

New Zealand Health Education Association

Newsletter

May, 2025

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Tēnā koutou

Term 2 feels like it is racing away already. While the craziness of global events swirls around us, we trust you are focusing on what you have control over and what you can do at this time and not feel overwhelmed by the scale of things we don't seem to be able to influence in a meaningful way, much less change.

The 2025 **UNICEF Innocenti Report Card 19 Child Well-Being in an Unpredictable World** was published mid-May and makes for very sobering and troubling reading. New Zealand children and youth feature very poorly among these data, especially in the areas of mental health, suicide (the worst of all 'rich' countries) and bullying. Although improving health and wellbeing outcomes for our children and young people is an exercise involving far more than just the education sector, it brings into question what we can do better to promote students' wellbeing at school, and question if the current policy and strategy environment supports that. It also forces us to ask what learning we need to prioritise in our Health Education programmes to ensure young people have the knowledge to understand and think critically about these situations, and to know how to act to support themselves and others. However, it is *strongly emphasised* that other sector-led systems and actions need to be in place to provide the diverse forms of support needed when these issues extend beyond the mandate, resources and priorities for education, which focus on teaching and learning. See the professional readings section at the end of the newsletter for links to this document and The Child and Youth Strategy 2024-27.

News and updates

Term 2 PLD workshops

Our 14-centre **teachers' literacy and numeracy workshops** are underway, and feedback has been very positive. At the completion of the workshops we will be compiling all the activities developed in each of the sessions into a resource which will accompany the NZHEA resource (*still in development!*). See Leigh's Kaikōtuitui Arataki Oranga summary following.

NZHEA has also been supporting the PENZ-led **Tai Torua workshops for primary teachers** around the country. We've been reconnecting teachers with *Oat the Goat* and how there are so many health education themes in the story that can be linked with mental health education activities. As many secondary teachers know, *Oat the Goat* is also great for their students as well. If you aren't aware of the story check out the video on the [BullyingfreeNZ website](#) and a [pdf of the book](#) is also available.

Clusters

Leigh is quickly growing the number of regional clusters around the country as a way to respond to local PLD needs on a regular basis. See Leigh's Kaikōtuitui Arataki Oranga summary following.

Relationships and Sexuality Education consultation

Thank you to the many teachers who gave their feedback in the survey accompanying the draft framework for **Relationships and Sexuality Education** which contained the suggested content knowledge destined to be redeveloped for the curriculum refresh. We understand there are thousands of survey responses alongside hundreds of submissions directly to the Ministry. Hopefully many of the responses point out certain omitted content! It is not yet clear when/how the findings will be reported but we will certainly let you know as soon as results of that process become available.

Can we stress the information in the 9 April Curriculum newsletter from the Acting Deputy Secretary for Education sent out just prior to the RSE survey which said: ***“The draft framework isn’t compulsory, and you don’t need to change your plans for health and physical education this year. Instead, your feedback will guide decisions about the RSE teaching and learning included in the updated health and physical education learning area. A draft of that curriculum content will be available for feedback later this year. RSE content in Te Marautanga o Aotearoa will be included in the updated Hauora wāhanga ako, which is due to be released in Term 4.”***

Curriculum Refresh

It is still too early to provide any information on HPE developments. If you want to get a feel for the overall shape of the curriculum changes to come, and the UKD (Understand-Know-Do) framing, have a look at the [English year 7-13 curriculum](#) that was released in draft earlier this year.

NCEA

The amount of activity on the NZHEA Facebook page indicates that many of you are in full swing with NCEA assessments and navigating what we know are still some less than satisfactory Level 1 standards. We did make a sizeable submission to the RAMP (Review and Maintenance Programme) seeking a range of changes across all levels. As yet we haven’t heard the outcome of those recommendations.

Annual practice exams

Our NZHEA practice exams can now be accessed via our website – go to Resources – Member resources – Practice exams. You will need your 2025 password to log in – the person named on your (school’s) membership was sent this last term on April 10th with the subject “2025 Password Update”. Please check your spam if you can’t find it before contacting our NZHEA administrator Vanessa at admin@healtheducation.org.nz. Note that for our purposes these exams are for ‘practice’ and they have no formal or official status. Your school may choose to use them as the basis for derived grades. We develop the exams to a style and format similar to the previous year’s exams, unless there is a change to the specifications and contexts which may necessitate a different approach to the questions. You are of course welcome to develop your own practice exams.

Level 1 Health Studies

[We inhale deeply and let our breath out slowly at the thought of saying anything here] The level 1 internal assessments continue to be a major headache for us, for you, and for NZQA. We are hoping some changes can be made for clarification but in the meantime, we will respond as best we can to your queries. Enough said.

HPE Scholarship 2025

The annually revised NZHEA HPE Scholarship resource is now available on our website resources page. If you have student(s) entering Scholarship this year, please ensure they are using the 2025 specifications as there have been changes to the document they need to refer to and the overall requirements of the report.

In this newsletter

- An update of events from the Kaikōtuitui Arataki Oranga - Leigh Morgan
- Some added guidance about AS91236 (Health 2.2 Managing change)
- Managing difficult situations with parents related to non-RSE Health Education content and the potential of Section 50 of the Education and Training Act
- A round up of PLD events, resources, and professional readings

Ngā mihi

Leigh Morgan (chair), Jenny Robertson, Shelley Hunt, Annie Macfarlane, & Vicki Nicolson (executive)

From the Kaikōtuitui Arataki Oranga - Leigh Morgan

Kia ora koutou katoa

As I write this report I am nearly half way through presenting the literacy and numeracy in Health Education workshops which are my priority this term.

I would like to acknowledge and thank Jenny for developing the programme and all the resourcing for this PLD opportunity, while I get the privilege of delivering the content and engaging face to face with kaiako who attend.

There has been some excellent korero and pātai, and it is humbling listening to conversations and observing the connections being made between teachers. Health Education kaiako are notoriously generous with sharing their time and mahi with others.

As mentioned in the “News and Update” section on page 1, a portion of the programme has been allocated for kaiako to create their own literacy activities which are added to a folder and shared with the those attending that specific workshop. Although it requires a bit of concentration, feedback has indicated this is a worthwhile and productive way to acquire resourcing to support often very “time poor” teachers!

In addition to meeting new people, the workshops have also provided the perfect opportunity to promote the cluster groups that are already established and to discuss the possibility of setting up new ones in areas where there are currently none. A number of dates have already been confirmed in term 3 (once the literacy and numeracy workshops are finished) for these cluster hui.

I look forward to engaging with those of you attending the remaining 8 workshops.

Ngā mihi nui
Leigh Morgan

For all NEX queries about NZHEA support email us at kaiarahi@healtheducation.org.nz

Some added guidance about AS91236 (Health 2.2 Managing change)

As part of our ongoing series of newsletter items to support NCEA assessment, we focus this term on AS91326 **Evaluate factors that influence people's ability to manage change** - it looks straightforward but there are several things that need to be considered.

1. The change situation needs to be **one main significant life change** -see EN4 for examples.
Unfortunately the way the standard is written the concept of resilience is not able to be applied to situations where people live for an extended period in adverse conditions (e.g. poverty, conflict) but still have good life outcomes, although teaching can still give focus to this when developing understanding of resilience along with risk and protective factors.
2. An understanding of the concept of **resilience** needs to clearly be at the fore of the student response – that is how people cope or bounce back after a significant life change.
It is important that students understand that resilience is not a 'thing' that people 'have' or 'don't have' and if we 'have it', it is there forevermore. Think of resilience as being about people's **capacity** to manage change. None of us can know exactly how we will cope with a major life change. We can have lots of knowledge and skills and plenty of support, and although that would suggest we'll manage well, that is not guaranteed. Just as a person who lives in quite adverse conditions may cope well because of just a few key things that make all the difference, like a significant adult in their life, having a hobby or interest, and staying at school.

Resilience definition from the [American Psychological Association](#)

Resilience is the process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioural flexibility and adjustment to external and internal demands.

A number of factors contribute to how well people adapt to adversities, including the ways in which individuals view and engage with the world, the availability and quality of social resources, and specific coping strategies. Psychological research demonstrates that the resources and skills associated with resilience can be cultivated and practiced.

3. It is NOT a case of applying the same personal-interpersonal-societal lens to everything as happens with some other Level 2 standards. P-IP-S ONLY applies to the strategies.
4. To be able to talk about how a person is likely to – or does – cope with a major life change needs to be considered in relation to the **risk and protective factors that are present at the time of the change** (ie they were pre-existing) as these are what help predict how well the person might adapt to the change. **Risk and protective factors** do NOT need to cover P-IP-S factors. What is most important is that these factors are **based on evidence** from the situation, scenario or story that is the focus for the assessment. In a real-life story there is no guarantee an example of each of P-IP-S factors will feature.

One of the better sources of information about **risk and protective factors** is still the (previously known as) Ministry of Youth Development material which is still online. See [Youth Development Strategy Aotearoa](#) (2002) and for more detailed teacher reading accompanying the strategy see the literature review [Building Strength: Youth Development Literature Review](#) (2002). Don't be put off by the age of these materials. The research done decades ago is as relevant now as it was then. The main thing that has complicated matters is the addition of digital world issues. See following extract of risk and protective factors.

5. The **strategies** then need to consider what (still) needs to happen after the change. These need to cover **at least one each of P-IP-S strategies**. These strategies can **either** help to maintain or further enhance the protective factors ie they keep supporting the person and sustaining their ability to manage their life after the changes and continuing to build their resilience, and reduce or mitigate

any risk factors that continue to exist (from before/at the time of the change) or have developed because of the change.

Evaluate factors that influence people's ability to manage change

Achievement	Achievement with Merit	Achievement with Excellence
Evaluate factors that influence people's ability to manage change.	Evaluate in depth, factors that influence people's ability to manage change.	Evaluate comprehensively, factors that influence people's ability to manage change.
<p>EN2 Evaluate factors that influence people's ability to manage change involves:</p> <ul style="list-style-type: none"> explaining risk and protective factors that contribute to people's ability to manage change situations recommending a combination of personal, interpersonal and societal strategies to maintain the protective factors and/or minimise the risk factors. 	<p>Evaluate in depth, factors that influence people's ability to manage change involves:</p> <ul style="list-style-type: none"> explaining, in detail, risk and protective factors that are clearly linked to the change situations recommending personal, interpersonal and societal strategies specific to the change situations. 	<p>Evaluate comprehensively, factors that influence people's ability to manage change involves providing an explanation that demonstrates critical* understandings of:</p> <ul style="list-style-type: none"> the risk and protective factors influencing people's ability to manage change situations strategies for maintaining the protective factors and minimising the risk factors.

***Critical** understandings will be shown, for example, through a relevant combination of:

- showing a conceptually sound understanding of the concept of resilience in relation to the change situation
- showing insight into the change situation beyond the immediate evidence (eg by drawing on understandings from similar situations)
- showing understanding of how a major life change results in many inter-related changes
- linking the risk and protective factors to the relevant determinants of health *apply the DoH ONLY in situations where poverty is a significant risk factor - do not force it to 'fit'.*
- explaining interrelationships between the personal, interpersonal and societal factors influencing people's ability to cope with change, or the strategies for building resilience.

Note that excellence does not necessarily require added information. In many cases a relevant combination of these ideas (ie NOT all) should appear as an integral part of a well-informed and carefully worded evaluation.

EN3 Risk and protective factors, and strategies for managing change are related to the **concept of resilience**.

EN4 The context for the assessment will be based on a **significant change situation** related to the key learning area of mental health. A significant change situation results in numerous changes that need to be considered as part of the evaluation. Situations may include aspects of:

- physical or mental health problems, e.g. illness, disability
- family separation, or relationship break up
- changing house, school, and/or country
- significant loss situations resulting in grief
- drug use and misuse
- experiencing significant failure, e.g. at school
- repeated or ongoing pressured, risky, or stressful life situations at home, work or in the social environment.

Focusing on suicide or eating disorders is not appropriate.

Risk and protective factors

When teaching about risk and protective factors, students can analyse lists like the ones following to decide if each factor is P-IP-S or, as often happens, could be two or all three of P-IP-S depending on which aspect or perspective of the situation is being considered. But stress that it is not the P-IP-S nature of them that is important, it is which factors are shown to be present in the story or situation they are evaluating, ie the use of evidence showing the presence – or absence - of these factors.

[Youth Development Strategy](#) P21 (adapted)

<p>COMMON PROTECTIVE FACTORS</p> <p>Analyse why the presence of these factors is protective AND how the <u>absence</u> of some of these factors may present a <u>risk</u>.</p> <p>Many protective factors have a ‘learned’ aspect to them. What can people learn that would help build resilience and help them manage life changes?</p> <p>What other protective factors could be added to this list? Think perhaps about specific examples related to items on this list that are particularly topical at present.</p>	<p>COMMON RISK FACTORS</p> <p>Analyse why the presence of these factors is a risk AND how the <u>absence</u> of some of these factors may be <u>protective</u>.</p> <p>Which of these factors cannot be (readily) ‘undone’ or reversed? What are the implication of this when considering the sorts of protective factors that will need to be present to reduce or mitigate the impact of the risk? What does current research suggest are some of the more problematic and recurrent risk factors?</p> <p>Where would you add a digital world aspect to this list? Or does that need a new category of its own?</p>
<ul style="list-style-type: none"> • Large net of social support from wider family, teachers, school, workplace, church, youth organisations and leaders • Faith that life has meaning, optimism, aspirations, hopes and plans for the future • Parenting that combines warmth with clear limits and firm consequences • Safe, supportive neighbourhoods • Staying longer at school and achieving well • Involved in extracurricular activities and having many interests and hobbies • At least one close friend • Mainly law-abiding friends with positive interests • Thinking skills, including problem solving and seeing things from others’ perspectives • Positive social interactions with other people • Supportive relationships with at least one significant adult • Attachment to the community and one’s culture • Meaningful employment. 	<ul style="list-style-type: none"> • Low self-esteem, poor social or coping skills • Chronic illness, mental health or behaviour or learning problems • Lack of social support from family, neighbourhood and wider community • Truancy, academic failure and dropping out of school • Heavy use of alcohol and other drugs, especially where this is self-medication • Parenting that is: overly harsh; sets insufficient boundaries; inflexible with regard to changing needs with age; overly permissive; abusive; violent; and neglectful • Chronic marital conflict, particularly where it is in front of the children, destructive and/or involves violence • Experiencing divorce while growing up • Low income in the family • Multiple problems or disadvantages in the family, including poor accommodation, mental health problems, unemployment, violence, addiction, crime and poverty • Sexual abuse as well as emotional, physical and verbal abuse, bullying or neglect • Transience, high mobility.

Managing difficult situations with parents related to Health Education content, and the potential of Section 50 of the Education and Training Act

Teachers of Health Education will be well aware of Section 51 of the Education and Training Act 2020 - [Release from tuition for specified parts of health curriculum](#).

However, we are now hearing about parents wanting their child removed from a variety of non-RSE Health classes, such as alcohol and drug education, or for certain activities that require interactions between different genders.

In theory, there is another section of the Act that may allow this and that is **Section 50 - Release from tuition on religious or cultural grounds**.

Although this is a very small issue at present (as far as we know), the ever-increasing diversity of the New Zealand population, and with pockets of considerable cultural and religious conservatism within that diversity, it is foreseeable that this might grow as an issue for state schools – especially if parents become familiar with this section of the Act.

Note. It is assumed that if a parent chooses a faith based (e.g. a State integrated) or special character school, or an independent (private) school for their child's education, then they are in effect 'signing up' for, and agreeing to, whatever that school has in its curriculum related to religious instruction and/or any cultural considerations embraced by the school philosophy (see subsection 1).

[Section 50 Release from tuition on religious or cultural grounds](#)

(1) This section applies to students enrolled at—

(a) **a State school** that is not a State integrated school; or (b) a charter school.

(2) A **student over the age of 16 years**, or a **parent of a student under the age of 16 years**, may ask the **principal or person responsible for teaching and learning in a charter school** to release the student from tuition in a particular class or subject.

(3) A request under subsection (2) must be made in writing and at least 24 hours before the start of the tuition.

(4) The **principal or person responsible for teaching and learning in a charter school** may not release the student unless satisfied that—

(a) the parent or student has asked because of sincerely held religious or cultural views; and

(b) the student is to be adequately supervised (whether within or outside the school) during the period of release from tuition.

(5) On receiving a request from a parent under subsection (2), the **principal or person responsible for teaching and learning in a charter school** must, before agreeing to release the student, take all reasonable steps to find out the student's views on the matter.

(6) Subject to subsection (4), the **principal or person responsible for teaching and learning in a charter school** must release the student from the tuition and (if the student is to be supervised outside the school) let the student leave the school during the tuition unless satisfied that it is inappropriate to do so, having regard to—

(a) the student's age, maturity, and ability to formulate and express views; and

(b) any views the student has expressed.

We're in two minds about this.

- On one hand we don't want to promote this section of the Act and throw open the door on any curriculum content - HPE or other learning area - that a parent or student thinks they can make a cultural or religious case against.
- BUT on the other hand, it may be a pragmatic solution for particularly problematic and persistent parents who genuinely hold very strong religious and/or cultural views.

It is worth keeping in mind the Bill of Rights 1990 and the Human Rights Act 1993 here although this quickly becomes a legal minefield to navigate when it needs to be interpreted in relation to contexts like state schooling and the processes of compulsory education.

Caution

The Act makes it clear that for Section 50, as well as Section 51 of the Act, **only the principal or person responsible for teaching and learning in a charter school** can agree to release from tuition in sexuality education or on cultural or religious grounds.

Section 51 Release from tuition for specified parts of health curriculum

(1) A parent of a student enrolled at a State school or charter school **may ask the principal or person responsible for teaching and learning in a charter school in writing to ensure that the student is released from tuition in specified parts of the health curriculum related to sexuality education.**

Note that Section 51 does not apply to independent (private) schools.

As a teacher you cannot give permission for students to be out of class for certain content.

Seek guidance from your principal for these matters.

PLEASE DO NOT TAKE THESE MATTERS INTO YOUR OWN HANDS.

Events - Secondary Schools

NZHEA Literacy and numeracy workshop

As we prepare this newsletter, our term 2 workshop programme is well underway. See the March newsletter for full details. The remaining dates and venues are:

- East Pier Hotel, Napier: Tuesday 20th May.
- Yarrow Stadium, New Plymouth: Thursday 22nd May.
- Palmy Venues, Palmerston North: Tuesday 27th May.
- Tākina Convention and Exhibition Centre, Wellington: Thursday 29th May.
- Pūtangitangi Greenmeadows, Centre Nelson: Tuesday 3rd June.
- Tūranga Library, Christchurch: Thursday 5th June. *Note this workshop is full*
- Dunstan High School, Alexandra: Tuesday 10th June
- Edgar Centre, Dunedin: Thursday 12th June.

[Please register for these workshops through this link.](#)

Sexual Wellbeing Aotearoa

Navigating the Journey *Te takahi i te ara: Te mātauranga mō ngā hononga tāngata me te hōkakatanga*
Online PLD

This new free online training is for teachers and educators from all schools who are using or intend to use Navigating the Journey: Relationships and Sexuality Education Programme, and would like training and guidance on how to utilise it in a way that works for their ākongā.

Our Navigating the Journey: Relationships and Sexuality Education Programme aligns with the current New Zealand Curriculum, and schools can continue to use it to deliver their Relationships and Sexuality Education.

Upcoming dates

Navigating the Journey Online PLD: For [Primary Schools](#)

- Wednesday 18th June: 4pm – 6:30pm
- Tuesday 19th August: 10am – 12:30pm
- Thursday 4th September: 4pm – 6:30pm

Navigating the Journey Online PLD: For [Secondary Schools](#)

- Tuesday 17th June: 10am – 12:30pm
- Wednesday 27th August: 1pm – 3:30pm
- Tuesday 9th September: 10am-12:30pm

Would you prefer this training in-person? Find out more information and to request Navigating the Journey [Training at your school](#).

Other forums and PLD options are also available. Check out the full programme [here](#).

Sexual Wellbeing Aotearoa are also seeking feedback from teachers about how to best deliver PLD around *Navigating the Journey* and provide other forms of support for teachers.

If you can help, there is a 5-minute survey to complete at this link:

<https://forms.office.com/r/2BhfWrARaz>

Please complete this by Thursday 19th June.

Events - Primary Schools

Tai Torua

These events are hour-long H&PE related sessions designed for primary school teachers. NZHEA supports PENZ with these events. Keep an eye out on the [PENZ PLD page](#) for upcoming dates and venues for these events. Current listings are for Wanaka (May), Whanganui, Wellington, Palmerston North (June-July) with more to be added.



Resource round up

We're sounding like a broken record reporting the dearth of new resources. However this is indicative of pending curriculum changes and that waiting for the refreshed curriculum makes economic and strategic sense for resource developers *at this time*.

The sparse offerings include:

From NZHEA

- **The updated NZHEA resource to support HPE Scholarship 2025.** Find this on the [NZHEA resources](#) page.
- [Practice exams](#) for 2025 - note you will need your member login and password to access these.

CensusAtSchool data

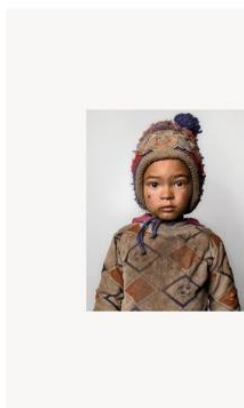
Check out if your school signs up to do the biennial CensusAtSchool Survey. A new survey was started in 2025 (noting that the Tūturu [Discussing the data](#) resources about being online and alcohol attitudes were part of the 2023 survey.)

Schools have access to their own data [so if your school is on the list](#) (you will need to scroll down the page), find out who is responsible for administering the survey (likely a maths teacher) and see if there is any data that you could use in Health Education. The 2023 survey was completed by over 40,000 students.

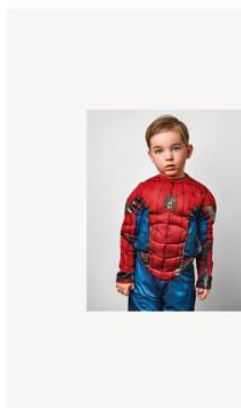
‘Where children Sleep’ – James Mollison [social justice photo essay](#)

We've mentioned this resource in numerous places over the years. A recent visit back to the authors website reveals that he has added MANY more photos to the collection along with video/audio that accompanied an exhibition of the photographs. Photo essays like these are really useful for teaching about the social determinants of health. See the list of other social justice photo essays in the [November 2023 newsletter](#).

Series of 130 diptychs of children and their bedrooms | [Exhibition & Synopsis](#)



Sager, 3, Nepal



Everett, 4, Michigan, USA



Suggested professional readings or webinars

If you are wanting to read more about the notion of a **knowledge-rich curriculum** that we've been hearing a lot about with the curriculum refresh, check out this open [access book](#).

Developing Curriculum for Deep Thinking: The Knowledge Revival (2025)

Authors: Tim Surma, Claudio Vanhees, Michiel Wils, Jasper Nijlunsing, Nuno Crato, John Hattie, Daniel Muijs, Elizabeth Rata, Dylan Wiliam, Paul A. Kirschner

As noted at the start of this newsletter the 2025 [UNICEF Innocenti Report Card 19 Child Well-Being in an Unpredictable World](#) was published mid-May and makes very sobering and troubling reading given how poorly New Zealand children and youth feature among these data.

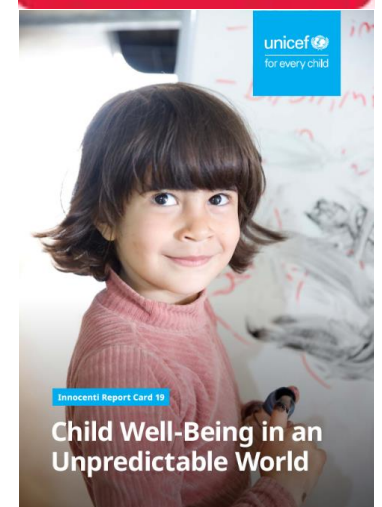
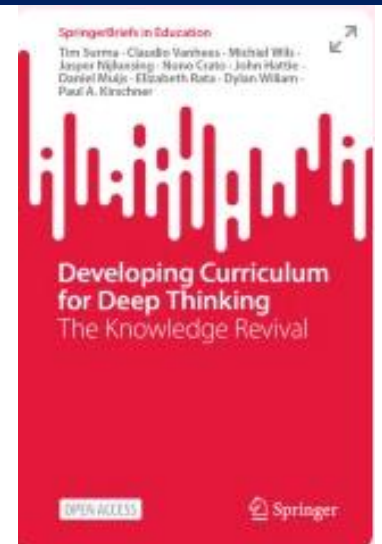
[UNICEF website](#) – this also has the 2020 material for comparison.

In consideration of this UNICEF report it is also worth looking at two New Zealand documents. These are two of the choices HPE Scholarship candidates are required to select from.

Briefing to the Hon Matt Doocey, Associate Minister of Health (2024)
[Overview of youth health](#)

[The Child and Youth Strategy 2024-27](#)

Noting that this document has changed considerably from the previous Child and Youth Wellbeing Strategy



Overview of youth health

Security level: IN CONFIDENCE Date: 14 March 2024
To: Hon Matt Doocey, Associate Minister of Health

Purpose of report

1. This briefing responds to your request for information on youth health, as this falls within your new delegation.
2. We have consulted with Health New Zealand | Te Whaitu Ora and the Ministry of Youth Development (MYD) – Te Manatū Whakaitiaki Tahihi on this briefing.

Summary

3. Youth health is influenced by social, environmental, economic, and genetic factors that together contribute to the quality of health of young people. These factors, often referred to as the social determinants of health, impact youth health outcomes.
4. In New Zealand, there are approximately 850,000 young people aged 12 to 24 years, making up 17 percent of the population. This population is generally healthy, however some are growing up in circumstances that challenge their ability to stay healthy into adulthood.
5. Some groups of young people have higher health needs, including many young Māori, Pacific people, disabled people, rainbow people, people in care, and people not in education, employment, or training.
6. Young people have shared that the biggest issues they face today include concerns about mental health, social media and online harms, racism and discrimination, and uncertain futures with inherited social, economic, and environmental challenges.
7. The area of greatest health need for young people is mental health. Although many young people experience good mental health, recent evidence shows that mental health of young people has declined rapidly over the past decade.
8. Other issues include variable access to health care services, impacts of substance use and other modifiable risk factors, high levels of sexually transmitted infections, impacts of housing-related conditions, and risks associated with family violence and sexual violence.
9. We can provide you with further information on any matters raised in this briefing at your request.

