

**2008 HSC Notes from  
the Marking Centre  
Personal Development, Health  
and Physical Education**

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# 2008 HSC NOTES FROM THE MARKING CENTRE PERSONAL DEVELOPMENT, HEALTH AND PHYSICAL EDUCATION

## Introduction

This document has been produced for the teachers and candidates of the Stage 6 course in Personal Development, Health and Physical Education. It contains comments on candidate responses to the 2008 Higher School Certificate examination, indicating the quality of the responses and highlighting their relative strengths and weaknesses.

This document should be read along with the relevant syllabus, the 2008 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 Personal Development, Health and Physical Education.

## Section I – Core

### Part A – Multiple choice

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

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

## Part B

### Question 21 – Health priorities in Australia

- (a) Stronger responses clearly stated the relationship between injury and diabetes and the criteria for selection as National Health Priority Areas (social justice principles, prevalence of condition, priority population groups, cost to individuals and community, potential for change). These responses referred to social justice principles in particular and showed how these principles were relevant to the other criteria for example, the link between social justice principles and priority population groups.

Mid-range responses provided some reasons why injury and diabetes were identified as NHPAs. Responses generally covered prevalence, cost to community and individual and potential for change. These responses gave a general cause and effect comment at the end of a number of examples rather than specifically linking each example to the selection criteria.

Weaker responses referred to morbidity and mortality rates when explaining why injury and diabetes were identified as NHPAs but did not make the link between high prevalence, modifiable risk factors and the potential for change. Responses in the low range lacked the appropriate terminology and tended to be more of a description than explanation.

- (b) Stronger responses demonstrated a thorough understanding of the relevance of the chosen action areas and how they related to either skin or lung cancer. They provided a definition of the action area, applied this to skin or lung cancer and then drew out implications which were concise and specific. For example, when discussing building healthy public policy in relation to lung cancer, these responses described how the ban on smoking in pubs and clubs encouraged health enhancing behaviour such as a reduction or cessation in smoking habits due to less opportunity to smoke and/or the social stigma associated with leaving friends to smoke elsewhere. Similar links were established in relation to the graphic anti-smoking messages on cigarette packets and the bans on selling cigarettes to under 18s. Better responses showed clear analysis and demonstrated a clear understanding of the syllabus.

Mid-range responses showed an understanding of the action areas and provided a variety of examples to show how these were used to address skin or lung cancer. These responses made broad and general statements about implications rather than specific analysis of how each example would impact on behaviours or outcomes. Mid-range responses provided relevant examples and were clear and logical in their discussion.

Weaker responses showed some understanding of the action areas of the Ottawa Charter but were often did not draw out and relate implications of how the action areas would have an impact on skin or lung cancer. Statements were more descriptive and general and only provided basic examples of how the action areas were used to address the chosen disease.

### Question 22 – Factors affecting performance

- (a) Stronger responses made clear the purpose of prescreening. Typical high-range responses cited examples linked to aerobic training to support the response.

Mid-range responses tended to indicate only general reasons for prescreening.

Weaker responses identified one aspect of prescreening.

- (b) Stronger responses distinguished between the two types of judging criteria. These responses specified that prescribed criteria was determined by the sports organisation and made reference to its objectivity and provided specific examples of prescribed criteria as used in sports. These responses described personal criteria in terms of individual opinions which would create a certain bias in the judging and provided examples to support this. Prescribed criteria, on the other hand, is that which is established by a sports organisation and used to assess the quality of performance. It is much more objective as it involves a list of things to look for and assess as to appraise the quality of performance.

Mid-range responses typically provided a general outline of personal and prescribed criteria which provided some distinguishing feature but failed to indicate the value of these criteria when judging a performance.

Weaker responses provided limited information on judging the quality of performance. These responses provided some information on personal and/or prescribed criteria but tended to confuse the nature of personal criteria.

- (c) Stronger responses recommended appropriate strategies to manage anxiety and motivation of the type of athletes specified in the question. Responses were clear and logical, and were supported by an explanation of how the strategies allowed the athlete to manage anxiety and motivation.

Mid-range candidates produced responses which demonstrated an understanding of the application of strategies in motivating an athlete and/or managing anxiety. The responses described strategies and reasons for their use. These responses were supported with relevant examples, although were general in nature.

Weaker responses displayed a basic understanding of motivation and/or managing anxiety. Responses typically exhibited a lack of specific terminology and often failed to refer to the stimulus. Weaker responses did not use examples.

## Section II

### Question 23 – The health of young people

- (a) Weaker responses did not identify positive health trends.
- (b) The stronger responses were able to show how a relevant policy developed a sense of connectedness in a clear and logical way.

Mid-range responses identified a policy and sketched in general terms how and/or why it developed a sense of connectedness amongst young people.

Weaker responses provided some information about young people and connectedness, but did not demonstrate any links to a specific policy.

- (c) The stronger responses analysed the implications of using social problem-solving skills in relation to two areas of concern, using clear and relevant examples.

Mid-range responses identified social problem-solving skills that can be used by young people to attain better health, and attempted to relate them to the two areas of concern.

Weaker responses provided some information about areas of concern of young people and/or described problem-solving skills.

#### **Question 24 – Sport and physical activity in Australian society**

- (a) Better responses linked changes in sport to greater appeal for the media and in particular TV audiences with revenue being raised. These responses used examples to support their answers.

Weaker responses focused on the general influence of media on sport.

- (b) The stronger responses made clear the relationship between traditional beliefs about women's participation and stereotypical responses to women who participate in male dominated sports.
- (c) The stronger responses analysed the key elements and characteristics of 19th century sport and then drew out and related these elements to a modern context. These responses identified implications and the use of sport as a political tool.

Mid-range responses identified some elements of 19th century sport and attempted to draw out and relate these characteristics to a modern sporting setting.

Weaker responses provided some examples of changes in sport and physical activity without demonstrating their understanding of 19th century sport. Examples vaguely referred to 'the past' and outlined what was happening now in sport or included technology improvements to sporting performance.

#### **Question 25 – Sports medicine**

- (a) The stronger responses outlined a variety of features of the inflammatory response to soft-tissue injury and used specific examples.

Mid-range responses provided lists incorporating a range of features rather than sketching in general terms.

Weaker responses identified some relevant information about soft-tissue injury. Weaker responses focused on the assessment (TOTAPS) or treatment (RICER) of soft tissue injury.

- (b) The better responses provided an extensive range of dangers for both drugs.

Mid-range answers provided more limited information for both drugs or were able to explain one drug and its dangers well.

Weaker responses simply identified some relevant information or terms relevant to the effects of drug use.

- (c) The stronger responses drew out and showed implications of the role of sports medicine in addressing the needs of children and young athletes in sport. This involved addressing a

variety of demands for children and young athletes, which were supported with relevant examples. Responses also related the implications of the sports medicine procedures to the specific needs of children and young athletes.

Mid-range responses lacked specific depth and/or detail in analysing the role of sports medicine in addressing the needs of children and young athletes in sport. These responses did not include specific implications to the role of sports medicine in addressing the needs of children and young athletes in sport.

Weaker responses identified some relevant information on sports medicine and/or the needs of children and young athletes. These responses also made reference to the immediate management or assessment procedures using the acronyms of RICER, HARM and TOTAPS which did not address the recovery procedures.

### **Question 26 – Improving performance**

- (a) Stronger responses clearly outlined relevant and often current examples of technology and linked their usage directly to performance improvement.

Mid-range responses often failed to establish a direct link to performance improvement and either stated types of technology or identified limited examples.

Weaker responses identified some relevant information, however technology examples were weak as was any link to performance. These responses just stated a type of technology.

- (b) Stronger responses clearly showed how and why tapering and peaking were used to improve performance using relevant examples. These responses included both physiological and psychological benefits and established a link between both tapering and peaking and their relationship to performance success.

Mid-range responses demonstrated an understanding of the use of tapering and peaking but did not clearly report the methods of their application. In addition, mid-range responses explained tapering well but struggled with the concept of peaking as a structured method of improving performance. These responses did not establish any link between peaking and tapering and merely reported them as separate entities.

Weaker examples identified some relevant information on tapering and peaking, or basically include a general performance link or example.

- (c) Stronger responses demonstrated a depth of understanding of the development of power and speed through a variety of training methods. These responses clearly established links between training and the anaerobic system as well as fast twitch muscle fibre recruitment. Relevant examples linked to specific power and speed were provided to reinforce the examples given. In addition to this, stronger responses drew out the performance implications of these methods and often included relevant and current examples.

Mid-range responses identified power and speed training implications but often did not explain the training structure of how this could be achieved. These responses included training principles with emphasis on some manipulation or resistance training to directly target speed and power, without reference to specific or strong examples.

Weaker responses tended to only address training principles as a broad concept and did not target alterations to these to improve power and strength. These responses did not provide adequate power and speed examples, demonstrating only a weak link to improving performance.

### **Question 27 – Equity and health**

- (a) Stronger responses demonstrated a clear understanding of factors that create health inequities. These responses were supported by relevant examples.

Mid-range responses identified factors that create health inequities with some supporting examples.

Weaker responses provided limited information regarding the social determinants of health.

- (b) Stronger responses demonstrated a clear understanding of the trends in ATSI health status. These responses provided clear links to and relevant examples of the contributing factors of inequity.

Mid-range responses outlined the trends in ATSI health status with some supporting examples.

Weaker responses focused on contributing factors with little reference to current trends.

- (c) Stronger responses clearly demonstrated the relationship between effective settings and initiatives and the factors that influence the health of rural and remote communities. These responses were supported by a range of clear examples.

Mid-range responses discussed settings and initiatives to improve rural and remote health. Examples focused on the factors that influenced the health of rural and remote communities with minimal links to their effectiveness.

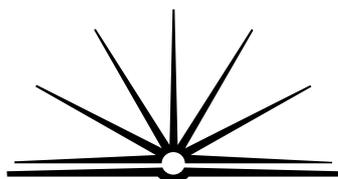
Weaker responses tended to describe settings and initiatives with little or no reference to the factors that influence rural and remote communities.

# Personal Development, Health and Physical Education

## 2008 HSC Examination Mapping Grid

Question	Marks	Content	Syllabus outcomes
<b>Section I, Part A</b>			
1	1	Alternative health care approaches	H15
2	1	Measuring health status – epidemiology	H2
3	1	The four priority areas – risk factors	H2, H5, H14, H15
4	1	The four priority areas – the nature of the problem	H1, H15
5	1	New public health approach	H4, H5, H14, H15
6	1	Current trends	H2, H5
7	1	Groups experiencing health inequities	H1, H2, H3, H14
8	1	Causes of death in Australia	H1, H2, H15
9	1	Health insurance (public and private)	H5
10	1	Current trends and government responses	H2, H4, H14, H15, H16
11	1	Types of training – strength	H7, H8, H10
12	1	The learning environment – feedback	H8, H9, H11
13	1	Hydration	H8, H11
14	1	Energy systems – source of fuel	H7
15	1	Principles of training – reversibility	H7, H8, H10
16	1	Energy systems – aerobic system	H8, H10, H16
17	1	Stages of skill acquisition	H9
18	1	Energy systems	H7, H8, H16
19	1	Validity and reliability of tests	H9, H16, H17
20	1	Immediate physiological response to training – cardiac output	H7, H8, H10, H16, H17
<b>Section I, Part B</b>			
21 (a)	8	<ul style="list-style-type: none"> <li>Identifying priority areas</li> <li>Priority areas for action</li> </ul>	H1, H2, H16
21 (b)	12	<ul style="list-style-type: none"> <li>What actions are needed to address Australia's health priorities?</li> <li>Cancer</li> </ul>	H1, H2, H15, H16
22 (a)	3	Pre-screening	H8, H16, H17
22 (b)	5	Skilled vs unskilled performer judging the quality of performance	H9, H16
22 (c)	12	How can psychology affect performance?	H10, H11, H17

<b>Section II</b>			
23 (a)	3	Identify the generally positive picture of health of young people	H2
23 (b)	5	Developing a sense of connectedness	H4, H6, H14
23 (c)	12	Social problem-solving skills; two areas of concern	H4, H6, H14, H16
24 (a)	3	The relationship between sport and mass media	H12
24 (b)	5	Challenges to the male domain	H12, H16
24 (c)	12	How the meaning of sport and physical activity have changed over time	H12, H16
25 (a)	3	Inflammatory response	H13
25 (b)	5	Use of drugs	H8, H16, H17
25 (c)	12	Children and young athletes; what role do preventative actions play?	H8, H13, H16
26 (a)	3	The use of technology	H8, H10, H16
26 (b)	5	Phases of competition – peaking and tapering	H7, H8, H10
26 (c)	12	Training for power and speed	H7, H8, H9, H10, H17
27 (a)	3	Factors that create health inequities	H3, H14
27 (b)	5	Epidemiology and areas of inequities	H1, H2, H15, H16
27 (c)	12	Settings for health promotion initiatives that show promise	H2, H3, H4, H5, H14



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NEW SOUTH WALES

## **2008 HSC Personal Development, Health and Physical Education Marking Guidelines**

The following marking guidelines were developed by the examination committee for the 2008 HSC examination in Personal Development, Health and Physical Education, and were used at the marking centre in marking student responses. For each question the marking guidelines are contained in a table showing the criteria associated with each mark or mark range. For some questions, 'Sample Answers' or 'Answers may include' sections are included. These are developed by the examination committee for two purposes. The committee does this:

- (1) as part of the development of the examination paper to ensure the questions will effectively assess students' knowledge and skills, and
- (2) in order to provide some advice to the Supervisor of Marking about the nature and scope of the responses expected of students.

The examination committee develops the marking guidelines concurrently with the examination paper. The 'Sample Answers' or similar advice are not intended to be exemplary or even complete answers or responses. As they are part of the examination committee's 'working document', they may contain typographical errors, omissions, or only some of the possible correct answers.

The information in the marking guidelines is further supplemented as required by the Supervisor of Marking and the senior markers at the marking centre.

A range of different organisations produce booklets of sample answers for HSC examinations, and other notes for students and teachers. The Board of Studies does not attest to the correctness or suitability of the answers, sample responses or explanations provided. Nevertheless, many students and teachers have found such publications to be useful in their preparation for the HSC examinations.

A copy of the Mapping Grid, which maps each question in the examination to course outcomes and content as detailed in the syllabus, is also included.

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## Section I, Part B

### Question 21 (a)

*Outcomes assessed: H1, H2, H16*

#### MARKING GUIDELINES

Criteria	Marks
<ul style="list-style-type: none"><li>Identifies reasons why injury and diabetes were chosen as national health priority areas</li><li>Establishes clear relationships between identification and national health priority areas</li><li>Illustrates response using relevant examples</li><li>Presents ideas in a clear and logical way</li></ul>	7-8
<ul style="list-style-type: none"><li>Identifies reasons why injury and diabetes were chosen as national health areas</li><li>Provides some relationship between identification and national health priority areas</li><li>Uses relevant examples</li><li>Presents ideas in a clear and logical way</li></ul>	5-6
<ul style="list-style-type: none"><li>Identifies and relates some reasons why injury AND/OR diabetes were chosen as national health priority areas</li><li>Uses some relevant examples</li></ul>	3-4
<ul style="list-style-type: none"><li>Identifies some information about injury or diabetes</li></ul> OR <ul style="list-style-type: none"><li>Identifies national health priority areas</li></ul>	1-2

### Question 21 (a) (continued)

*Answers could include:*

- Social justice principles
- Priority population groups
- Prevalence of condition
- Cost to individuals
- Cost to community
- Potential for change
- High morbidity levels

**Question 21 (b)**

*Outcomes assessed: H1, H2, H15, H16*

**MARKING GUIDELINES**

Criteria	Marks
<ul style="list-style-type: none"> <li>• Draws out and relates implications of TWO action areas of the Ottawa Charter in addressing skin or lung cancer</li> <li>• Illustrates response using relevant examples</li> <li>• Presents ideas in a clear and logical way</li> </ul>	10-12
<ul style="list-style-type: none"> <li>• Attempts to draw out and relates implications of TWO action areas of the Ottawa Charter in addressing skin or lung cancer</li> <li>• Uses relevant examples</li> <li>• Presents ideas in a clear and logical way</li> </ul>	7-9
<ul style="list-style-type: none"> <li>• Provides features of TWO action areas of the Ottawa Charter in addressing skin or lung cancer</li> <li>• Uses relevant examples</li> </ul>	4-6
<ul style="list-style-type: none"> <li>• Provides some relevant information about skin or lung cancer</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Provides some relevant information about the Ottawa Charter</li> </ul>	1-3

***Answers could include:***

Ottawa charter

Building Healthy public policy – identifying the impacts of policies on health  
 – influencing policy  
 – deciding where to spend money

Reorienting health services – range of services  
 – gaining access to services

Creating supportive networks – personal support networks and community services  
 Sociocultural, physical, political and economic influences

Developing personal skills – providing advice to change/modify personal behaviour  
 – education, increasing assertiveness, interpersonal skills  
 – gaining information about support services

Strengthening community action – community fundraising  
 – lobbying local governments or councils  
 – working with local businesses  
 – local schools

**Question 22 (a)**

*Outcomes assessed: H8, H16, H17*

**MARKING GUIDELINES**

Criteria	Marks
<ul style="list-style-type: none"><li>• Makes clear the purpose of pre-screening used in aerobic programming</li><li>• Illustrates response using relevant examples</li><li>• Presents ideas in a clear and logical way</li></ul>	3
<ul style="list-style-type: none"><li>• Identifies reasons why pre-screening is used in aerobic programming</li></ul>	2
<ul style="list-style-type: none"><li>• Provides some relevant information about pre-screening or aerobic programming</li></ul>	1

***Answers could include:***

- Screen for existing medical conditions
- Fitness level
- Source of motivation
- Health status
- Set goals
- Identify areas of strength
- Designing programs to suit athlete
- Provide a source of motivation

**Question 22 (b)**

*Outcomes assessed: H9, H16*

**MARKING GUIDELINES**

Criteria	Marks
<ul style="list-style-type: none"><li>• Notes clear differences between personal and prescribed criteria when judging quality of a performance</li><li>• Illustrates response using relevant examples</li><li>• Presents ideas in a clear and logical way</li></ul>	5
<ul style="list-style-type: none"><li>• Outlines a personal and prescribed criteria when judging a performance</li><li>• May use relevant examples</li></ul>	3-4
<ul style="list-style-type: none"><li>• Provides some relevant information on judging performance or on either personal or prescribed criteria</li></ul>	1-2

***Answers could include:***

- Judging the quality of performance
- Personal criteria – judges feelings, expectations, using own ideas about performance
- Prescribed criteria – uses objective measures to assist in judging quality of performance
- Combining personal and prescribed – for example judging surfing
- Creating standards

**Question 22 (c)**

*Outcomes assessed: H10, H11, H17*

**MARKING GUIDELINES**

<b>Criteria</b>	<b>Marks</b>
<ul style="list-style-type: none"><li>• Identifies a variety of strategies relating to motivation and managing anxiety of this athlete</li><li>• Provides reasons in favour of these strategies</li><li>• Illustrates response using relevant examples from a sport of their choice</li><li>• Presents ideas in a clear and logical way</li></ul>	10-12
<ul style="list-style-type: none"><li>• Identifies some strategies relating to motivation and/or managing anxiety</li><li>• Provides some reasons in favour of these strategies</li><li>• Uses relevant examples</li><li>• Presents ideas in a clear and logical way</li></ul>	7-9
<ul style="list-style-type: none"><li>• Describes strategies to manage anxiety and/or motivate athlete</li></ul>	4-6
<ul style="list-style-type: none"><li>• Provides some relevant information about strategies or motivation or managing anxiety</li></ul>	1-3

***Answers could include:***

Motivation – positive and negative  
– intrinsic and extrinsic  
– social, material and internal reinforcement  
– personal goal setting

Anxiety – trait and state  
– sources of stress  
– optimal arousal

Managing anxiety - concentration/attentional skills (focussing)  
– mental rehearsal  
– visualisation  
– relaxation  
– goal setting

## Section II

### Question 23 (a)

*Outcomes assessed: H2*

#### MARKING GUIDELINES

Criteria	Marks
<ul style="list-style-type: none"><li>• Sketches in general terms some positive trends in health of young people</li><li>• Illustrates answer using relevant examples</li><li>• Presents ideas in clear and logical way</li></ul>	3
<ul style="list-style-type: none"><li>• Identifies positive trends in health of young people</li><li>• Uses relevant examples</li></ul>	2
<ul style="list-style-type: none"><li>• Provides some information about the health of young people</li></ul>	1

#### *Answers could include:*

- Motor vehicle accident reduction
- Disability rates low compared to other age groups
- Chronic disease such as lung cancer to decrease due to lower incidence of smoking
- Activity levels increasing leading to better health outcomes
- Mortality in 12-24 years group has declined and is stable
- Living longer, less injury, less long-term illnesses predict better health outcomes

**Question 23 (b)**

*Outcomes assessed: H4, H6, H14*

**MARKING GUIDELINES**

<b>Criteria</b>	<b>Marks</b>
<ul style="list-style-type: none"><li>• Shows how and/or why one policy develops a sense of connectedness amongst young people</li><li>• Uses relevant examples</li><li>• Presents ideas in a clear and logical way</li></ul>	5
<ul style="list-style-type: none"><li>• Sketches in general terms how or why a policy develops a sense of connectedness amongst young people</li><li>• Uses relevant examples</li></ul>	3-4
<ul style="list-style-type: none"><li>• Provides some relevant information about young people and health or young people and connectedness</li></ul>	1-2

***Answers could include:***

- Policies eg fresh tastes/traffic regulations/drug strategies/depression projects/graduated license scheme
- Goals of programs
- Refer to connectedness
- Connectedness with community
- Interpersonal relationships
- Participation in community activities
- Empowerment through involvement

**Question 23 (c)**

*Outcomes assessed: H4, H6, H14, H16*

**MARKING GUIDELINES**

<b>Criteria</b>	<b>Marks</b>
<ul style="list-style-type: none"><li>• Identifies social problem solving skills that can be used by young people to attain better health</li><li>• Draws out and relates implications of using these skills in TWO areas of concern.</li><li>• Illustrates response using relevant examples</li><li>• Presents ideas in a clear and logical way.</li></ul>	10-12
<ul style="list-style-type: none"><li>• Identifies social problem solving skills that can be used by young people to attain better health</li><li>• Attempts to draw out and relate implications of using these skills in TWO areas of concern</li><li>• Uses relevant examples</li><li>• Presents ideas in a clear and logical way</li></ul>	7-9
<ul style="list-style-type: none"><li>• Describes problem solving skills that can be used by young people to attain better health</li><li>• Uses relevant examples</li></ul> AND/OR <ul style="list-style-type: none"><li>• Describes TWO areas of concern for young people</li><li>• Uses relevant examples</li></ul>	4-6
<ul style="list-style-type: none"><li>• Provides some information about problem solving skills AND/OR areas of concern of young people</li></ul>	1-3

**Question 23 (c) (continued)**

*Answers could include:*

- Areas of concern; violence, substance abuse, risk taking and road injuries, sexuality or body image
- Arguing constructively
- Negotiation and compromise
- Conflict resolution
- Being empathic
- Personal safety
- Support networks
- Combined approaches
- Personal safety
- Problem solving
- Mediation

**Question 24 (a)***Outcomes assessed: H12***MARKING GUIDELINES**

Criteria	Marks
<ul style="list-style-type: none"><li>• Sketches in general terms ways a sport has been modified to suit the media</li><li>• Uses relevant examples</li><li>• Presents ideas in a clear and logical way</li></ul>	3
<ul style="list-style-type: none"><li>• Identifies ways sport has been modified to suit the media</li><li>• Uses relevant examples</li></ul>	2
<ul style="list-style-type: none"><li>• Provides some relevant information on sport and the media</li></ul>	1

*Answers could include:*

- Changes in uniforms eg beach volleyball
- Changes to rules eg tennis challenges by players
- Changes to formats eg 20/20 cricket
- Changes to increase pace/tempo eg dancesport changes to cater for advertisement breaks eg Olympic Games
- Adjusting length of game to fit TV coverage
- Designing attractive uniforms

**Question 24 (b)***Outcomes assessed: H12, H16***MARKING GUIDELINES**

Criteria	Marks
<ul style="list-style-type: none"><li>• Shows how and/or why women are faced with challenges with entering traditional male sports</li><li>• Uses relevant examples</li><li>• Presents ideas in a clear and logical way</li></ul>	5
<ul style="list-style-type: none"><li>• Sketches in general terms the challenges faced by women entering traditional male sports</li><li>• Uses relevant examples</li></ul>	3-4
<ul style="list-style-type: none"><li>• Provides some relevant information about women in sport</li></ul>	1-2

*Answers could include:*

- Contact sports rugby/football/boxing
- Traditional areas-horse racing/car racing/cricket/surfing
- Sponsorship
- Media coverage
- Cultural expectations

**Question 24 (c)***Outcomes assessed: H12, H16***MARKING GUIDELINES**

<b>Criteria</b>	<b>Marks</b>
<ul style="list-style-type: none"><li>• Identifies sport and physical activity changes from 19<sup>th</sup> century to today</li><li>• Draws out and relates implications of these changes</li><li>• Uses relevant examples</li><li>• Presents ideas in a clear and logical way.</li></ul>	10-12
<ul style="list-style-type: none"><li>• Identifies sport and physical activity changes from 19<sup>th</sup> century to today</li><li>• Attempts to draw out and relate implications of these changes</li><li>• Uses relevant examples</li><li>• Presents ideas in a clear and logical way</li></ul>	7-9
<ul style="list-style-type: none"><li>• Describe changes in sport and physical activity</li><li>• Uses relevant examples</li></ul>	4-6
<ul style="list-style-type: none"><li>• Provides some information about changes in sport and physical activity</li></ul>	1-3

***Answers could include:***

- Amateurism and professionalism
- Men's and women's participation
- Cultural expectations
- Sport and social groups / classes
- Links with manliness and patriotism
- Implications – increased funding in sport; sport has become more political; equality in sports in terms of prize money; sport is seen as a career path in life; women participate in more activities; women are more active

**Question 25 (a)***Outcomes assessed: H13***MARKING GUIDELINES**

<b>Criteria</b>	<b>Marks</b>
<ul style="list-style-type: none"><li>• Sketches in general terms features of the inflammatory response to a soft tissue injury</li><li>• Uses relevant examples</li><li>• Presents ideas in a clear and logical way</li></ul>	3
<ul style="list-style-type: none"><li>• Identifies features of the inflammatory response to a soft tissue injury</li><li>• Uses relevant examples</li></ul>	2
<ul style="list-style-type: none"><li>• Provides some relevant information about soft tissue injury</li></ul>	1

*Answers could include:*

<ul style="list-style-type: none"><li>• Production of scar tissue</li></ul>	<ul style="list-style-type: none"><li>• Swelling/bruising/redness</li></ul>
<ul style="list-style-type: none"><li>• Removal of debris</li></ul>	<ul style="list-style-type: none"><li>• Pain</li></ul>
<ul style="list-style-type: none"><li>• Creates new blood vessels</li></ul>	<ul style="list-style-type: none"><li>• Loss of function</li></ul>
<ul style="list-style-type: none"><li>• Healing process</li></ul>	<ul style="list-style-type: none"><li>• RICER</li></ul>

**Question 25 (b)**

*Outcomes assessed: H8, H16, H17*

**MARKING GUIDELINES**

Criteria	Marks
<ul style="list-style-type: none"> <li>• Makes the relationship evident between the use of anabolic steroids and HGH AND the associated dangers</li> <li>• Uses relevant examples</li> <li>• Presents ideas in a clear and logical way</li> </ul>	5
<ul style="list-style-type: none"> <li>• Sketches in general terms some dangers associated with the use of anabolic steroids and/or HGH</li> </ul> <p>OR</p> <ul style="list-style-type: none"> <li>• Identifies a range of dangers associated with the use of anabolic steroids and/OR human growth hormone</li> <li>• Uses relevant examples</li> </ul>	3-4
<ul style="list-style-type: none"> <li>• Provides some relevant information about effects of drug use</li> </ul>	1-2

*Answers could include:*

<ul style="list-style-type: none"> <li>• Diabetes</li> <li>• Heart disease</li> <li>• Liver damage</li> <li>• Acne</li> <li>• Mood swings / aggression</li> <li>• Sexual and hormonal dysfunction</li> <li>• Unknown source of drug</li> <li>• Testicular atrophy</li> <li>• Chronic health dangers</li> </ul>	<b>Social dangers</b> <ul style="list-style-type: none"> <li>• Banned from sport</li> <li>• Loss of income</li> <li>• Damaged reputation</li> <li>• Loss of medals/titles</li> </ul>
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**Question 25 (c)***Outcomes assessed: H8, H13, H16***MARKING GUIDELINES**

<b>Criteria</b>	<b>Marks</b>
<ul style="list-style-type: none"><li>• Draws out and relates implications of the role of sports medicine in addressing the needs of children and young athletes in sport</li><li>• Uses relevant examples</li><li>• Presents ideas in a clear and logical way</li></ul>	10-12
<ul style="list-style-type: none"><li>• Discusses the role of sports medicine in addressing the needs of children and young athletes in sport</li><li>• Uses relevant examples</li><li>• Presents ideas in a clear and logical way</li></ul>	7-9
<ul style="list-style-type: none"><li>• Describes features of sports medicine and/or the needs of children and young athletes</li><li>• Uses relevant examples</li></ul>	4-6
<ul style="list-style-type: none"><li>• Provides some information on sport medicine and/or the needs of children and young athletes</li></ul>	1-3

***Answers could include:***

- Medical conditions (asthma, diabetes, epilepsy)
- Overuse injuries
- Modified rules for children (AUSKICK, Mini squad, Nippers)
- Matching opponents
- Thermoregulation
- Appropriateness of resistance training
- Physical preparation
- Sports policy and environment
- Protective equipment/fields/courts
- Advances in understanding the disease
- Improved access and participation
- Preventative plans
- Accreditation processes of practitioners

**Question 26 (a)**

*Outcomes assessed: H8, H10, H16*

**MARKING GUIDELINES**

<b>Criteria</b>	<b>Marks</b>
<ul style="list-style-type: none"><li>• Sketches in general terms the way technology assists coaches</li><li>• Uses relevant examples</li><li>• Presents ideas in a clear and logical way</li></ul>	3
<ul style="list-style-type: none"><li>• Identifies ways technology assists coaches</li><li>• Uses relevant examples</li></ul>	2
<ul style="list-style-type: none"><li>• Provides some relevant information about technology</li></ul>	1

***Answers could include:***

- Clothing
- Video analysis
- Venues
- Equipment
- Monitoring
- Biofeedback
- Internet
- Computers
- Record keeping
- Rehabilitation technology
- Nutrition development
- Media
- Access up-to-date information / forums

**Question 26 (b)**

*Outcomes assessed: H7, H8, H10*

**MARKING GUIDELINES**

<b>Criteria</b>	<b>Marks</b>
<ul style="list-style-type: none"><li>• Shows how and/or why tapering and peaking can be used to improve performance</li><li>• Uses relevant examples</li><li>• Presents ideas in a clear and logical way</li></ul>	5
<ul style="list-style-type: none"><li>• Sketches in general terms the use of tapering and peaking for improved performance</li><li>• Uses relevant examples</li></ul>	3-4
<ul style="list-style-type: none"><li>• Provides some relevant information about tapering and peaking or improved performance</li></ul>	1-2

***Answers could include:***

- Volume of training
- Intensity of training
- Psychological preparation
- Diet
- Phases of competition
- Rest
- Components of fitness
- Skill and tactics

**Question 26 (c)**

*Outcomes assessed: H7, H8, H9, H10, H17*

**MARKING GUIDELINES**

<b>Criteria</b>	<b>Marks</b>
<ul style="list-style-type: none"><li>• Identifies ways an athlete can train for power and speed</li><li>• Draws out and relates implications of how these ways can improve performance</li><li>• Uses relevant examples</li><li>• Presents ideas in a clear and logical way</li></ul>	10-12
<ul style="list-style-type: none"><li>• Identifies ways an athlete can train for power and speed</li><li>• Attempts to draw out and relate implications of how these ways can improve performance</li><li>• Uses relevant examples</li><li>• Presents ideas in a clear and logical way</li></ul>	7-9
<ul style="list-style-type: none"><li>• Describes how an athlete can train for power and speed</li><li>• Uses relevant examples</li></ul>	4-6
<ul style="list-style-type: none"><li>• Provides some information about power and speed or improved performance</li></ul>	1-3

***Answers could include:***

- Effects of training on anaerobic system
- Power and speed development
- Resistance training for power and speed
- Plyometric training
- Other forms – assisted/downhill/acceleration/resisted eg sleds
- Emphasis on improving anaerobic energy systems and in particular ATP-PC system
- Combination of approaches to ensure best results

**Question 27 (a)***Outcomes assessed: H3, H14***MARKING GUIDELINES**

Criteria	Marks
<ul style="list-style-type: none"><li>• Outlines the factors that create health inequities</li><li>• Uses relevant examples</li><li>• Presents ideas in a clear and logical way</li></ul>	3
<ul style="list-style-type: none"><li>• Identifies factors that create health inequities</li><li>• Uses relevant examples</li></ul>	2
<ul style="list-style-type: none"><li>• Provides some information about factors that create health inequities</li></ul>	1

**Answers could include:**

- Racism
- Gender
- Government policies
- Geographic location
- Socio-economic status
- Access to education and healthcare
- Lack of education

**Question 27 (b)***Outcomes assessed: H1, H2, H15, H16***MARKING GUIDELINES**

Criteria	Marks
<ul style="list-style-type: none"><li>• Identifies trends in health inequalities for ATSI</li><li>• Makes evident the relationship between the trends in health inequity and ATSI people. Show why these trends exist</li><li>• Uses relevant examples</li><li>• Presents ideas in a clear and logical way</li></ul>	5
<ul style="list-style-type: none"><li>• Sketches in general terms the trends of health inequity for ATSI people</li><li>• Uses relevant examples</li></ul>	3-4
<ul style="list-style-type: none"><li>• Provides some relevant information about health inequity for ATSI people</li></ul>	1-2

**Answers could include:**

- Life expectancy
- Infant mortality
- Morbidity and mortality
- Hospitalisation rates
- Mental health and suicide rates
- Birth weights
- Geographical isolation
- Substance abuse
- Rates of cardiovascular disease, diabetes, injuries

**Question 27 (c)**

*Outcomes assessed: H2, H3, H4, H5, H14*

**MARKING GUIDELINES**

<b>Criteria</b>	<b>Marks</b>
<ul style="list-style-type: none"><li>• Identifies appropriate settings and initiatives</li><li>• Draws out and relates implications of appropriate settings and initiatives that can be successfully used for health promotion in rural and remote communities</li><li>• Uses relevant examples</li><li>• Presents ideas in a clear and logical way</li></ul>	10-12
<ul style="list-style-type: none"><li>• Identifies appropriate settings and initiatives</li><li>• Attempts to draw out and relate implications of appropriate settings and initiatives that can be used for health promotion in rural and remote communities</li><li>• Uses relevant examples</li><li>• Presents ideas in a clear and logical way</li></ul>	7-9
<ul style="list-style-type: none"><li>• Describes appropriate settings and initiatives can be used for health promotion in rural and remote communities</li><li>• Uses relevant examples</li></ul>	4-6
<ul style="list-style-type: none"><li>• Provides some information about health promotion and/or settings and initiatives in rural and remote communities</li></ul>	1-3

***Answers could include:***

Settings could include

- Community
- Private homes
- Local shops
- Workplaces
- Country Women’s Association
- Festivals
- Sporting associations
- Visiting skin cancer clinics in country towns
- Visiting doctor service
- Supportive environments