

**2004 HSC Notes from
the Marking Centre
Personal Development, Health
and Physical Education**

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2004 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 2004 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 2004 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 2004, approximately 10 476 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	D
2	A
3	B
4	A
5	A
6	B
7	D
8	A
9	C
10	B

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

Part B

General Comments

Overall, the candidates' responses indicated that many had a solid grasp of the course content. There was evidence that more candidates than in the past were able to demonstrate higher-order skills such as analysis, assessment and evaluation.

Specific Comments

Question 21

Health Priorities in Australia

Part (a) addressed the syllabus area concerned with funding of health care in Australia while part (b) required candidates to link content from several areas of the syllabus, namely the Ottawa Charter, CVD and social justice principles.

Part (a)

This question required candidates to identify the reasons for the differences in health care expenditure and health promotion expenditure. Many candidates embarked on a discussion about the value of health promotion over health care, providing examples of both without stating reasons for the variance in funding.

Better responses correctly recognised the ratio of funding allocated to health in Australia. A range of reasons was identified for the differences in funding allocation including: Australia's ageing population, the need for treatment of the National Health Priority Areas, political expediency and the high cost associated with treatment and technological advances.

These responses also alluded to the shift in funding towards health promotion initiatives as the result of the New Public Health Approach.

Average responses provided at least one reason for the difference in funding allocation.

Weaker responses gave some information relating to health promotion and/or health care but did not identify reasons regarding funding.

Part (b)

This question required candidates to demonstrate an understanding of the relationship between the Ottawa Charter, CVD and social justice principles. While the majority of candidates were able to identify the five action areas of the Ottawa Charter with some supporting examples relating to CVD, the better responses also highlighted concepts of social justice such as access, equity, participation and rights.

Better responses clearly explained the application of the Ottawa Charter to CVD with substantive and relevant links to the principles of social justice. Responses in this range provided quality examples that implied a deeper understanding of access, equity, participation and rights towards the

attainment of good health. These responses illustrated the skills of critical thinking and analysis, structured in a logical and concise manner.

Average responses established the link between two of the three components of the question, most commonly the five action areas of the Ottawa Charter and CVD through a range of relevant examples. Minimal links were made to the third component (most commonly social justice) and these were often implied in a general manner.

Weaker responses either provided basic information about the Ottawa Charter, CVD or social justice. Links were not evident.

Question 22

Factors Affecting Performance

Part (a)

Candidates were asked to examine the relationship between body temperature regulation and fluid intake and the majority of candidates had good access to this question, allowing them to express their full understanding of thermoregulation. All candidates could draw the very simple relationship between fluid loss from sweating and hydration via fluid intake.

Part (b)

Candidates were asked to justify the use of skill related tests to identify skilled performers for team selection trials. This question elicited a range of approaches. Many candidates did not correctly discriminate between skill-related and health-related tests. Some were able to link this term to the HSC Core 2 section on the design of skills tests in measuring performance. The majority of candidates also wanted to expand on the ‘characteristics of skilled performers’ which, while related, was not a key element in answering this question effectively.

Part (a)

Better candidates demonstrated a comprehensive understanding of temperature regulation and fluid intake by clearly inquiring into several of the following: the role of the hypothalamus, the way the body gains and loses heat, including a variety of thermoregulatory responses, the role of fluid guidelines, consequences of inadequate fluid intake, the relationship between climatic conditions and temperature regulation. Better responses consistently and accurately used appropriate terminology.

Average responses used general terms when describing cooling mechanisms and concluded a simple relationship between body temperature and fluid intake. They identified and provided some accurate definitions of the thermoregulatory responses including evaporation, conduction, convection and radiation. They drew a simple consequence from a lack of fluid intake and focused on one aspect of temperature regulation such as fluid guidelines or the thermoregulatory responses with some detail included.

Weaker responses outlined an aspect of temperature regulation or outlined fluid intake in general terms.

Part (b)

Candidates were asked to justify the use of skill-related tests to identify skilled performers for team selection trials. Better responses consistently and accurately used appropriate terminology and presented an argument to support the inclusion of skill-related tests. They provided accurate definitions and appropriate examples to show how skills tests need to be valid and reliable if they are to provide objective evaluation of skilled performers. They may have expanded on the objective measurement of skilled performers by using prescribed criteria, or compared them to a set of norms, percentages, rankings and rating scales. Better responses may have included characteristics of the skilled performer to be observed, including mental approach, kinesthetic sense, consistency, anticipation and timing. They concluded that the use of skills tests was justified when selecting skilled performers; however, other tests should also be included.

Average responses provided some argument for the inclusion of skills tests to identify skilled performers, eg 'To get the best possible team available'. They may have included appropriate examples of skill-related tests and/or this was the main focus of their response but lacked syllabus terminology of validity, reliability and objectivity of skill-related tests. Many responses in this range focused on skill acquisition terminology such as the nature of skills and stages of skill acquisition.

Weaker responses were brief, simple, repetitive or provided general information on skills tests.

Section II – Options

Question 23

The Health of Young People

Part (a)

Candidates were asked to describe the impact that 'developing self-sufficiency and autonomy' and 'determining behavioural boundaries' have on establishing good health for young people. This 5 mark question was answered well by candidates.

Better responses clearly highlighted their understanding of the terms self-sufficiency and autonomy by using phrases such as 'gaining independence, increasing responsibility, establishing a personal identity' and supporting these with examples of these skills such as 'learning to drive, getting a part-time job and being your own person without too much guidance from your parents'. They described how this increased independence impacted on health both positively and negatively.

They then described how developing self-sufficiency and autonomy may link to developing behavioural boundaries and described how when young people push these boundaries in their search for independence, it often results in illegal or unhealthy behaviours and consequences. Better responses used syllabus terminology and a range of appropriate and well-explained examples and organised their response in a clear and logical way.

Part (b)

The majority of candidates accurately identified two areas of concern affecting the health of young people and selected appropriate health promotion programs.

It was clearly evident that the majority of candidates were conversant with both the areas of concern and appropriate health promotion programs targeting young people.

The better responses selected health programs that specifically targeted young people as opposed to generic programs such as ‘Driver Reviver’ stations and ‘Active Australia’.

They thoroughly described the aims and strategies of each of the health promotion programs and used several frameworks for assessing the effectiveness of each health promotion program, eg social justice principles, the Ottawa Charter; and the skills and actions that assist in the attainment of better health. Better responses identified characteristics of an effective health promotion program.

They used a variety of appropriate examples to demonstrate the effectiveness of the health promotion programs and assessed these programs by presenting both the positives and negatives of their effectiveness and provided suggestions for improvement.

Better responses assessed the concept of health promotion rather than focusing on specific programs. These responses generally used a range of relevant examples to support the concept of health promotion, however often failed to link them to a particular area of concern.

Question 24

Sport and Physical Activity in Australian Society.

This question allowed the majority of candidates to express their knowledge of the option very ably. Most candidates identified appropriate syllabus areas that the question was drawn from, and justified their statements with relevant examples.

Part (a)

Candidates were asked to describe the role of physical activity and sport in establishing the identity of Indigenous Australians. Candidates drew upon their knowledge of traditional Indigenous contests such as boomerang throwing and community events to describe how these activities gave Indigenous peoples identifiable skills that have been translated into the modern context of sport.

Candidates also made reference to famous sporting role models such as Cathy Freeman and how important she and others have become in providing an identifiable image for Indigenous Australians. Reference has also been made to the various Indigenous sporting festivals such as the Yuendumu and Arafura Games as well as the Australian Aboriginal cricket team and Indigenous dance.

Part (b)

Candidates were asked to assess the influence of sport on the social construction of gender in Australia. This question was generally well answered and elicited some outstanding responses.

Better responses drew clear parallels between societal expectations of gender behaviour and the importance sport plays in reinforcing these beliefs. They drew upon their knowledge of the historical frameworks of sport and in particular women's participation in games and sport in the 19th century and sport as a traditional male domain. Better responses made detailed judgements of how the traditional roles can still be seen in the modern sporting context.

They also drew parallels to modern societal pressure of body image for both females and males, eg eating disorders and lower participation rates in physical activity and sport. Better responses discussed the role of the media in constructing gender stereotypes and providing relevant examples. They also made judgements about various roles of sports and associated them with the traditional notions of masculinity and femininity.

Question 25

Sports Medicine

Candidates, in general, were able to respond to both parts of this question in some form. The overall standard was quite high.

For part (a) candidates were able to describe signs and symptoms although use of examples to support answers was limited. Description of accurate management procedures varied with many candidates confusing the use of various acronyms (R.I.C.E.R., T.O.T.A.P.S., S.T.O.P., H.A.R.M) and engaging in lengthy descriptions of one or more of these. This led to responses of up to 4 or 5 pages for a 5 mark question.

Part (b) required candidates to discuss protective equipment and taping and bandaging with some assessment of their effectiveness. In this section many candidates wrote extended responses, which could have been answered in a more concise manner.

Part (a)

Better responses were able to succinctly describe signs and symptoms quoting 'deformity and lack of movement' as important identifiers. These were supported with examples of specific dislocations. Management specified vital aspects such as immobilisation with supporting examples.

Average responses either tended to have some relevant information embedded in lengthy descriptions of various acronyms or were brief and sketchy when providing features, especially in relation to immobilisation of the injury. Many average responses lacked appropriate examples.

Weaker responses just listed an acronym without reference to a dislocation or merely identified some signs and symptoms. Management of a dislocation proved to be the most difficult aspect of the question.

Part (b)

Better responses in this question were able to draw on relevant syllabus points from the areas of taping and bandaging and protective equipment. The better responses made detailed judgements on aspects such as proprioceptive taping, bandaging for immediate treatment and taping for isolation. They used relevant examples to create detailed judgements of how these measures enhance wellbeing. In assessing protective equipment, apparel and protective guards were always discussed, safe court and field design and safe playing equipment were also included. Some responses provided depth of analysis on fewer syllabus points clarifying their answers by using quality examples. Positive and negative aspects were also assessed. Other responses effectively addressed different aspects of wellbeing such as psychological wellbeing.

Average responses predominantly discussed the wellbeing of the athlete without making any real judgements. They were able to use good examples across the three areas but lacked detail in assessment. There was little or no depth outside the two major areas of protective apparel and taping.

Weaker responses described two areas in general terms with no reference to wellbeing or their effectiveness. Many related personal experiences, while giving basic examples.

In conclusion, part (b) presented challenges in that most candidates discussed the wellbeing of the athlete without making valid judgements on the effectiveness of the three areas with regard to the wellbeing of the athlete.

Question 26

Improving Performance

Candidates performed well in this question and responses indicated a more complete understanding of this option than in previous years. In general, the majority of candidates were able to describe the main dietary considerations for athletes in part (a). However a substantial number were unable to adequately describe dietary considerations for both during and post performance. Part (b) allowed most candidates to describe the elements of training, with many then offering judgements on how modification of the elements could be matched to the abilities of a training group. The responses for part (b) were strengthened further by the inclusion of links to the effects on performance that modification of training elements could have.

Part (a)

Better responses were able to identify the dietary requirements of an athlete both during and post performance. They cited examples such as water, carbohydrates and/or protein with a link to its appropriate usage and potential benefits.

Average responses tended to describe only during or post-dietary considerations with a reasonable degree of accuracy. Other candidate's descriptions included a weak link to why the athlete should consider a particular dietary need.

Weaker responses either identified a dietary consideration without any description or they only focused on pre-performance, such as carbohydrate loading without a link to its effect during

performance. Other candidates identified general dietary considerations such as the five food groups without a description linking it to during or post performance.

Part (b)

Better responses provided detailed judgements about how the modification of training elements could be matched to various abilities of training groups and then linked this judgement to its effect on performance. Typically these candidates systematically discussed each training element and described methods of modification such as the time spent within that element or addressing any specific need athletes may have. Candidates explored the effectiveness these modifications could have on performance and whether it was improved or decreased depending on the various abilities of the performer.

Average responses typically made very few judgements on the effect a modification of training elements could have on performance. They discussed how training elements could be modified for various abilities or alternatively they offered judgements on how performance could be affected if training was modified but without identifying any elements of training.

Weaker responses tended to identify the elements of training or briefly outline terminology surrounding training principles or described some modifications of a training session. Generally they were unable to make any form of relevant assessment or demonstrate an understanding of how the modification of training elements could affect any performer.

Question 27

Equity and Health

There was evidence that some candidates who attempted this question had not studied the option 'Equity & Health'.

These responses were based on general knowledge rather than the specific content addressed in the syllabus.

Part (a)

Candidates were required to discuss two areas of concern – living conditions and the traditional understanding of health for Aboriginal and Torres Strait Islander people.

Better responses successfully discussed a wide range of links between living conditions and traditional understanding of health, to health inequities for Aboriginal and Torres Strait Islanders. The responses were presented in a logical and clear manner. The living conditions were addressed with reference to such issues as poor water quality, limited or no sewage and electricity, increase in violence due to overcrowding, poor diet due to lack of education and limited income or access to services. The traditional understanding of Aboriginal and Torres Strait Islander health made reference to tribal medicines and the role of the tribal elders in health care delivery and its impact on health inequity. Traditional health was also approached from pre-colonial times and the lack of immunity to introduced diseases and the inability to treat these illnesses through traditional cultural methods.

Average responses addressed both areas of concern well and often provided relevant examples to support their general discussion. They often listed the poor living conditions as ‘overcrowding, poor sanitation, no electricity or running water’ and made a general closing statement. The traditional understanding of health was linked to the land and/or bush medicine with a poor link to how this created inequity for Aboriginal and Torres Strait Islander people.

Weaker responses simply identified one area of concern such as poor living conditions as being ‘living in a rural and remote environments and thus having limited access to health services’ and possibly not addressing the traditional understanding of health at all. If they did address traditional health understandings for Aboriginal and Torres Strait Islander people, it may have referred to ‘pre white man arriving’ compared to different types of illnesses that Aboriginal and Torres Strait Islander people now suffer, rather than a clear link to their relationship with the land and the impact of tribal elders on health care delivery.

Part (b)

Better responses addressed a wide variety of characteristics of effective health promotion with relevant examples related to syllabus terminology such as; equity, target groups, cultural relevance, credibility, practical assistance, increase skill and education as well as increased infrastructure. They clearly explained and illustrated relevant links between health promotion and the characteristics of effective health promotion. They were able to explain how this helped rural and remote people’s level of health.

Average responses approached health promotion from a new public health approach or from the five action areas of the Ottawa Charter, which allowed them to identify some relevant characteristic of effective health promotion. They generally did not use relevant syllabus content or terminology. Candidates often provided specific examples of different health promotion strategies such as the flying doctor service, or campaigns such as ‘slip, slop, slap,’ drink driving campaigns and mobile breast cancer screening.

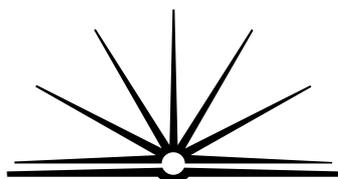
Weaker responses focused on health promotion in very general terms and did not provide examples to support their discussion.

Personal Development, Health and Physical Education

2004 HSC Examination Mapping Grid

Question	Marks	Content	Syllabus outcomes
Section I, Part A			
1	1	Priority areas: cardiovascular disease – risk factors	H.1, H.2
2	1	Identifying priority areas	H.1
3	1	Measuring health status: mortality and morbidity	H.1, H.2
4	1	Measuring health status: measures of epidemiology	H.2
5	1	Funding health care in Australia Responsibility for health care	H.5, H.15
6	1	Priority areas for action – risk factors	H.1, H.3, H.16
7	1	Developing personal skills Making informed choices about alternative health care	H.5, H.14
8	1	Reorienting health services Identifying the range of services	H.4, H.5, H.14
9	1	Health status of Australians Current trends: Major causes of sickness and death – critically analyse trend data	H.2, H.5, H.15, H.16
10	1	Characteristics of new public health approach: empowerment of individuals	H.4, H.14, H.15
11	1	Stages of skill acquisition – autonomy	H.9
12	1	Managing anxiety – concentration, attention skills	H.11
13	1	Energy systems – process and rate of recovery	H.7
14	1	Learning environment – nature of skill	H.9
15	1	Principles of training Types of training	H.8, H.10
16	1	Judging the quality of performance – objective measurement of skill	H.9
17	1	Objective measurement of skill – reliability, validity of tests	H.9, H.16
18	1	The learning environment – feedback	H.8, H.9
19	1	The learning environment – practice method	H.8, H.9, H.10
20	1	Physiological adaptations in response to aerobic training	H.7, H.16

Question	Marks	Content	Syllabus outcomes
Section I, Part B			
21 (a)	5	Health care expenditure versus health promotion expenditure	H.5, H15
21 (b)	15	Social justice principles Cardiovascular disease Action area of Ottawa Charter	H.1, H.4, H.5, H.14, H.15, H.16
22 (a)	8	Hydration Principles of body temperature regulation Guidelines for fluid replacement	H.8, H.11, H.17
22 (b)	12	Skilled performers versus unskilled performers – kinaesthetic sense; anticipation and timing; Objective measurement of skill – skill-related tests Judging the quality of performance-characteristics of skilled performance	H.9, H.16, H.17
Section II			
23 (a)	5	Developmental aspects that impact on the health of young people Developing self-sufficiency and autonomy	H.2, H.6
23 (b)	15	Health promotion programs designed to promote the health of young people	H.4, H.5, H.14, H.15, H.16
24 (a)	5	The meaning of physical activity and sport to indigenous Australians	H12
24 (b)	15	Sport as a traditionally male domain Challenges to the male domain Sexuality and sport – the role of the media in constructing meanings related to sexuality	H12, H.16
25 (a)	5	Hard tissue injuries – managing hard tissue injuries	H.8, H.13
25 (b)	15	Taping and bandaging Protective equipment	H.8, H.13, H.16, H.17
26 (a)	5	Dietary considerations – during and post-performance dietary considerations	H.8, H.11
26 (b)	15	Establishing training programs Elements of a training session	H.8, H.10, H.16, H.17
27 (a)	5	Significant factors influencing the health of rural and remote communities – occupational hazards	H.3, H.5
27 (b)	15	Funding to improve health	H.2, H.3, H.5, H.14, H.15, H.16



B O A R D O F S T U D I E S
NEW SOUTH WALES

2004 HSC Personal Development, Health and Physical Education Marking Guidelines

Section I, Part B

Question 21 (a)

Outcomes assessed: H.5, H.15

MARKING GUIDELINES

Criteria	Marks
<ul style="list-style-type: none">• Recognises and states relevant reasons for the differences between health care and health promotion expenditures	5
<ul style="list-style-type: none">• Lists relevant reasons for the differences between health care and health promotion expenditures	3–4
<ul style="list-style-type: none">• Provides some information related to health care only and/or health promotion expenditures	1–2

Question 21 (b)

Outcomes assessed: H.1, H.4, H.5, H.14, H.15, H.16

MARKING GUIDELINES

Criteria	Marks
<ul style="list-style-type: none"> • Makes evident the relationship between the social justice principles and the Ottawa Charter in relation to cardiovascular disease in Australia in a detailed manner • Uses relevant examples to illustrate answer • Presents ideas in a clear and logical way 	13–15
<ul style="list-style-type: none"> • Makes evident the relationship between the social justice principles and the Ottawa Charter in relation to cardiovascular disease in Australia • Uses relevant examples to illustrate answer • Presents ideas in a clear and logical way 	10–12
<ul style="list-style-type: none"> • Describes links between the social justice principles and the Ottawa Charter in relation to cardiovascular disease in Australia <p>OR</p> <ul style="list-style-type: none"> • Discusses links between the social justice principles and cardiovascular disease <p>OR</p> <ul style="list-style-type: none"> • Discusses links between the Ottawa Charter and cardiovascular disease <p>OR</p> <ul style="list-style-type: none"> • Discusses links between the social justice principles and the Ottawa Charter • Supports answer with some examples 	7–9
<ul style="list-style-type: none"> • Outlines the relationship between the social justice principles, the Ottawa Charter and cardiovascular disease <p>OR</p> <ul style="list-style-type: none"> • Describes the social justice principles with limited links to either the Ottawa Charter or cardiovascular disease in Australia <p>OR</p> <ul style="list-style-type: none"> • Describes the Ottawa Charter with limited links to the social justice principles or cardiovascular disease <p>OR</p> <ul style="list-style-type: none"> • Describes cardiovascular disease with limited links to either the social justice principles or the Ottawa Charter 	4–6
<ul style="list-style-type: none"> • Identifies some social justice principles <p>OR</p> <ul style="list-style-type: none"> • Identifies action areas of the Ottawa Charter <p>OR</p> <ul style="list-style-type: none"> • Identifies some relevant information about cardiovascular disease 	1–3

Question 22 (a)*Outcomes assessed: H.8, H.11, H.17***MARKING GUIDELINES**

Criteria	Marks
<ul style="list-style-type: none">• Demonstrates a comprehensive understanding by inquiring into the relationship between body temperature regulation and fluid intake• Illustrates answers with relevant examples• Presents ideas in a clear and logical way	7–8
<ul style="list-style-type: none">• Inquires into the relationship between body temperature regulation and fluid intake• Illustrates answers with relevant examples• Presents ideas in a clear and logical way	5–6
<ul style="list-style-type: none">• Describes the relationship between body temperature regulation and fluid intake OR <ul style="list-style-type: none">• Provides guidelines for fluid replacement or describes features of body temperature regulation• Provides some basic support for answer	3–4
<ul style="list-style-type: none">• Outlines some features of fluid intake OR <ul style="list-style-type: none">• Outlines some features of the guidelines for fluid replacement OR <ul style="list-style-type: none">• Outlines some features of body temperature regulation	1–2

Question 22 (b)*Outcomes assessed: H.9, H.16, H.17***MARKING GUIDELINES**

Criteria	Marks
<ul style="list-style-type: none">• Argues for and/or against the use of skill-related tests to identify skilled performers for team selection trials• Supports the answer with relevant examples• Presents ideas in a clear and logical way	10–12
<ul style="list-style-type: none">• Discusses skill-related tests and refers to their use in identifying skilled performers OR <ul style="list-style-type: none">• Discusses the characteristics of a skilled performer and attempts to show how some skill related tests could be used to identify these characteristics• Uses relevant examples to illustrate answer• Presents ideas in a clear and logical way	7–9
<ul style="list-style-type: none">• Describes characteristics of skilled and/or unskilled performers and refers to appropriate skill-related tests OR <ul style="list-style-type: none">• Discusses the difference between skilled and unskilled performers OR <ul style="list-style-type: none">• Discusses skill-related tests	4–6
<ul style="list-style-type: none">• Outlines some characteristics of skilled and/or unskilled performers OR <ul style="list-style-type: none">• Outlines some skill-related tests OR <ul style="list-style-type: none">• Some relevant information	1–3

Section II

Question 23 (a)

Outcomes assessed: H.2, H.6

MARKING GUIDELINES

Criteria	Marks
<ul style="list-style-type: none">Provides the characteristics and features of the impact ‘developing self-sufficiency and autonomy’ and ‘determining behavioural boundaries’ have on establishing good health for young peopleSupports answer with relevant examplesPresents ideas in a clear and logical way	5
<ul style="list-style-type: none">Sketches in general terms the impact ‘developing self-sufficiency and autonomy’ and ‘determining behavioural boundaries’ have on establishing good health for young people OR <ul style="list-style-type: none">Provides the characteristics and features of the impact ‘developing self-sufficiency and autonomy’ OR ‘determining behavioural boundaries’ have on establishing good health for young peopleMay support answer with relevant examples	3–4
<ul style="list-style-type: none">Identifies some relevant information about ‘developing self-sufficiency and autonomy’ OR <ul style="list-style-type: none">Identifies some relevant information about ‘determining behavioural boundaries’ OR <ul style="list-style-type: none">Identifies some relevant information about the health of young people	1–2

Question 23 (b)

Outcomes assessed: H.4, H.5, H.14, H.15, H.16

MARKING GUIDELINES

Criteria	Marks
<ul style="list-style-type: none"> • Makes detailed judgements about the effectiveness of a health promotion program for young people for each area of concern studied • Uses relevant examples to illustrate answer • Presents ideas in a clear and logical way 	13–15
<ul style="list-style-type: none"> • Makes judgements about the effectiveness of a health promotion program for young people for each area of concern studied <p>OR</p> <ul style="list-style-type: none"> • Makes detailed judgements about the effectiveness of a health promotion program related to one area of concern studied and discusses the effectiveness of a health promotion program related to the other area of concern • Uses relevant examples to illustrate answer • Presents ideas in a clear and logical way 	10–12
<ul style="list-style-type: none"> • Discusses the effectiveness of a health promotion program for each area of concern studied <p>OR</p> <ul style="list-style-type: none"> • Makes judgements about the effectiveness of a health promotion program related to one area of concern studied • Uses some relevant examples to support answer 	7–9
<ul style="list-style-type: none"> • Describes a health promotion program for each area of concern studied <p>OR</p> <ul style="list-style-type: none"> • Describes areas of concern that affect the health of young people 	4–6
<ul style="list-style-type: none"> • Identifies at least one area of concern that affects young people <p>OR</p> <ul style="list-style-type: none"> • Identifies a health promotion program designed to promote the health of young people 	1–3

Question 24 (a)*Outcomes assessed: H.12***MARKING GUIDELINES**

Criteria	Marks
<ul style="list-style-type: none">• Provides in detail characteristics and features of the role of physical activity and sport in establishing the identity of indigenous people in Australia• Supports answer with relevant examples• Presents ideas in a clear and logical way	5
<ul style="list-style-type: none">• Sketches in general terms the role of physical activity and sport in establishing the identity of indigenous people in Australia• May support answer with relevant examples	3–4
<ul style="list-style-type: none">• Identifies some relevant information about the role of physical activity and/or sport in relation to indigenous people <p>OR</p> <ul style="list-style-type: none">• Identifies some relevant information about the establishment of indigenous identity	1–2

Question 24 (b)*Outcomes assessed: H.12, H.16***MARKING GUIDELINES**

Criteria	Marks
<ul style="list-style-type: none">• Makes detailed judgements about the role sport plays in the social construction of gender in Australia• Uses relevant examples to illustrate answer• Presents ideas in a clear and logical way	13–15
<ul style="list-style-type: none">• Makes judgements about the role sport plays in the social construction of gender in Australia OR <ul style="list-style-type: none">• Discusses in detail the role sport plays in the social construction of gender in Australia• Uses relevant examples to illustrate answer• Presents ideas in a clear and logical way	10–12
<ul style="list-style-type: none">• Discusses the role sport plays in the social construction of gender in Australia• Uses some relevant examples to illustrate answer	7–9
<ul style="list-style-type: none">• Outlines the role sport plays in the social construction of gender OR <ul style="list-style-type: none">• Describes the role sport plays in Australia OR <ul style="list-style-type: none">• Describes the social construction of gender	4–6
<ul style="list-style-type: none">• Identifies some relevant information about the role sport plays in Australia OR <ul style="list-style-type: none">• Identifies some relevant information about masculinity and/or femininity	1–3

Question 25 (a)*Outcomes assessed: H.8, H.13***MARKING GUIDELINES**

Criteria	Marks
<ul style="list-style-type: none">• Provides the characteristics and features of the signs, symptoms and management of a dislocated joint• Supports answer with relevant examples	5
<ul style="list-style-type: none">• Sketches in general terms the signs, symptoms and management of a dislocated joint OR <ul style="list-style-type: none">• Provides characteristics and features of the signs and symptoms of a dislocated joint OR <ul style="list-style-type: none">• Provides characteristics and features of the management of a dislocated joint• May support answer with relevant examples	3–4
<ul style="list-style-type: none">• Identifies some relevant information about the signs and symptoms of a dislocated joint OR <ul style="list-style-type: none">• Identifies some relevant information about the management of a dislocated joint	1–3

Question 25 (b)

Outcomes assessed: H.8, H.13, H.16, H.17

MARKING GUIDELINES

Criteria	Marks
<ul style="list-style-type: none"> • Makes detailed judgements about the effectiveness of protective equipment, taping and bandaging in enhancing the wellbeing of athletes • Uses relevant examples to illustrate answer • Presents ideas in a clear and logical way 	13–15
<ul style="list-style-type: none"> • Makes judgements about the effectiveness of protective equipment, taping and bandaging in enhancing the wellbeing of athletes <p>OR</p> <ul style="list-style-type: none"> • Makes detailed judgements about one and discusses the other in enhancing the wellbeing of athletes (ie protective equipment or taping and bandaging) • Uses relevant examples to illustrate answer • Presents ideas in a clear and logical way 	10–12
<ul style="list-style-type: none"> • Discusses protective equipment, taping and bandaging in enhancing the wellbeing of athletes • Uses relevant examples to illustrate answer 	7–9
<ul style="list-style-type: none"> • Describes the features of protective equipment and/or taping and bandaging <p>OR</p> <ul style="list-style-type: none"> • Describes how to enhance the wellbeing of athletes 	4–6
<ul style="list-style-type: none"> • Identifies taping and bandaging methods <p>OR</p> <ul style="list-style-type: none"> • Identifies protective equipment <p>OR</p> <ul style="list-style-type: none"> • Identifies methods of enhancing the wellbeing of athletes 	1–3

Question 26 (a)*Outcomes assessed: H.8, H.11***MARKING GUIDELINES**

Criteria	Marks
<ul style="list-style-type: none">• Provides characteristics and features of the dietary considerations of an athlete during and post-performance• Supports answer with relevant examples	5
<ul style="list-style-type: none">• Sketches in general terms the dietary considerations of an athlete during and post-performance OR <ul style="list-style-type: none">• Provides characteristics and features of the dietary considerations of an athlete during OR post-performance• May support answer with relevant examples	3–4
<ul style="list-style-type: none">• Identifies some relevant information about the dietary considerations of athletes during and post-performance OR <ul style="list-style-type: none">• Identifies some relevant information about the diets of athletes	1–2

Question 26 (b)*Outcomes assessed: H.8, H.10, H.16, H.17***MARKING GUIDELINES**

Criteria	Marks
<ul style="list-style-type: none">• Makes detailed judgements about how modifying the elements of a training session to match the abilities of the training group affects performance• Uses relevant examples to illustrate answer• Presents ideas in a clear and logical way	13–15
<ul style="list-style-type: none">• Makes judgements about how modifying the elements of a training session to match the abilities of the training group affects performance• Uses relevant examples to illustrate answer• Presents ideas in a clear and logical way	10–12
<ul style="list-style-type: none">• Discusses how modifying the elements of a training session to match the abilities of the training group• Uses relevant examples to illustrate answer	7–9
<ul style="list-style-type: none">• Describes the features of the elements of a training session AND refers to the abilities of the training group OR <ul style="list-style-type: none">• Describes matching the abilities of the training group to elements of a training session	4–6
<ul style="list-style-type: none">• Identifies some relevant information about elements of a training session OR <ul style="list-style-type: none">• Identifies some relevant information about training groups	1–3

Question 27 (a)*Outcomes assessed: H.3, H.5***MARKING GUIDELINES**

Criteria	Marks
<ul style="list-style-type: none">• Provides characteristics and features of how occupational hazards impact on the health of rural and remote communities• Supports answer with relevant examples	5
<ul style="list-style-type: none">• Sketches in general terms how occupational hazards impact on the health of rural and remote communities• May support answer with relevant examples	3–4
<ul style="list-style-type: none">• Identifies some relevant information about occupational hazards OR <ul style="list-style-type: none">• Identifies some relevant information about the health of rural and remote communities	1–2

Question 27 (b)

Outcomes assessed: H.2, H.3, H. 5, H.14, H.15, H.16

MARKING GUIDELINES

Criteria	Marks
<ul style="list-style-type: none">• Makes detailed judgements about the effectiveness of funding in bridging the gap in the health status of population groups• Uses relevant examples to illustrate answer• Presents ideas in a clear and logical way	13–15
<ul style="list-style-type: none">• Makes judgements about the effectiveness of funding to improve health in bridging the gap in the health status of population groups• Uses relevant examples to illustrate answer• Presents ideas in a clear and logical way	10–12
<ul style="list-style-type: none">• Discusses the effectiveness of funding in bridging the gap in the health status of population groups• Uses some relevant examples to illustrate answer	7–9
<ul style="list-style-type: none">• Describes funding methods used to improve health OR <ul style="list-style-type: none">• Describes the health status of population groups	4–6
<ul style="list-style-type: none">• Identifies some relevant information about health funding OR <ul style="list-style-type: none">• Identifies some relevant information about the health status of population groups	1–3