It aims to equip children and young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives."[1]

CSE facilitates the development of accurate and age-appropriate knowledge, attitudes and skills. It promotes positive values, including respect for human rights, gender equality and diversity. It fosters attitudes and skills that contribute to safe, healthy, positive relationships. It provides an important opportunity to reach young people with scientifically accurate information before they become sexually active. And, it offers an incremental, culturally relevant, transformative and structured environment of learning within which to do so.[2]

Evaluations of CSE programmes show that they can help young people delay onset of sexual activity and increase condom and contraceptive use. Sexuality education – in or out of schools – does *not* increase sexual activity, sexual risk-taking behaviour or STI/HIV infection rates.[3] CSE has positive effects, including increasing young people's knowledge and improving their attitudes related to sexual and reproductive health and behaviours.[4]

Conversely, preventing comprehensive discussion of sexuality and relationships is harmful and exposes young people to risk. Abstinence-based curricula are generally lacking in information about contraceptive options and abortion, have been found to be ineffective in their stated aims of delaying sexual initiation, reducing the frequency of sex or reducing the number of sexual partners and are potentially harmful to young people's sexual and reproductive health and rights.[5]

Accurate and comprehensive sexuality education is a human right of young people. Such information and education should enhance the independence and self-esteem of young people and provide them with the knowledge and confidence to make informed choices. As Ireland's leading sexual health charity, the Irish Family Planning Association (IFPA) is deeply concerned at the public health impact of inadequate, inconsistent and poor quality sexuality education in many schools. The IFPA thus supports this comprehensive review of Relationships and Sexuality Education (RSE) by the National Council for Curriculum and Assessment, and hopes it will result in the necessary curriculum changes in order for young people to fully realise their right to comprehensive sexuality education.

Furthermore, RSE continues to have a low status within the education system and is not properly incentivised or resourced, creating systemic barriers to implementation that go beyond curriculum content. The IFPA therefore believes that, in addition to curriculum content, a review of RSE must be accompanied by adequate structural, legal and policy changes to ensure that successful implementation and positive change is sustained at every level. This includes, but is not limited to, leadership from the Department of Education to increase the status of RSE, a policy mandating that all schools, regardless of ethos, teach RSE according to UNESCO's definition and characteristics of comprehensive sexuality education, and finally, that teachers and external educators are properly vetted, trained and supported in the delivery of the RSE curriculum.

1. PLEASE PROVIDE SOME BRIEF BACKGROUND INFORMATION ON YOUR ORGANISATION.

The Irish Family Planning Association submits these remarks on the basis of our many years of experience as a provider of sexual health services and educational programmes. Since 1969, the IFPA has worked to promote and protect basic human rights in relation to reproductive and sexual health, relationships and sexuality. The IFPA provides the highest quality reproductive healthcare at its two medical clinics in Dublin and ten counselling centres across Ireland. Our services include non-directive pregnancy counselling, contraceptive and abortion services, medical training for doctors and nurses and educational services. In 2017, the IFPA medical clinics provided over 11,000 sexual and reproductive health services. The IFPA also has many years of experience developing and delivering sexuality education and training programmes to young people, parents, teachers, youth workers and carers; the details of which are outlined below.

The IFPA is committed to the provision and promotion of quality youth friendly services which are available, accessible and acceptable to all young people irrespective of their age, sex, or financial situation. We are dedicated to promoting, protecting and upholding the sexual and reproductive health and rights of all young people; including the right to comprehensive information and education on sexuality and sexual health.

2. WHAT ARE YOU OR YOUR ORGANISATION'S EXPERIENCES OF RELATIONSHIPS AND SEXUALITY EDUCATION (RSE)?

The IFPA is experienced in developing and delivering sexuality education and training programmes, and was at the vanguard of sexuality education prior to the development of the RSE curriculum for schools. The IFPA currently provides a range of training programmes, including three-hour sexual health sessions which can be delivered as part of the RSE

curriculum in secondary schools, and a one-day sexual health training. These training programmes include information on confidentiality, capacity, consent, STIs, contraception, pornography and the differences between healthy and unhealthy relationships. They are discussion and activity-based, grounded in the premise that education must address knowledge, attitudes, beliefs, and skill-building in order to be truly comprehensive and impactful for young people.

The IFPA also runs a programme called 'Speakeasy' which is designed to provide parents, guardians or carers with the information, skills and confidence needed to talk to their children openly about sexuality. Over the course of several weeks, adults receive sessions on changes that occur during puberty, sexuality education in the context of family life, responding to the needs of youth as it relates to sexuality, social and cultural attitudes towards sex, contraceptive options, STIs, strategies for keeping youth safe, and finally, understanding sexuality education policy within schools. Our 'Speakeasy Plus' programme focuses specifically on parents, carers and other service providers working with children who have disabilities or extra support needs. The IFPA has also published a handbook on Sexuality and Disability for primary healthcare providers and has worked extensively in the design and delivery of sexuality education programmes for young people with intellectual disabilities.

In 2018, the IFPA provided quality sexuality education to over 580 young people in secondary schools, over 100 parents, staff and caregivers through the Speakeasy and Speakeasy Plus programmes, and over 60 people in the one-day sexual health training. Although the IFPA has the skills and expertise to deliver sexuality education, a continuous challenge has been meeting the demand from schools in a context where our programmes are generally funded through once-off initiatives or short-term projects, rather than the continuous and consistent resourcing this vital area of education requires.

3. WHAT ARE THE CHALLENGES AND OPPORTUNITIES WHEN CONSIDERING THESE AREAS IN THE REVIEW OF RELATIONSHIP AND SEXUALITY EDUCATION (RSE)?

A. CONSENT: WHAT IT MEANS AND ITS IMPORTANCE

Consent education is a vital part of positive youth development, and is essential for building healthy and respectful relationships, encouraging good sexual health and protecting potentially vulnerable people from harm.[6] Young people are becoming more aware of how important consent education is to their lifelong health and well-being, as highlighted in a survey conducted by the Irish Second-Level Students' Union: in the study, young people ranked consent as the most important topic to address within the RSE curriculum at 42.3%; ahead of sexual health, contraception, sexuality and identity.[7] Even so, 65% of participants said they had not yet learnt about consent. As a fundamental element of comprehensive sexuality education, and given its importance for general well-being, this gap in consent education is problematic.

Oftentimes consent is taught strictly within the context of abuse. This limited approach misses out on the opportunity to build youth voice in a positive and empowering manner. Instead, consent can be taught as a healthy, learned practice of ensuring mutual agreement, and asking clarifying questions of one another. If young people are only told how to say 'no'

to sexual interactions, they are unlikely to understand the nuances of consent communication, nor have the confidence to seek sexual experiences that bring them pleasure.[8] According to UNESCO, quality education on consent should strive to support young people in assessing risks and protecting themselves from situations that may lead to unwanted sexual practices, and should help them develop the knowledge and confidence to seek positive relationships with other individuals.[9]

Consent is not a standalone concept, but rather, a set of skills that can and should be integrated into all levels and areas of a young person's educational journey, from primary cycle onward. Consent can be practiced using both risk assessment and negotiation skills. UNESCO highlights that risk assessment skills "help learners identify their susceptibility to negative or unintended sexual and reproductive health outcomes and understand the implications of HIV, other STIs and unintended pregnancy, among other issues."[10] Additionally, negotiation skills enable young people to "put into practice protective behaviours such as delaying the age of sexual initiation; responding to peer pressure to engage in sexual practices; and increasing condom use and use of modern contraception when they do decide to become sexually active."[11] They also provide children and young people with the tools to navigate conversations on sexuality, come to agreements and settle differences with others.[12]

Schools have a particularly important opportunity and responsibility to supervise safe spaces in which young people can practice asking for and receiving consent. Given that consent education relies heavily on skill-building, in addition to providing factual information such as how to report sexual assault and where to seek professional support, testimonials, simulations and role playing have all been found to be useful practices in the classroom. Through training youth on this topic, the IFPA has found that it is essential for young people to observe examples of healthy and consensual interactions (as perhaps demonstrated by their educators), but it is also critical for them to practice using their own voices and to create scenarios of their own. A strong understanding of what consent is and how it is used is a matter of practice, built over time.

B. DEVELOPMENTS IN CONTRACEPTION

According to the Irish Health Behaviour in School-aged Children (HBSC) study, 27% of 15-17 year olds reported ever having sex, an increase from 2010 (23%). Of those who reported ever having had sex, 33% reported use of the oral contraceptive pill as a form of contraception at last intercourse, and 73% reported condom use as a form of contraception at last intercourse.[13] While contraceptive use other than the condom and the pill were not included in this research, these statistics demonstrate the need for young people who plan to have, or are already having sexual intercourse, to receive information about the full range of modern contraceptive methods, including the dual protection against pregnancy and STIs provided by condom use. A key goal of sexuality education should be contraceptive use at first sex. This requires young people understanding the specific risk and protective factors that affect particular sexual behaviours and skills to manage situations that might lead to STIs, unwanted or unprotected sexual intercourse or violence.

Providing information about the full range of contraceptive methods must also include dispelling myths, and addressing medical concerns. When it comes to contraceptives, young people utilise a variety of sources to inform their understanding and decision-making

processes, some of which lack credibility. Thus, addressing contraception in an evidence-informed manner will reassure youth of their efficacy, address concerns related to side effects, and ultimately empower young people to pick a method that works best for them as an individual.

In addition to education on the range of modern contraceptive options, young people must also learn how to access them. Thus, it will be critical for RSE curriculum to offer the most up-to-date information so that young people can access the sexual and reproductive healthcare they want and need. This includes contraceptive services, pregnancy counselling, testing and treatment for STIs/HIV, abortion and post-abortion care.

Finally, the law regulating access to contraceptives for adolescents is very unclear because the age of medical consent is 16 but the age of sexual consent is 17. The situation is further complicated by the fact that the law does not explicitly prohibit healthcare providers from delivering services to girls under the age of 16. These legal ambiguities can give rise to scenarios such as medical professionals refusing to provide sexual health services (including emergency contraception) to young people or doctors violating principles of confidentiality by contacting the young person's parents against their express wishes. It is the IFPA's experience that many young people are acutely conscious of these scenarios.[14] The IFPA is aware of cases where young people are refused sexual health treatment by medical professionals. We are also aware that other young people choose to avoid sexual health services altogether, and risk unplanned pregnancies and STIs, rather than consult with their parents on contraception and sexual health services.

Those young people who do avail of sexual health services do so under threat of being reported to their parents or the Gardaí. Doctors who provide sexual health services do so in a legal vacuum risking legal action by parents or guardians.

It is worth noting the experience of the United States, where adolescents are legally entitled to some level of confidentiality. A study undertaken by the Guttmacher Institute found that one in five young people would choose to have unsafe sex rather than have their parents notified before they could receive a prescription for contraception. Only one percent said they would stop having sexual intercourse rather than have their parents notified, according to the same study.

As a part of RSE, it is imperative to inform young people about the current laws that impact their access to health. Even more critical, however, is legislative and policy reform to fully support young people's health and wellbeing, including the availability of free contraception.

C. HEALTHY, POSITIVE SEXUAL EXPRESSION AND RELATIONSHIPS

Sexuality refers to a broad range of topics, including, "sex, gender identity, sexual orientation, sexual preference, and the way these things interact with emotional, physical, social, and spiritual life. Sexuality is shaped by family, friends, community and the social norms of society."[15] In addition to content on reproduction, sexual behaviours, risks and prevention of ill health, it is critical that RSE curricula provide an opportunity to present sexuality in a way that includes affirming aspects, such as love and relationships based on mutual respect and equality. Additionally, CSE should be sex-positive, meaning, educational materials should demonstrate a positive attitude towards sexuality and sexual enjoyment and clarify that sexual pleasure is important for personal well-being and happiness.[16]

Sexuality education should also promote the right to choose when and with whom a person will have any form of intimate or sexual relationship, the responsibility of these choices, and respecting the choices of others in this regard. This choice includes the right to abstain, to delay, or to engage in sexual relationships.[17]

Young people face increasing pressures regarding sex and sexuality, including conflicting messages and norms. On the one hand, sex is seen as negative and associated with guilt, judgement and fear, but through the media and friends it may be portrayed as positive, desirable and encouraged. Such pressures, perpetuated by a lack of accurate information, awareness and skill-building, can influence how young people engage with their identity, one another and society at large. For example, as the IFPA knows from our sexuality education trainings, young people are particularly vulnerable to adopting language used to manipulate and shame others without fully understanding their meaning and consequence. Additionally, without a comprehensive understanding of the differences between and fluidity of gender identities, gender expressions, biological sex and sexual attraction, youth are prone to ill-informed judgements and biases. A new, comprehensive RSE curriculum provides the opportunity to present young people with proper information and dialogue about a diversity of identities, positive sexual expression, and the differences between healthy and unhealthy relationships, so that young people feel more empowered in their identities and decision-making, and express tolerance for others to do the same.

D. & E. SAFE USE OF THE INTERNET; AND SOCIAL MEDIA AND ITS EFFECTS ON RELATIONSHIPS AND SELF-ESTEEM

In a context where young people have greater exposure to sexually explicit material and inaccurate health information via the internet and social media, there has never been a greater need for high quality, comprehensive sexuality education. The IFPA knows from our training and education programmes that young people tend to uncritically accept social media imagery, language, information and portrayals of sexual behaviour as fact. Their expectations, attitudes and language can be unwittingly shaped by pornography, fantasy and misinformation and they may be unable to distinguish between healthy relationships and unhealthy relationships or accurate and inaccurate information. We also know that parents and teachers tend be unaware of just how much sexually explicit material young people are exposed to on social media. If limited education about digital literacy is happening at home and at school, young people will continue to be misinformed by the media, and will lack an understanding of where to find reliable sources related to sexuality, relationships and their health.

It is imperative then that digital literacy is a compulsory part of the RSE curriculum at both primary and secondary levels. School settings offer students the space to discuss, reflect, debate issues, clarify information, address concerns, ask questions, and develop relevant skills, which online platforms are not designed to do. Additionally, comprehensive education that includes digital literacy, provides an opportunity for young people to learn about the aspects of sexuality that are absent from pornography, such as emotional intimacy, negotiating consent and discussing modern contraception.[18] Finally, given that young people are bombarded with the input of others on the internet, school-based education can provide them the space to develop their own identity and opinions.

F. LGBTQ+ MATTERS

The RSE curriculum has a responsibility to present information in a culturally relevant way, which celebrates, rather than excludes or diminishes, the diversity of identities and experiences of young people. Among the populations that are most often excluded from accessing relevant and comprehensive sexuality education and services are young people who identify as LGBTQ+. The majority of LGBTQ+ young people are healthy and well-adjusted, although they are unjustly affected by stigma, oppression and bullying that results in significantly higher mental health challenges, among other negative health outcomes.[19] Research indicates that young people who are taught positively about LBGTQ+ matters are much more likely to feel part of their school community and are much less likely to be bullied.[20]

If the RSE curriculum is to effectively serve all young people equally, both the content and delivery must be inclusive of all gender identities and sexual orientations and should reflect the ways that society has developed including marriage equality and gender recognition. This includes, but is not limited to, broadening explanations of all the ways in which pregnancy can occur (i.e. IVF, surrogacy, etc.), dispelling myths about the LGBTQ+ community, and offering depictions of healthy relationships using a diverse range of genders, family structures and relationships. A truly comprehensive RSE curriculum is inclusive of LGBTQ+ matters, and avoids providing education through a heteronormative lens. It is critical that LGBTQ+ matters are integrated into lessons, rather than discussed as separate lessons, to avoid further isolating any LGBTQ+ young people.

4. WHAT SUPPORTS NEED TO BE CONSIDERED WITH REGARDS TO THESE CHALLENGES AND OPPORTUNITIES IN THE REVIEW OF RELATIONSHIPS AND SEXUALITY EDUCATION (RSE)?

INCREASED TRAINING FOR TEACHERS AND USE OF EXTERNAL EDUCATORS

Studies suggest that many RSE teachers do not feel sufficiently trained or supported to teach the subject matter. According to the 2015 Lifeskills survey, a majority of primary schools find teaching RSE either challenging (62%) or very challenging (12%).[21] And a majority of post-primary schools reported that teaching RSE is either challenging (62%) or very challenging (16%). Youth reach centres ranked RSE as the second most challenging subject to teach—only mental health is considered a more challenging subject than RSE. Young people surveyed by Dáil na nÓg in 2010 recommended that teachers be better trained to deliver RSE, citing concerns that some teachers do not take the subject seriously or are afraid or embarrassed to talk about sex.[22]

It is recommended that continuing professional development (CPD) be provided to teachers to enhance confidence and competence in the areas identified as difficult, such as RSE, substance misuse, and mental health.[23] In order to produce a more robust and confident team of well-trained teachers in the school system, the continuing professional development trainings and supports provided by the SPHE Support Service may need to be revised. Additional solutions may require that all schools appoint a dedicated RSE lead with protected hours and access to resources, or that RSE specialist pathways in initial teacher education are created.

It is also imperative the Department of Education has a mechanism by which external organisations and educators are vetted, and parents/guardians are informed of their attendance. Given the current variety of educators that provide trainings at schools across the country, young people are receiving inconsistent, and possibly incomplete or inaccurate information. Organisations such as the IFPA provide comprehensive sexual health information to young people. However, conservative Christian agencies, which advocate abstinence from sex until marriage and do not provide comprehensive sexuality education, also deliver presentations in schools. In addition to potentially conflicting messaging from external educators, the textbooks on which staff rely to deliver RSE may also contain the same biases. It has been reported that some schools use textbooks have been produced by individuals or organisations that focus exclusively on heterosexual relationships and wish to promote abstinence until marriage.[24]

SUBSTANCE USE & MENTAL HEALTH

The Social Personal and Health Education Curriculum at large contains lessons on drug and alcohol use, as well as mental health, however, there is a specific need within RSE to address how these topics intersect with sexual decision-making, healthy and unhealthy relationships, and self-identity. As it relates to mental health, young people should be given proper information and skill-building opportunities to develop coping mechanisms, including how to deal with the ending of a relationship, how to support themselves or a peer in a crisis situation, how to identify abuse in a relationship and how to converse with family and friends about their sexuality, among others. As it relates to substance use, there is need for honest dialogue about the influence of drugs and alcohol on sexual decision-making. A 2014 study conducted by NUI Galway and the Rape Crisis Network revealed that most Irish young people drank alcohol before sex, did not feel equipped to negotiate consensual sex, and did not feel confident reporting unwanted sexual experiences.[25] A UNICEF study reiterates this finding, reporting that 4% of Irish youth involved in the research used drugs, and 38% consumed alcohol, before having sex for the first time.[26] Research draws a connection between drug and alcohol intoxication and increased sexual risk-taking behaviour. Most specifically is decreased condom use, consequently increasing the likelihood for STIs and unintended pregnancies.[27] As is the case for all RSE topics, it is imperative that both substance use and mental health be addressed in a manner that is proactive and approachable, rather than reactive and isolating, in order to build trust and empower young people.

REACHING VULNERABLE POPULATIONS

Not only is there a responsibility to reach young people within the school setting, but RSE must also be available to those in institutional or non-formal environments. Young people in care (YPIC), a term used to describe a heterogeneous group of young people living with foster carers, relative carers or in residential care settings, have the same right as their peers to access comprehensive sexuality education.[28]

A 2016 assessment of sexual health and sexuality needs among YPIC indicates that adequate RSE must be underpinned by emotional security, stability and self-esteem, along with skills to safely negotiate sexual encounters. Among the topics to explore include emotions and readiness for sex, consent and consent-related skill building, the potential long-term impact of STIs and specific attention to sexual health needs of young men. YPIC

survey respondents specifically requested opportunities for self-directed and skill-based learning that improves individual development and confidence. Additionally, they asked for greater support for attending school, provisions for privacy while maintaining safety, and access to non-judgemental clinical services, among others.[29]

Among the service-providers of YPIC, respondents asked for clearer guidelines in relation to dealing with the provision of RSE and contraception, as well as the reporting of non-abusive sex, to those under the age of 17. Additionally, they asked for more consistent training opportunities to equip staff in meeting RSE needs. Carers of foster children similarly requested increased training and support to deliver age-appropriate RSE, including clarity regarding reporting requirements and access to services.[30]

The IFPA works extensively with parents, carers, youth workers, and young people with intellectual disabilities. It is through these interactions that we have concerns about the inadequate levels of preparation and support for carers in many settings to understand and address the sexual and reproductive health needs of vulnerable young people in institutional care settings, particularly LGBTQ+ young people. As the International Planned Parenthood Federation suggests, "failure to provide marginalized young people with comprehensive sexuality education will deepen the social exclusion that many experience, limit their potential, and put their health, futures and lives at greater risk."[31]

Across the board, carers of all type recommended a stronger understanding of the sexual and reproductive health-related legal and policy barriers that impact those they serve. For example, legal barriers remain with respect to the sexual and reproductive rights of people with intellectual disabilities. The recent repeal of Section 5 of the Criminal Law (Sexual Offences) Act 1993, which made it an offence to have sex with a "mentally impaired" person outside of marriage, is a welcome development. However, it is of concern that the new Criminal Law (Sexual Offences) Act 2017 failed to take a disability neutral approach and instead categorises someone with an intellectual disability as a "protected person".[32]

MONITORING AND EVALUATION

If we are serious about meeting the sexual health needs of young people, the quality of sexuality education that young people receive in both school and non-formal settings should be assured through curriculum design, training, monitoring and evaluation, as well as robust systems of accountability. The IFPA recommends incorporating monitoring, evaluation and quality assurance into existing structures. Among the areas to evaluate include, but are not limited to, the benefits of external educators versus the increased responsibilities and trainings for school teachers, the experience of students of RSE across different school types, and the validity of teaching resources, such as the textbooks, used in the classroom. Evaluations of RSE reveal important information about how the programme is operating, and where change is needed. For example, a 2013 study on the implementation of RSE found that practices and procedures to support planning for senior cycle RSE were not effective in the majority of schools – there were evident weaknesses in programme planning for senior cycle RSE in 62% of the 63 post-primary schools inspected.[33] Earlier studies have also identified problems with the implementation of RSE at senior cycle level.[34] Research also indicates that the time allocated to RSE decreases substantially once students reach third year of junior cycle.[35]

RSE SCHOOL POLICY

The Department of Education requires that all schools have a policy regarding the teaching of RSE and that it is taught from the beginning of primary school to the end of secondary school. According to the Department, the RSE policy should reflect a school's core values and ethos as outlined in its mission statement. While no aspect of the RSE programme can be omitted on the grounds of school ethos, the Department has stated that all elements of the programme "can and should be taught within the ethos and value system of the school as expressed in the RSE policy".[36] In practice, this means that not all schools provide comprehensive information on the full range of contraceptive methods.[37] Due to the departmental requirement, the provision of sexuality education is hugely varied and depends on the ethos and value system of individual schools.

We know from our training and education services that, while parents and teachers tend to be supportive of sexuality education, school ethos does create significant barriers to the delivery of an adequate level of information. Parents are frequently unaware that Boards of Management define school policy on this issue and that schools may not cover all aspects of sexual and reproductive health. For example, the IFPA has many times been obliged to turn down requests from schools to deliver sessions, because we are asked to omit references to contraception. We frequently encounter young people who require sexual and reproductive health services in our clinics, but who have not received basic education on matters of sexual health. And the specific RSE needs of LGBTQ+ young people are rarely addressed in any adequate manner in schools.

We recommend that a whole school approach, involving Board of Management, parents, student councils and other key stakeholders, and in consultation with experts in sexual and reproductive health, is used. Through this informed and collective process, RSE school policies would better serve the needs of young people, and be less constrained by school ethos.

5. IF YOU HAVE ANY COMMENTS OR OBSERVATIONS, PLEASE RESPOND HERE.

A young person's right to health, and their right to education, are interconnected. To ensure positive health outcomes for young people, we must support their access to scientifically accurate, incremental, age-and developmentally-appropriate, curriculum-based, comprehensive, human-rights based, and transformative sexuality education. The IFPA believes that if all young people in Ireland are to realise their sexual and reproductive rights, commitment and advocacy on all levels, from the Department of Education and Skills, to teachers and parents, to non-governmental organisations, is critical.

It is with these remarks in mind, that the IFPA makes the following recommendations to improve RSE:

1. Guarantee the right of all young people to receive factual and objective information on relationships and sexuality regardless of school ethos.
2. Ensure that the relationships and sexuality education curriculum be revised to align with UNESCO's definition and characteristics of comprehensive sexuality education.
3. Introduce RSE topics gradually and deliver incrementally in an age-appropriate manner that is responsive to the changing needs and capabilities of the child and the

young person as they grow. A minimum number of hours per term should be allocated to sexuality education programmes in schools.

4. Design a clear set of goals and indicators for sexuality education that are established within the curriculum, including contraceptive use at first sex as a goal, with indicators measuring delivery of information about pregnancy, contraception and STIs.
5. Develop a quality assurance framework for comprehensive sexuality education to ensure that implementation of sexuality education in schools and in non-formal settings can be robustly monitored and evaluated.
6. Encourage a whole school approach to the development of school policy on sexuality education involving Board of Management, parents, student councils and other key stakeholders, and in consultation with experts in sexual and reproductive health.
7. Train and resource specialist sexuality educators—including, but not limited to primary and secondary level teachers—who can deliver comprehensive sexuality education in schools, youth groups, care homes and other settings.
8. Ensure that any external educators and organisations are properly vetted and parents/guardians are informed of their attendance prior to providing any lessons in the schools.
9. Take measures to ensure that RSE is available, and delivered by trained sexual health educators, to young people in care, including incarcerated young people and young people with intellectual disabilities, in their care setting, as well as at school.
10. Provide a network of non-formal settings, such as Youth Cafes, where young people can access sexual and reproductive health information and services.
11. Remove the legal barriers to access to contraception by young people.

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[33] Department of Education and Skills, *Looking at Social, Personal and Health Education Teaching and Learning in Post-primary Schools,* 2013. https://www.education.ie/en/Publications/Inspection-Reports-Publications/Evaluation-Reports-Guidelines/Looking-at-Social-Personal-and-Health-Education-Teaching-and-Learning-in-Post-Primary-Schools.pdf.
[34] According to a 2007 study, 43% of schools surveyed reported not actually teaching RSE lessons in fifth year. This figure rose to 48% in Leaving Certificate Year (*RSE in the Context of SPHE: An Assessment of the Challenges to Full Implementation of the Programme in Post-Primary Schools*, Commissioned jointly by the Department of Education and the Crisis Pregnancy Programme). A 2010 survey of young people aged 15-18 found that almost three-quarters of respondents (74%) did not receive RSE classes during the year (2009) and only 15% of young people said their school had timetabled RSE as a class (*Life skills matter – not just points: A survey of implementation of Social, Personal and Health Education (SPHE) and Relationship and Sexuality Education (RSE) in second-level schools*, Commissioned by the Office of the Minister for Children and Youth Affairs).
[35] A 2003 survey found that RSE was available to 73% of first years in the schools surveyed; 69% of second year students; and 63% of third year students (*Implementation of Social, Personal and Health Education at Junior Cycle: National Survey Report*, Commissioned by the SPHE Support Service). According to a 2007 study, RSE was taught as part of SPHE in first and second year in 81% of the schools surveyed – however, this dropped to 58% in third year (*RSE in the Context of SPHE: An Assessment of the Challenges to Full Implementation of the Programme in Post-Primary Schools*, Commissioned jointly by the Department of Education and the Crisis Pregnancy Programme).
[36] Department of Education and Skills, *Relationships and Sexuality Education Circular 0037/2010*, 2010. https://www.education.ie/en/Circulars-and-Forms/Active-Circulars/cl0037_2010.pdf.

[37] IPPF European Network, *Barometer of Women's Access to Modern Contraceptive Choice in 16 EU Countries: Key Findings and Policy Recommendations*, 2015. https://www.ippfen.org/sites/ippfen/files/2016-12/EU%20Call%20To%20Action%20-%20Barometer%20of%20Women%27s%20Access%20to%20Modern%20contraceptive%20Choice%20in%2016%20EU%20Countries.pdf.