2002 HSC Notes from the Marking Centre Personal Development, Health and Physical Education

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2002 HSC NOTES FROM THE MARKING CENTRE PDHPE

Introduction

This document has been produced for the teachers and candidates of the Stage 6 course in PDHPE. It provides comments with regard to responses to the 2002 Higher School Certificate Examination, indicating the quality of candidate responses and highlighting the relative strengths and weaknesses of the candidature in each section and each question.

It is essential for this document to be read in conjunction with the relevant syllabus, the 2002 Higher School Certificate Examination, the Marking Guidelines and other support documents which have been developed by the Board of Studies to assist in the teaching and learning of PDHPE.

General Comments

In 2002, approximately 9643 candidates presented for the PDHPE examination.

Teachers and candidates should be aware that examiners may ask questions that address the syllabus outcomes in a manner that requires candidates to respond by integrating their knowledge, understanding and skills developed through studying the course. This reflects the fact that the knowledge, understanding and skills developed through the study of discrete sections should accumulate to a more comprehensive understanding than may be described in each section separately.

Section I – Core

Part A – Multiple Choice

Question	Correct Response
1	B
2	D
3	A
4	C
5	A
6	A
7	B
8	C
9	D
10	C

Question	Correct Response
11	C
12	A
13	B
14	D
15	D
16	A
17	D
18	B
19	B
20	C

Part B

General Comments

Overall, the candidates' responses indicated that many had a reasonable grasp of the course content. However, some candidates had difficulty in being able to demonstrate higher order skills such as analysis, assessment and evaluation. Candidates need to be aware that the answer space allocated and the marks assigned are a guide to the length of the required response.

Specific Comments

Question 21

Health Priorities in Australia

Question 21 was a straightforward question for the majority of candidates. Most responses demonstrated a general understanding in both parts (a) and (b).

An improvement was evident in the quality of this year's responses. Candidates were able to use appropriate terminology in responding to both parts of this question.

Question 21

Part (a) was a straightforward question enabling the majority of candidates the opportunity to demonstrate their level of achievement.

(a) Higher order responses explored a range of inequities and were able to relate the causative features to the inequity. The characteristics of low socioeconomic status were also linked to relevant measures of epidemiology. For example, 'lower education levels lead to less knowledge of risk factors associated with lifestyle diseases which is evident in higher mortality rates from CVD and diabetes'. The high-range responses clearly linked inequities with health status and applied syllabus terminology accurately and consistently.

Mid-range responses tended to list a variety of inequities. Low socio-economic status was often related to disadvantaged groups, for example, ATSI and rural and isolated groups. Mid-range responses were characterised by general descriptions about one or two inequities and failed to link the inequities to measures of epidemiology. Some responses had well-developed lists of inequities with little or no relevant description.

Low-range responses made sweeping comments, brief lists or stereotypical generalisations, for example, 'low socioeconomic status means low income so no education'. Additionally, some candidates gave the wrong information in their responses – 'they can't access Medicare' – and were unable to demonstrate any link between inequities and health status.

(b) The ability to make informed judgements about the effectiveness of the application of the Ottawa Charter characterised the better responses to this question.

Candidates who scored marks in the high range were able to clearly identify, discuss and evaluate the application of the Ottawa Charter to both depression, and road and traffic injuries. It was evident in this mark range that the candidates knew what 'evaluate' meant, and their responses were

well-structured with a wide range of initiatives and strategies used as examples to support their discussions. Judgements tended to be made on epidemiological facts, rather than personal opinion, and the expectation that all five action areas be discussed in relation to both depression, and road and traffic injuries was met.

Mid-range responses generally demonstrated a good understanding of the action areas of the Ottawa Charter and addressed both the priority areas. However, the mid-range responses demonstrated limited or no evaluation of the effectiveness of the application of the action areas, although they often provided relevant examples of the implementation of the action areas. Lower mid-range responses failed to address all action areas of the Ottawa Charter, or provided incorrect information about the action areas and their associated examples. This was evident in descriptions of 'reorienting health services' in particular. Additionally, the same example was often used to describe a number of the action areas, particularly in response to the depression priority area.

Low-range responses listed the action areas of the Ottawa Charter or made general descriptions of depression and road and traffic related injuries. These responses were characterised by very poor structure with little or no content links, limited accurate information and brief descriptions of the priority area with no reference to the Ottawa Charter. A number of candidates did not attempt Question 21(b).

Question 22

Factors affecting performance

This question enabled candidates to demonstrate their broad understanding of key factors that affect performance. The question targeted candidates' understanding of training principles, supplementation and psychological strategies. Overall, candidates were able to identify and outline the relevant factors influencing performance and better candidates were able to explain clearly how each factor enhanced or diminished performance.

(a) Part (a) was well answered with most candidates demonstrating an understanding of specificity and reversibility. Better responses gave relevant examples linking specificity and reversibility to flexibility. For example, 'In terms of flexibility an athlete should look to target the muscles and joints which will be used in performance eg a hurdler would need to work at developing flexibility at the hips'. Many of the better responses also discussed the specific use of static, ballistic and PNF stretching.

A significant number of responses demonstrated a clear, detailed understanding of specificity as a principle but did not provide as much detail on reversibility. Many neglected to provide a relevant link to flexibility. Poorer responses briefly outlined the principles of specificity and/or reversibility with no link to flexibility training or only demonstrated a clear understanding of one of the principles. For example, 'When training for a flexibility program you need to focus on the certain muscles needed to be developed in certain ways to be able to do this. Specificity applies to this developing of the focus on certain muscles specific to this technique. Reversibility is the action of slowly, gradually undoing the work carried out to get the muscles to the point where they are' or 'Reversibility means use it or lose it.'

(b) In general, part (b) was not well answered in that candidates demonstrated a very narrow view of supplementation. Most responses provided explanations of types of supplementation, particularly in reference to meeting dietary deficiencies rather than addressing the specific

dietary needs of athletes. Vitamins and minerals were most commonly referred to and carbohydrate loading tended to be covered poorly. Some candidates introduced discussion on protein, hydration, creatine or other ergogenic aids. Better responses were able to clearly link specific supplementation to a range of outcomes. These outcomes included increased energy for both competition and training, increased or decreased body mass, recovery and maintenance of appropriate weight and body composition. For example, 'Athletes may supplement with protein (in drink or powder form) to increase recovery rate, tissue resynthesis and muscular hypertrophy.' Mid-range responses which represented a large percentage of the candidature discussed the dietary needs of the athlete with most making specific reference to females. 'Women athletes are more prone to iron deficiencies such as anaemia due to menstruation.' Poorer responses did not demonstrate an understanding of supplementation, instead choosing to identify some dietary needs or only discussing the diet of an athlete.

(c) Overall, part (c) was well answered, although many candidates failed to provide strong analysis. The better responses clearly showed how a range of psychological strategies such as visualisation, mental rehearsal, relaxation, goal setting, rewards, reinforcement and concentration/attentional skills (focusing) are used to manage anxiety levels and arousal and increase motivation. These answers demonstrated a clear explanation of how these factors improved performance. 'Relaxation can prevent over-arousal which would lead to poor muscular coordination and control as well as decreasing stress of performance, eg pressures from coach and self to win. Techniques include progressive muscular relaxation in which muscles are tensed and flexed releasing tension and providing a sensation of relaxation.'

Mid-range responses described several psychological strategies without any strong links to enhancing performance or discussed motivation and optimal arousal and simply identified some psychological strategies. For example, 'Goal setting is used by athlete and coach to come up with what they want to achieve within a certain time span – breaking a personal best time.' Many candidates described a good range of strategies used by athletes while not always linking them to performance.

Poorer responses outlined general strategies such as, pep talks, psyching or revving up and ergogenic aids or simply listed some psychological strategies. A small number of candidates confused psychology and physiology or simply wrote a narrative about how they prepared to play sport.

Section II – Options

Question 23

The Health of Young People

It was evident that a significant proportion of candidates who answered this question had not studied the option. Their responses were generally very poorly constructed and used only personal experiences as the basis of their responses. Their responses failed to use syllabus terminology relevant to the option and drew on general knowledge about the lives, experiences and health status of young people.

(a) This question required candidates to describe aspects of coping skills and link the use of these skills to attaining better health for young people.

High-range responses clearly identified a range of coping skills and described their features using relevant examples. These responses clearly highlighted how young people could use these coping skills to attain better health. In some cases, candidates described how coping skills protected young people from negative health consequences such as depression, self-harm and other risk taking behaviours.

Mid-range responses identified some coping skills with a brief description of their features. Responses displayed less strong links to how using these coping skills could assist young people to attain better health. For example, 'To disengage from a situation – relieves stress and tension; to have positive thought habits allows the youth to see things positively and feel better about their mental health'.

Responses in the low range drew largely from personal experience the health behaviours of some young people such as drug use, drink driving, suicide and other risk taking behaviours. Little mention was made of coping skills. Some candidates identified the family, peers and school as sources of support to assist them with coping; however, they did not identify a specific coping skill.

(b) High-range responses included a judgement about the impact of social factors on the health of young people. Candidates' responses in this range discussed a variety of social factors such as socio-economic status, employment, gender and education and highlighted how these factors impacted on the health of young people. These responses included appropriate syllabus terminology, thoroughly discussed several social factors and made at least one evaluative statement about the impact of a social factor on the health of young people.

Mid-range responses typically described one or more social factors but generally failed to sufficiently or explicitly link the impact of these social factors to the health of young people. These candidates did not make a statement relating to the worth, value or impact of a social factor on the health of young people. A significant number of candidates discussed the media as a social factor that impacted on the health of young people. As a result, these candidates were awarded marks in the lower part of this mark range.

Low-range responses did not include discussion of social factors or incorrectly identified social factors with no links to how social factors impact on the health of young people. Some candidates in this range merely outlined the health status of young people.

Question 24

Sport and Physical Activity in Australian Society

(a) This question required candidates to describe the consequences for sporting organisations of having to attract sponsorship. In general, responses were clear. They included a variety of examples of sponsorship and many felt that sponsorship had a negative impact eg loss of control of the game, loss of tradition. Very few candidates identified the positive outcomes for athletes.

The higher order responses from candidates identified and described a wide variety of consequences. These included the clash of sponsorship deals between individual and team/sporting organisations and the difficulty of women's sports to gain sponsorship due to lack of media coverage both in the newspapers and television. Candidates used the examples of Ian Thorpe 'Adidas' and the Australian swim team 'Speedo' as well as the variety of different womens' sports stars who have used their sexuality to gain media attention and sponsorship.

Mid-range responses identified some consequences of sponsorship.

Lower-range responses identified a limited number of consequences or just gave examples of name changes eg 'Endeavour Oval – Shark Park – Toyota Park'.

(b) This question required candidates to assess the impact of the Olympic games on the national sporting identity of Australia. In general, candidates had difficulty in discriminating between the concepts of national and sporting identity and more commonly than not interlinked both.

High-range responses indicated a clear understanding of relevant concepts and were able to identify characteristics of our national and sporting identity and make judgements about the impact of the Olympic Games. Responses also identified the historical reasons for our national identity developing in this way. The development of the Australian Institute of Sport after the Montreal Olympics was a very common example used to highlight the importance the nation and politicians put into sporting success. Better responses also drew upon the depiction of the national identity through the opening and closing ceremonies of the Sydney Olympic Games. Representation and symbolism of indigenous, rural, beach-loving and multicultural populations were examples used.

Middle- to low-range responses recorded their experiences at the Olympics and 'how proud I was when Juan Antonio Samaranch described the Olympics as, the best ever!' Some candidates in these ranges, sidetracked into the economic implications of the Olympics without making direct links to the national and sporting identity. For example, 'Australia has becoming the number one tourist destination in the world' and 'athletes stayed in our country for months and that helped our economy'.

Question 25

Sports Medicine

It appeared that candidates in the 2002 examination had better knowledge and understanding of the content of this option, than those in 2001.

(a) Candidates who answered the question well tended to describe both positive and negative impacts of drug-testing rather than just one or the other.

Many responses in the mid range described drug-testing procedures and the types of drugs used rather than the impact of drug-testing. The majority of these responses looked at urine samples and or blood-testing procedures and described EPO, anabolic steroids and Human Growth Hormone.

Many did not describe a wide range of impacts and tended to dwell on the same point. Low-range responses tended to give a very general comment about drugs in sport or give a simple and limited idea of the impact of drugs in sport 'Drug-testing stops cheats'.

(b) Candidates seemed to have a good understanding of sports policy and sports environment and most could relate it to the physical well-being of children and young athletes in general. However, they did not discuss specific policies or areas of well-being.

The responses in the high range presented judgement on areas of sports policy and sports environment. They presented clear and logical discussion supported by a number of relevant examples linking the policies/environment to the well-being of children and young athletes.

Most mid-range responses described either sports policy and/or sports environment with some links to personal well-being of children and young athletes or described the personal well-being of children and young athletes with some links to sports policy and/or the sports environment. They did not discuss these issues and generally made no judgement. Some responses discussed an aspect of sports policy and/or sports environment or physical well-being.

Candidates with lower range responses provided general information about sports policy or sports environment or the well-being of children and young athletes.

Some candidates missed the 'physical' areas of well-being and concentrated on the mental/social well-being of children. Environment was interpreted as merely the grounds. Sports policy was interpreted as mainly rules. Other candidates merely made a general statement about one aspect of sport policy, sport environment or the well-being of children and young athletes.

Question 26 – Improving Performance

It appeared that candidates had a poor understanding of the skill instruction element of a training session.

In part (b), most candidates were able to discuss some aspects of both physiological preparation and acclimatisation. The majority of candidates described acclimatisation in terms of adaptation to altitude only, neglecting to discuss the body's mechanisms of dealing with heat loss and heat gain.

(a) High-range responses in this question were able to identify and describe a range of strategies to evaluate the effectiveness of skill instruction; 'The coach could video the training session and then go back through it with the athletes focusing on the skill instruction, was it clear, did everyone understand it and was more detail required?'

Mid-range responses tended to link skill instruction to performance only and failed to recognise individual athlete's requirements; 'The coach could see if the athletes perform better in the game and this will prove that skill instruction was good'.

Low-range responses tended to simply discuss the training session in general and how the coach could conduct the training session; 'The coach could use demonstrations and videos of good athletes so that the athletes understand how to do the skill'.

(b) High-range responses provided an in-depth assessment of both altitude training and acclimatisation. Many provided an in-depth anaylsis of physiology and supported this with good examples and assessment of the impact of both on performance.

'Altitude training provides the athlete with an increase in blood volume and haemoglobin levels increasing the oxygen-carrying capacity of the blood. However, because of hypoxia at altitude the athlete must reduce training intensity and this could have a negative impact upon endurance performance'.

Mid-range responses tended to address either altitude or acclimatisation with depth in one area only. These candidates also tended to simply use altitude as their example of acclimatisation; 'Altitude training will increase your stroke volume and cardiac output. You will be able to compete better if you acclimatise to the thinner air at altitude before you compete'.

Low-range responses were very general and tended to focus on training for endurance performance. They used the appropriate terminology but neglected to link it to performance in any detail and made little in the way of assessment related to endurance performance.

Question 27

Equity and Health

It was evident that there were a significant number of candidates who had not studied the option. In general, candidates responded more effectively to part (b), as it was a broad question that allowed them to expand on their Core 1 knowledge relating to Aboriginal and Torres Strait Islanders.

(a) A number of candidates did not attempt to answer this part of the question that required candidates to describe a social justice framework and link this to a factor that creates health inequities.

High-range responses clearly identified aspects of a social justice framework and used examples to describe how it could be used to address a factor that created health inequity. Low socio-economic status, education and geographical location were the most commonly addressed health inequities. Responses in this range used correct terminology relating to social justice framework and a factor that created inequities. Responses were clear and logical and coherent in nature.

Mid-range responses made less obvious links between the social justice framework and factors that create health inequities. Candidates described several components of the social justice framework rather than all and did not necessarily use examples.

Lower-range responses were commonly limited to describing Medicare or the pharmaceutical benefits scheme as an example of improving access to health care. Most often candidates did not identify a social justice framework but merely identified a factor that created health inequity.

(b) The majority of candidates attempted this part of the question.

Responses in the high range displayed the ability to assess how funding could assist ATSI people to overcome health inequities and enhance levels of health literacy and a sense of self.

Candidates used relevant example and their responses were presented in a clear and logical way.

The candidates in the mid-range described how funding could improve health; however, they made fewer relevant links between funding and the significant factors influencing the health of ATSI people. Responses in this range tended to describe health trends of ATSI people and education was the most frequently addressed significant factor influencing the health of this group.

Responses in the low range merely outlined or identified the health status of ATSI people. Alternatively candidates outlined how funding could assist health improvements. There were no links between funding and improved health and no significant factors influencing the health of ATSI people identified.

PDHPE

2002 HSC Examination Mapping Grid

Question	Marks	Content	Syllabus outcomes
1	1	Health status of Australians Major causes of illness and death	H1, H2
2	1	Alternative health care approaches	H5
3	1	Major health promotion initiatives	H5, H14, H16
4	1	Health promotion – new public health model	H4
5	1	Applying Ottawa Charter to health priority areas	H4, H5, H14
6	1	Priority areas for action	H1, H2, H16
7	1	Social justice principles	H14
8	1	Analyse health priority areas	H1, H2, H3, H5, H15
9	1	Groups experiencing health inequities	H2, H3, H14, H15
10	1	Identifying priority areas – Priority population groups	H2, H3
11	1	Learning environment	H9
12	1	Types of training – strength	H7
13	1	Motivation – anxiety	H11
14	1	Judging quality of performance	H9
15	1	Stages of skill acquisition	H9
16	1	Types of training	H8, H10
17	1	Energy systems	H7
18	1	Managing anxiety and stages of skill acquisition	H8, H10
19	1	Anxiety	H11
20	1	Rates of skill acquisition	H17
21 (a)	5	Health status of Australians Groups experiencing health inequities. Socioeconomic disadvantage	H2, H3, H15
21 (b)	15	Actions to address Australia's health priorities – injury and mental health	H1 H4, H5, H15, H16
22 (a)	4	Principles of training – specificity and reversibility Types of training – flexibility	H8
22 (b)	6	Nutrition affecting performance Supplementation – vitamins, minerals, carbohydrate loading	H8, H11
22 (c)	10	Psychology affecting performance Motivation Managing anxiety – anxiety	H11, H16, H17
23 (a)	5	Coping skills	H2, H6
23 (b)	15	Social factors that impact on the health of young people Epidemiology of the health of young people	H2, H15, H16
24 (a)	5	The emergence of sport as a commodity	H12

Question	Marks	Content	Syllabus outcomes
24 (b)	15	Australian sporting identity Nationalism and sport	H12, H16
25 (a)	5	Use of drugs	H17
25 (b)	15	Children and young athletes Sports policy and the sports environment	H8, H13, H16
26 (a)	5	Elements of a training session	H8, H16
26 (b)	15	Training for endurance Phases of competition Environmental considerations	H10, H16, H17
27 (a)	5	A social justice framework for addressing health inequities Factors that create health inequities	H14
27 (b)	15	Funding to improve health Inequities experienced by ATSI peoples Characteristics of effective strategies	H3, H5, H15, H16

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2002 HSC Personal Development, Health and Physical Education Marking Guidelines

Section 1 Part B

Question 21 (a)

Outcomes assessed: H2, H3, H15

MARKING GUIDELINES

Criteria	Marks
• Describes a wide variety of inequities experienced by people of low socioeconomic status in Australia	5
• Describes some inequities experienced by people of low socioeconomic status in Australia OR • Outlines a variety of inequities experienced by people of low socioeconomic status in Australia	3–4
• Identifies some of the inequities experienced by people of low socioeconomic status in Australia	1–2

Question 21 (b)

Outcomes assessed: H1, H4, H5, H15, H16

MARKING GUIDELINES

Criteria	Marks
• Clearly demonstrates an understanding of the principles of the Ottawa Charter • Makes informed judgements about the effectiveness of the application of each of the principles of the Ottawa Charter to BOTH areas • Supports their judgements by using detailed and relevant examples of each principle for BOTH priority areas • Presents ideas in a clear and logical way	13–15
• Evaluates the application of the principles of the Ottawa Charter to ONE area and discusses the application of the principles to the other • The response is well structured and is supported by the use of some relevant examples OR • Discusses the application of the principles of the Ottawa Charter to BOTH areas • The discussion is well structured and is supported by the use of some relevant examples	10–12
• Discusses the application of the principles of the Ottawa Charter to ONE area • The discussion is supported by some relevant examples OR • Describes the application of the principles to BOTH areas • The description is supported by some examples	7–9
• Outlines a limited range of the principles of the Ottawa Charter with some links to areas OR • Outlines the principles of the Ottawa Charter OR • Outlines the TWO areas	4–6
• Provides some information about one of the areas OR • Identifies the principles of the Ottawa Charter	1–3

Question 22 (a)

Outcomes assessed: H8

MARKING GUIDELINES

Criteria	Marks
• Describes the principles of specificity and reversibility as they apply to flexibility training • Response is supported by the use of relevant examples	4
• Outlines the principles of specificity and reversibility with some relevant links to flexibility training	3
• Outlines the principles of specificity and reversibility OR • Outlines a flexibility training program OR • Describes one principle with some links to flexibility training	2
• Provides some information about specificity OR reversibility OR flexibility training	1

Question 22 (b)

Outcomes assessed: H8, H11

MARKING GUIDELINES

Criteria	Marks
• Discusses the role of supplementation in meeting the dietary needs of athletes • The discussion is supported by the use of a range of relevant examples • Presents ideas in a clear and logical way	5–6
• Describes aspects of the dietary needs of athletes and identifies the role supplementation may play	3–4
• Identifies some aspects of the dietary needs of athletes OR • Identifies some ways diets may be supplemented	1–2

Question 22 (c)

Outcomes assessed: H11, H16, H17

MARKING GUIDELINES

Criteria	Marks
• Shows how a range of psychological strategies are used to enhance performance • The analysis is supported by a range of relevant examples • Presents ideas in a clear and logical way	9–10
• Discusses a range of psychological strategies used to enhance performance • The discussion is supported by examples	7–8
• Describes psychological strategies used to enhance performance	5–6
• Outlines psychological strategies with limited links to enhancing performance	3–4
• Identifies psychological strategies	1–2

Question 23 (a)

Outcomes assessed: H2, H6

MARKING GUIDELINES

Criteria	Marks
• Shows the characteristics and features of a wide range of coping skills with links to improvements in health	5
• Shows the characteristics and features of some coping skills with links to improvements in health OR • Indicates the main features of a range of coping skills with some links to improvements in health	3–4
• Identifies some coping skills OR • Identifies ways to improve health	1–2

Question 23 (b)

Outcomes assessed: H2, H15, H16

MARKING GUIDELINES

Criteria	Marks
• Makes a judgement of the influence of a wide range of social factors on the health of young people • Uses relevant examples to support their assessment • Presents ideas in a clear and logical way	13–15
• Discusses the influence of social factors in the health status of young people • Response is supported with relevant examples	10–12
• Describes the influence of social factors on the health of young people OR • Describes a wide variety of social factors with limited links to the health of young people	7–9
• Outlines a range of social factors OR • Outlines the health status of young people	4–6
• Identifies social factors OR health issues	1–3

Question 24 (a)

Outcomes assessed: H12

MARKING GUIDELINES

Criteria	Marks
• Describes a wide variety of consequences of attracting sponsorship on sporting organisations	5
• Describes some consequences of attracting sponsorship on sporting organisations OR • Outlines a variety of consequences on sporting organisations	3–4
• Identifies consequences for sporting organisations	1–2

Question 24 (b)

Outcomes assessed: H12, H16

MARKING GUIDELINES

Criteria	Marks
• Makes a judgement of how the Olympic Games have impacted on BOTH the national identity and sporting identity of Australia • Uses relevant examples to support their assessment • Presents ideas in a clear and logical way	13–15
• Discusses the impact of the Olympic Games on both national identity and sporting identity • Response is supported with relevant examples	10–12
• Discusses the impact of the Olympic Games on EITHER the national identity OR sporting identity of Australia • Describes the relationship between the Olympic Games and the national identity and sporting identity of Australia	7–9
• Outlines Australia's national identity and sporting identity OR • Outlines some impacts of the Olympic Games on Australia	4–6
• Provides general information about the Olympic Games OR Australia's sporting identity OR Australia's national identity	1–3

Question 25 (a)

Outcomes assessed: H17

MARKING GUIDELINES

Criteria	Marks
• Describes a wide variety of the ways drug testing impacts on sport	5
• Describes some ways drug testing impacts on sport OR • Outlines a range of ways drug testing impacts on sport	3–4
• Some information relating to drugs with poor links to drug testing OR • Makes a general statement relating to drugs and/or testing OR • Provides examples of some drugs and testing methods	1–2

Question 25 (b)

Outcomes assessed: H8, H13, H16

MARKING GUIDELINES

Criteria	Marks
• Makes a judgement about how sports policy and the sports environment promote the physical well being of children and young athletes • Uses relevant examples to support their assessment • Presents ideas in a clear and logical way	13–15
• Discusses the ways sports policy and the sports environment promote the physical well being of children and young athletes • Response is supported with relevant examples	10–12
• Describes sports policy and the sports environment with some links to the physical well being of the children and young people OR • Describes aspects of the well being of children and young athletes with some links to sports policy and/or the sports environment	7–9
• Outlines sports policy and the sports environment with some links to physical well being OR • Outlines aspects of the physical well being of children and young athletes with limited links to sports policy and/or the sports environment	4–6
• Provides general information about sports policy or the sports environment OR • Provides some information about physical well being of children OR • Provides some information relating to safe participation	1–3

Question 26 (a)

Outcomes assessed: H8, H16

MARKING GUIDELINES

Criteria	Marks
• Provides the characteristics and features of the ways a coach could evaluate the effectiveness of the skill instruction element of a training session	5
• Describes some ways for evaluating the skill instruction element of a training session OR • Outlines a range of methods used for evaluating the skill instruction element of a training session	3–4
• Provides general information about evaluating a training session OR • Provides some general information about the skill instruction element of a training session	1–2

Question 26 (b)

Outcomes assessed: H10, H16, H17

MARKING GUIDELINES

Criteria	Marks
• Makes a judgement about how altitude training and acclimatisation can influence the physiological preparation and performance of an endurance athlete • Uses relevant examples to support their assessment • Presents ideas in a clear and logical way	13-15
• Discusses the physiological effects of altitude training and acclimatisation on endurance athletes • Response is supported with relevant examples	10–12
• Describes the physiological effects of altitude training and acclimatisation on an endurance athlete OR • Describes the physiological preparation of an endurance athlete with limited reference to altitude training and acclimatisation	7–9
• Describes the physiological effects of EITHER altitude training OR acclimatisation on an endurance athlete OR • Outlines the physiological effects of altitude training and acclimatisation on an endurance athlete OR • Outlines the characteristics of an endurance athlete	4–6
• Identifies the physiological effects of endurance training on the athlete OR • Identifies the physiological effects of altitude training and/or acclimatisation OR • Identifies some characteristics of an endurance athlete	1–3

Question 27 (a)

Outcomes assessed: H14

MARKING GUIDELINES

Criteria	Marks
• Provides the characteristics and features of a social justice framework and how these can be used to address a factor that creates health inequities	5
• Outlines a social justice framework with some links to a factor that creates health inequities OR • Outlines some factors that create health inequities with some links to a social justice framework	3–4
• Identifies social justice principles OR • Identifies factors that create health inequities OR • Identifies a social justice framework	1–2

Question 27 (b)

Outcomes assessed: H3, H5, H15, H16

MARKING GUIDELINES

Criteria	Marks
• Makes a judgement of the ways funding can address health inequities experienced by ATSI peoples • Uses relevant examples to support their assessment • Presents ideas in a clear logical way	13–15
• Discusses ways funding to improve health can overcome health inequities experienced by ATSI peoples • Discussion is supported with relevant examples	10–12
• Describes ways funding can improve health with some reference to ATSI peoples OR • Describes the health status of ATSI peoples with some reference to funding	7–9
• Outlines ways in which funding can improve health • Outlines the health status of ATSI peoples	4–6
• Identifies ways funding can improve health • Identifies health issues affecting ATSI peoples	1–3