2015 HSC
Personal Development, Health and Physical Education
Marking Guidelines

Section I, Part A

Multiple-choice Answer Key

Question	Answer
1	C
2	D
3	A
4	C
5	A
6	C
7	D
8	B
9	C
10	C
11	B
12	B
13	C
14	D
15	B
16	D
17	B
18	B
19	B
20	D

Section I, Part B

Question 21

Criteria	Marks
• Sketches advantages of public health care in Australia	3
• Sketches an advantage of public health care in Australia OR • Identifies advantages of the public health care system	2
• Identifies an advantage of public health care in Australia	1

Sample answer:

Australia's public health care system is supported by Medicare. Medicare allows Australians to receive the basic level of health care, including their own choice of general practitioner, or whether to seek private health cover. Medicare provides free or subsidised medical treatment (Pharmaceutical Benefits Scheme) where costs for Medicare is subsidised or free for chronic illnesses. Medicare also provides free public hospital care. Medicare is a diverse system which applies for all Australians.

Answers could include:

- Access
- Free if GP bulk bills/subsidised GP visits
- Subsidised medication on PBS
- Free treatment in public hospitals

Question 22

Criteria	Marks
• Makes evident the relationship between the reorientation of health services and an Australian health promotion initiative • Provides a relevant example of an Australian health promotion initiative	4
• Describes the reorienting of health services in the context of an Australian health promotion initiative	3
• Provides features of an Australian health promotion initiative	2
• Names an Australian health promotion initiative OR • Provides a relevant example of how health services have been reoriented in Australia	1

Sample answer:

Health services in Australia have been reoriented to address lung cancer as seen by the introduction of the National Tobacco Strategy. This initiative has implemented policies such as age restrictions (no cigarettes sold to those under 18 years), plain packaging laws, smoke free zones (creating supportive environments) and building healthy public policy. Also the initiative supplies classes and pamphlets to educate and empower individuals to stop smoking. Due to the points stated above this demonstrates a shift from a curative (cure) driven approach, to a preventative approach to address the promotion initiative, National Tobacco Strategy. Doctors are also encouraged to explain effects of smoking and prescribe nicotine patches to prevent further smoking.

Answers could include:

• Health services focused on prevention and early intervention rather than cure, eg doctors using lifestyle scripts, doctors referring patients to the Quitline

• Australian Health Promotion Initiatives

  – Breastscreen NSW

  – National Tobacco Campaign

  – Measure Up Campaign

  – Slip, Slop, Slap

  – Close the Gap

Question 23

Criteria	Marks
• Provides clear reasons why it is important for governments to prioritise health issues • Provides examples that support the need for governments to prioritise health issues	5
• Provides reasons for the prioritisation of health issues • Provides an example that supports the prioritisation of health issues	3–4
• Sketches in general terms about how health priority issues are identified OR • Sketches in general terms about health issues	2
• Provides some information about health issues	1

Sample answer:

It is important to prioritise health issues in Australia as it would be a waste of money and time, as well as resources to attack areas where there is no need. The government needs to work towards achieving equal access to health care in all regions of Australia, with many people not having access to these services. For example, people living in rural and remote areas have little access to medical services. The Australian government should therefore apply to prioritise these population groups as this is where health care expenditure needs to be allocated.

Similar to this aspect, the Australian government should focus on the diseases and illnesses that are causing the most mortality within Australia. For example, the Australian government should focus on CVD and cancer and reducing these, as these are Australia's highest diseases causing mortality.

If governments did not focus on these 'priority' areas, many lives under their control would be lost due to misfunded health care and misfunded research. Consequently it is essential for governments to prioritise health issues.

Answers could include:

- Allocation of resources – eg funding
- Social justice principles
- Prevalence of conditions
- Priority population groups
- Potential for prevention and early detection
- Costs to the individual and community
- Growing and ageing population
- Groups experiencing health inequities

Question 24

Criteria	Marks
• Makes a judgement of the degree of equity in access to health care facilities/services • Makes evident the relationship between specific health care facilities/services and equity of access for all Australians • Provides evidence to support the judgement	8
• Makes a judgement about the equity of access to health care facilities/services • Provides accurate reasons to support their judgements about the equity of access to health care facilities/services for all Australians • Provides relevant examples	6–7
• Provides features about the equity of access to health care facilities/services for all Australians • Provides examples	4–5
• Sketches in general terms about the equity of access to health care facilities/services	2–3
• Provides some relevant information about access to health care facilities/services	1

Sample answer:

It is to a moderate extent that health care facilities and services are equitable for all Australians as there are significant concerns for subgroups of the population including Aboriginal and Torres Strait Islanders (ATSIS), those of low socioeconomic status (SES), those living in rural and remote areas, and migrant groups who experience a lower quality of health. ATSIS experience a significantly lower life expectancy (12 years less) than non-ATSIS and are more likely to die from preventative causes of disease. Although there are programs to enable them to access medical services, they still experience a significantly lower health status. This is shared by those of lower SES, who have limited access to health services because of lack of affordability. Although Medicare provides free treatment for all, the choice of doctor or hospital is not allowed and there are usually long waiting lists for elective surgery. Similarly those living in rural and remote areas experience accessibility issues as a result of distance and the generally limited amount of health services available. The government, aware of this inequitable distribution, funds the Royal Flying Doctor service in an attempt to provide health care assistance to those in rural and remote areas with great success. In addition, migrant populations generally experience inequitable services as a result of language barriers. Governments have made attempt to change this through provision of information in a multiplicity of languages. Thus, although there is significant difference between the accessibility and affordability of services the government is making efforts to amend this.

Answers could include:

• Equity: Medicare, public health care services/facilities, Pharmaceutical Benefits Scheme

• Inequities related to socioeconomic, sociocultural or environmental determinants

• Health promotion initiatives designed to address equity issues

• Groups experiencing health inequities, eg Aboriginal and Torres Strait Islander peoples, people living in rural and remote areas, overseas born people, socioeconomically disadvantaged people, the elderly, people with disabilities

Question 25

Criteria	Marks
• Makes evident how flexibility can improve athletic performance • Provides an example	3
• Sketches in general terms about how flexibility can improve performance	2
• Provides relevant information about flexibility	1

Sample answer:

Flexibility is extremely important for improving performance. Flexibility allows a wider range of motion for muscle groups which can be used to the performer's advantage when participating in sport or exercise. Having good flexibility also reduces the chance of injury. Having good flexibility means that muscles can stretch much more during activity without overstretching, eg a sprinter can take bigger steps giving him an advantage.

Answers could include:

• Improved range of motion

• Reduced risk of injury

• Flexibility training

Question 26

Criteria	Marks
• Makes evident the effects of different types of motivation on an athlete's performance • Provides relevant examples	4
• Sketches in general terms the effects of different types of motivation on an athlete's performance OR • Provides features of different types of motivation	2–3
• Provides some relevant information about motivation	1

Sample answer:

Motivation is an extremely important part of an athlete's mental game. There are many types of motivation ranging from positive to negative and intrinsic to extrinsic motivation. Motivation is a useful tool to 'pump' the performer up. It allows them to get in the right frame of mind as motivation influences you to want to do something positive. Motivation is when you do something for the sense of achievement or a good feeling. Negative motivation is when you do something out of fear or consequence, eg getting kicked out of the team. This impacts how the athlete performs. If an athlete has no drive, their performance will be poor. It's important for the athlete to have the right kind and right amount of motivation.

Answers could include:

• Types of motivation – intrinsic, extrinsic, positive, negative

Question 27

Criteria	Marks
• Provides reasons for the appropriateness of objective AND subjective performance measures when assessing athletic performance • Provides relevant examples of the application of objective AND subjective performance measures for an athletic performance	5
• Provides features of objective AND subjective performance measures when assessing athletic performance • Provides an example of how objective and subjective performance measures can be applied to an athletic performance	4
• Sketches in general terms about objective AND/OR subjective performance measures used when assessing athletic performance OR • Provides an example of how objective AND subjective performance measures can be used when assessing athletic performance	2–3
• Names measures of athletic performance OR • Provides reason/s for the appropriateness of performance measures	1

Sample answer:

Objective performance measures refer to the facts of a performance, eg scoring 20 points in a game. Subjective performance measures refers to the opinion of another person, eg coach saying you played well. Both of these measures are appropriate for assessing an athletic performance as long as they are consistent. Objective performance measures can not be argued with as they show the facts. This allows for a truthful measure of athletic performance, even if told otherwise, eg if your parents say you played well but you missed 10 shots and only scored once. This however is not valid in all sports, as sports such as gymnastics requires the judge's opinion. To ensure that this appropriate in the assessment of an athletic performance, the judges use criteria in order to maintain consistency and improve objectivity. This is why objective and subjective performance measures are both appropriate in the assessment of an athletic performance.

Answers could include:

Subjective Measurement – refers to a judgment of performance based on feelings, impressions or opinions rather than a measurement.
Examples – the use of personal criteria to judge a gymnastic performance

Objective Measurement – refers to measurement where the measure or test is independent of the observer

Examples – sprinting (stopwatch), long jump (tape measure)

Observations can be made more objective by using checklists, established criteria, rating scales

Question 28

Criteria	Marks
• Provides reasons for developing the elements of performance among athletes • Makes the relationship evident between developing decision making AND strategic/tactical development and improved performance • Provides relevant examples	8
• Provides reasons for developing the elements of performance • Provides features of the performance elements • Provides relevant examples	6–7
• Provides features of athletes developing decision making OR strategic/tactical development • Provides a relevant example OR • Provides features of athletes developing decision making AND strategic/tactical development OR • Sketches in general terms about athletes developing decision making AND strategic/tactical development • Provides relevant examples	4–5
• Sketches in general terms about athletes developing decision making OR strategic/tactical development OR • Describes characteristics of a skilled performer	2–3
• Provides reason/s for the development of the elements of performance OR • Provides some relevant information about an athlete's performance	1

Sample answer:

There are two main performance elements that need to be included in instruction of athletes. These are decision-making and strategic and tactical development. Athletes need to be taught decision-making skills in order to understand their roles and responsibilities in game situations. As an athlete's skill increases, they also increase their ability to make more diverse and creative decisions in increasingly complex game situations. For example, knowing when to shift from man on man or zone defence based on possession in a game.

Strategic and tactical development are also important instruction elements for improving athletic performance because they ensure athletes can not only implement set plays and rehearsed routines, but can also adapt and take advantages of different game situations as they arise. Strategic development requires athletes to reflect on past performance and plan new approaches for improving in future events. Tactical development requires athletes to 'think on their feet' and play out the scenario in front of them to the best of their ability.

Answers could include:

- **Decision-making** – is best achieved through observation, questioning, part, whole approach, variation, creativity
- **Strategic and tactical development** – is built on the principles of technical efficiency, understanding, skilful execution

  Example:
  - **Strategic Understanding** – the way the athlete plays, where they should be at a particular time, what to do (return the ball in tennis using backhand)
  - **Tactical Development** – utilising ways of gaining an advantage over an opponent (using a cut-out pass in rugby league or double teaming an opponent in basketball)
- Characteristics of a skilled performer – kinaesthetic sense, anticipation, technique, consistency

Section II

Question 29 (a)

Criteria	Marks
• Provides reasons how self-identity and self-worth affect the health of young people • Makes evident the relationship between self-identity and self-worth and the effect on young peoples' health • Provides relevant examples	8
• Provides reasons how self-identity and self-worth affect the health of young people • Provides relevant examples	6–7
• Provides characteristics and features of self-identity or self-worth • Recognises and names health issues affecting young people • Provides an example	4–5
• Sketches in general terms self-identity or self-worth • Recognises and names a health issue affecting young people	2–3
• Provides some relevant information regarding health issues affecting young people	1

Sample answer:

One of the most important tasks for an adolescent is understanding who they are and what they stand for. Self-identity is how one would describe one's self to others and is the sum of many characteristics. For example, a young woman describing herself may say that she is a sister, friend and captain of sporting team, although she may not give the same weight to each of these roles. Self-identity is therefore dynamic, as these roles may change over time, but also because experiences, events and choices, which may be positive or negative, may also affect self-identity. Self-identity is strongly influenced by society's norms, values and beliefs and are reinforced during the process of socialisation. Society expects its members to fulfil specific roles in life, such as being a good son or daughter, and when people fail in a particular role, society may apply a negative label to them, which negatively impacts self-identity. For example, young gay and lesbian people, who may feel compelled to hide their sexual orientation for fear of being bullied, may develop a negative self-identity because they don't feel accepted by society or their peers.

Generally, when a young person is surrounded by supportive family and friends, and has a strong sense of self-worth, the process of developing a self-identity is a positive experience. Therefore, it is clear that young people need to develop a strong and positive self-identity in order to achieve good health. It gives them the confidence to make decisions that promote health and to maintain positive self-worth or self-esteem. It is also important to maintain or establish a sense of positive self-worth, because it is essential for good mental health. Positive self-worth can eliminate the pressure that some young people feel to accumulate possessions, to present a fashionable body image, or to behave in a way that establishes their credibility among certain peers, but that damages their community and society's perception of them (eg participating in vandalism in order to be accepted).

Question 29 (b)

Criteria	Marks
• Makes a judgement on how effective resilience, coping OR health literacy skills are in improving the health of young people • Makes evident the relationship between resilience, coping and health literacy skills and improving the health of young people • Provides relevant examples	11–12
• Provides reasons showing how resilience, coping AND/OR health literacy skills improve the health of young people • Provides relevant examples	8–10
• Provides characteristics or features of the resilience, coping or health literacy skills needed to improve the health of young people • Provides examples	5–7
• Sketches in general terms resilience, coping or health literacy skills • Provides an example	3–4
• Provides some relevant information regarding resilience, coping or health literacy skills	1–2

Sample answer:

There are a number of skills that assist young people to attain better health. Resilience and coping are examples of these skills. Resilience is the ability to bounce back from adversity in order to lead a healthier life. Personal attributes and skills of resilient young people include developing healthy relationships, problem solving skills, independence, creating a sense of purpose and having a sense of humour. Resilience is also developed as a result of external factors including social support, opportunities for youth development and participation in community activities and decision making, which generate a sense of connectedness with family, friends, culture, community and school. For example, schools can implement key resilience-promoting programs that teach coping strategies and skills, so that the capacity for young people to re-frame experiences and be an active rather than a passive influence on their own future is enhanced. Therefore, young people who demonstrate resilience have a greater ability to cope with challenging situations and are often more able to prevent problem situations such as bullying, violence or substance abuse. They are also more able to seek or give help to others who may be less resilient when they are facing problem situations. This resilience will lead to development of quality relationships, including intimate relationships.

The choices that young people make today will impact on their future health. Building skills in health literacy – that is the capacity to obtain, process and understand basic health information – and accessing health services is essential for youth to achieve better health. Young people frequently use technology and the mass media to gather information and make decisions related to health. This could be good for finding information quickly, however, young people must be equipped with the health literacy skills to analyse and make decisions in relation to whether these sources of information are reliable or not. For example, if young people access information from social media, they should find out the credibility of this information by searching government-funded health sites which are current and relevant and then seeking further guidance from health professionals. With health literacy skills, effective communication is also needed and involves articulating thoughts and feelings clearly.

When a young person shares their thoughts, feelings and ideas, they are able to seek appropriate advice or assistance where needed. An inability to communicate effectively can impact on a young person's emotional and mental health as well as their relationships and social health.

To ensure that young people develop these health literacy skills, PDHPE lessons at school play a vital role, especially those focusing on building young people's ability to evaluate, analyse and assess the reliability of health information, and to communicate their health concerns accurately. Without teaching these skills and allowing students to practise these skills in a safe environment, health literacy skills will not be learnt and this will negatively impact on the health of young people. Therefore, improving the health literacy skills of youth needs to be a focus as it improves the overall health of young people, which will carry through to adulthood.

Question 30 (a)

Criteria	Marks
• Provides reasons how Australian sport has changed to suit the needs of the media • Makes evident the relationship between the evolution of Australian sport and the influence of the media • Provides relevant examples	8
• Provides reasons showing how Australian sport has been influenced by the media • Provides relevant examples	6–7
• Provides characteristics and features of the relationship between Australian sport and media • Provides an example	4–5
• Sketches in general terms the influence of media on Australian sport	2–3
• Provides some relevant information regarding media and sport in Australia	1

Sample answer:

Sports and the mass media enjoy a very special relationship in Australian society, but also for most contemporary industrialised societies. This relationship between the media and sports has affected both participants. The advertising industry forms an important part of that relationship. Television has clearly become the leading medium in the context of sports. However, for sports to enjoy the benefits of increased public exposure that is provided by television, athletes and sports managers are expected to accept interference from the side of television. Media managers decide, for instance, at what time a sporting event starts. Several sports have accepted changes in their rules just to make the sport more suited to television. Commercial breaks are imposed in time-outs or breaks in play. The marriage between sports and television is so tight in some countries that a divorce would mean bankruptcy for athletes and clubs. It is a love-hate relationship with the television and advertising being in the stronger position.

Many Australian sports have had to accept drastic changes to how their sports are played. In an attempt by media mogul Kerry Packer to make the sport he loved (cricket) more appealing to television audiences, the sport had to undertake sweeping rule and cultural changes. In order for cricket to be broadcast, the game was reduced to an event that would now take no longer than a single day. Uniforms were no longer all white; each team wore colours indicative of the country they were representing. The game was now to be played at night under lights, which required changing the colour of the ball. Accepting sponsorship money has come at a great cost too. Cricket accepted the sponsorship of a tobacco company when it first became popular on commercial television. When the Australian government outlawed tobacco sponsorship of sport, cricket accepted more money from alcohol sponsors. As this type of sponsorship has become increasingly regulated, we now see an influx of fast food endorsements. This presents an ethical dilemma for an activity that seeks to promote a healthy lifestyle through playing their sport.

Question 30 (b)

Criteria	Marks
• Makes a judgement on how social constructions of gender are reinforced and challenged by sport • Makes evident the relationship between social constructions of gender and the perceptions of sport • Provides relevant examples	11–12
• Provides reasons showing how social constructions of gender are reinforced AND/OR challenged by sport • Provides characteristics and features of the social constructions of gender relating to sport • Provides relevant examples	8–10
• Provides characteristics or features of how social constructions of gender are reinforced or challenged by sport • Provides examples	5–7
• Sketches in general terms the social constructions of gender that occur in sport • Provides an example	3–4
• Provides some relevant information regarding social constructions that occur in sport	1–2

Sample answer:

Gender is a social construct that outlines the roles, behaviours, activities and attributes that a particular society believes are appropriate for men and women. The roles and adoption of these traits can create inequities, especially in sport, that favours one group over the other. Sport is an integral part of the culture of almost every nation and is popular for reinforcing cultural norms. However, its use to promote gender equity and empower girls and women is often overlooked because sport is often not seen as a suitable or desirable activity for girls and women. The social constructs of masculinity and femininity — or socially accepted ways of expressing what it means to be a man or woman in a particular socio-cultural context — play a key role in determining access, levels of participation, and benefits from sport. It is true in all countries that girls and women are less likely than boys and men to participate in sport, and sport continues to be dominated by males.

It is a mistake, however, to assume that this is because girls and women do not wish to participate. Poverty, heavy domestic demands, safety concerns, lack of accessible transportation, inadequate sport and recreation facilities, and few opportunities for physical education and skill development frequently prevent women's participation in physical activity and sport. As well, socio-cultural norms and constraints of some cultures may prevent girls and women from being physically active because it requires leaving home unaccompanied, or being seen by men outside their family. These are additional barriers preventing girls and women from becoming involved in sport and physical activity.

Sports have traditionally been restricted to males, masculinity and the 'manly domain'. More recently, increasing numbers of girls and women are participating in what were 'traditional male sports'. These include competitive football, boxing, and even female participation in extreme sports such as snowboarding, skateboarding, and surfing has increased. Some people believe there is a broader definition of femininity emerging as a result of women challenging the traditional gender stereotypes that used to define them. A broader definition allows women to claim their own definitions of 'womanhood' and 'femininity'. Another factor may

be that the presence of females in these types of sports helps break a lot of male-oriented and prescribed stereotypes and barriers; giving girls and women the courage and esteem to participate in a wide range of sports and physical activities.

The notions of what it means to be 'a man' however seem to be continually reinforced rather than challenged by sport. Since Ancient Greece and even in early Indigenous Australia, sport was used to prepare young men for combat so it celebrates violence and discourages emotion or empathy.

Throughout history a succession of male stereotypes – the bushman, the digger, the surf lifesaver – have celebrated Australia as a man's country. These stereotypes stand for the characteristics by which Australians define themselves: resourceful, anti-authoritarian, brave, physically strong and sticking by our mates.

To most Australians these are virtues. But they are accompanied by a number of other attributes that might not be so positive: long suffering, resistant to emotion, and inarticulate about feelings.

The belief that Rugby League is a "hard game, for hard men" is an example of this resistance to emotion because displaying one's emotions in times of hardship is perceived as a feminine trait. So on the one hand 'hard game, hard men' is a 'truth' that justifies violence, that perhaps makes the physical pain of a game like rugby league easier to bear. It also may be that it makes emotional pain easier to bear.

Question 31 (a)

Criteria	Marks
• Provides reasons why iron deficiency and bone density affect female athletes • Makes evident the relationship between iron deficiency and bone density and sport participation for female athletes • Provides relevant examples	8
• Provides reasons showing how iron deficiency and bone density affect female athletes • Recognises a relationship between iron deficiency and bone density and female athletes • Provides relevant examples	6–7
• Provides characteristics and features of the relationship between iron deficiency or bone density and female athletes • Provides an example	4–5
• Sketches in general terms the effect of iron deficiency or bone density on female athletes	2–3
• Provides some relevant information regarding iron deficiency or bone density	1

Sample answer:

Iron deficiency and bone density can have a significant impact on a female's participation in physical activity. These health issues have a large influence on a female's body function and structure and therefore must be managed in order to minimise the negative impact on sport performance.

While only small amounts of iron are required in the body, it plays an important role in the transportation of oxygen. Without sufficient iron, the number of red blood cells is reduced, limiting the oxygen-carrying capacity of the blood and the degree to which the athlete is able to fully participate in physical activity and sport. An athlete who experiences low iron can experience symptoms of fatigue, lethargy and weakness. Females need twice as much iron as males. A lack of iron is common in females as they usually consume less red meat and can lose iron during menstruation. Exercise-induced anaemia is common in particular for female endurance athletes, as it can be the result of intense training where iron reserves are already heavily drained. For example, a female triathlete who is anaemic may not be able to meet participation demands as their muscles will not be receiving adequate oxygen to resynthesise ATP when working aerobically, which prevents optimum performance. Iron deficiency, even without anaemia can lead to a reduced rate of lactate clearance. The slower lactate clearance causes early fatigue. It is clear that iron deficiency can affect athletic participation and training levels, which means it is important for the female athlete to be aware of this important mineral and maintain correct intake.

Bone density refers to the thickness and strength of bones. For females this is a major concern that can impact on sporting participation. Bone density is directly related to the quantity of calcium in the bones, level of exercise and oestrogen levels. Calcium is necessary for bone strength and is also required in the blood to allow muscles and nerves to function correctly. Female athletes with bones low in calcium are more susceptible to structural weakening and bone fractures, as calcium loss leads to bones becoming brittle and frail. This can have an enormous impact on participation as females are at greater risk of injury. For example, a female basketballer with low bone density who falls while playing may be at a higher risk of sustaining a fracture. Injuries sustained as a result of low bone density will take longer to heal

and will prevent individuals from engaging in sports for an extended period of time. Females need to be aware of the effect of age and menopause on bone density to ensure their safety in sport participation. Following menopause, women lose calcium faster than men and some may end up with osteoporosis. Therefore, it is imperative that females eat a well-balanced diet with calcium enriched foods such as milk and cheese and should focus on safety in activity and choose aerobic activities such as swimming, cycling, running and aerobics.

Question 31 (b)

Criteria	Marks
• Makes clear judgement(s) on how sports policies can promote safe participation • Makes evident the relationship between sports policies and safe participation • Provides relevant examples	11–12
• Provides clear reasons showing how sports policies can promote safe participation • Provides characteristics and features of effective sports policies that promote safe participation • Provides relevant examples	8–10
• Provides characteristics or features of sports policies that promote safe participation • Provides examples	5–7
• Sketches in general terms the features of sports policies that promote safe participation • Provides an example	3–4
• Provides some relevant information regarding safe participation in sport and a sports policy	1–2

Sample answer:

Sports policies and rules, safe grounds, equipment and facilities, modified rules for children, matching of opponents and use of protective equipment are all important considerations for optimising the safety of athletes when competing in sport.

Rules of sport assist the flow of the game and protect participants from injury. They are enforced on the field by the referee or umpire to promote safety within the game or by the governing bodies of the sport. Injury has the potential to seriously harm athletes and lead to lengthy periods of time on the sideline, so injury prevention is of paramount importance for both coaches and athletes. Some rules that exist in sport include the head high tackle rule in rugby league which ensures head injuries and concussions are reduced, no lifting above the horizontal in tackles and hockey goal keepers having to wear protective gear before being allowed to take the field of play. Players failing to comply with these rules have serious consequences enforced upon them, including lengthy suspensions from the game through governing bodies like the NRL judiciary. There are also policies that have been implemented to enhance player safety, eg the Australian Open heat policy, which acknowledges the risk of heat illness when competing in excessive temperatures. This heat policy allows players to take extra breaks for fluids and no new games are to begin if the wet bulb globe reaches a pre-determined level. Therefore, it can be seen that the rules of sport ensure player safety to a significant extent.

Major modifications have been made to junior sports to ensure the safety and continued participation of children in sporting contexts. Such changes are necessary to cater to their stature and limited capabilities and children have specific needs in terms of equipment size, court dimensions, rules and playing environment. When these are suited to their needs, it adds to their potential to learn new skills and enjoy sport. For example, lowering the backboard in basketball to enhance the chance of successful shooting, using t-ball stands in softball to make ball contact easier and using smaller playing areas in soccer. It is evident that modifying rules for children plays a significant role in promoting enjoyment, and ensuring their continued involvement in the sport safely.

Matching of opponents is a concept that is widely acknowledged to enhance safety and enthusiasm for sports participation. Most of these modifications have been confined to contact sports (eg rugby league), but now include sports such as hockey and cricket, where larger children can bowl faster or hit harder. Competitions that are even are more desirable at all levels of junior sport and should consider the size, gender, strength, psychological development and skill level of competitors. When competitors are not evenly matched, children quickly lose interest. However, when competitors are more evenly matched, injury is less likely and interest is heightened. Therefore, it is much more desirable for competitors to match their skills against opponents of similar ability and enjoy competition for its own sake.

Protective equipment is crucial in sports where the risk of injury is high due to contact. All equipment must protect the wearer and other players, allow freedom of movement, air flow and be comfortable. Many team sports encourage at least one item of protective equipment such as shin pads in soccer, mouth guards in football and helmets in cricket. When correct protective equipment is worn, both the athlete and fellow competitors' safety is significantly enhanced.

It is evident that sports policies must be implemented in sport to ensure the safety and continued participation of athletes.

Question 32 (a)

Criteria	Marks
• Discusses the extent and differentiation of planning needed for elite and amateur athletes • Makes the relationship evident between differentiated planning and performance of elite and amateur athletes • Provides relevant examples	8
• Provides reasons for the differing planning considerations for elite and amateur athletes • Recognises a relationship between planning and performance of elite and amateur athletes • Provides relevant examples	6–7
• Provides characteristics and features of planning for elite and amateur athletes • Provides an example	4–5
• Sketches in general terms planning considerations for elite or amateur athletes	2–3
• Provides some relevant information about planning for performance	1

Sample answer:

Planning for performance will differ when comparing the training and preparation of elite and amateur athletes. Elite athletes are often fully devoted to their sport and are full-time athletes, while amateur athletes may be required to balance work and other commitments with their sporting pursuits.

The performance and fitness needs of elite and amateur athletes while comparable in some sports, generally will differ due to the schedule of events and competitions. Elite athletes may participate in a wide variety of tournaments/competitions across the world, while amateur athletes may focus more on the local season of competition, possibly including national titles. As such, elite athletes may be required to have a vastly different training plan and be required to peak several times a year for major events, while amateur athletes may be required to peak for season-ending events as part of the local competition. This will result in the fitness needs of these athletes differing. While the amateur athletes can plan for a season of competition, elite athletes may be required to plan for short term goals such as a season of local competition, as well as longer term goals of international competitions, such as world cup events and major world events such as the Olympics. As these major events occur every four years, these elite athletes will need to manage their performance and fitness needs across a much longer time span.

Elite athletes may be required to prepare themselves for a variety of climatic conditions, dependent upon where they intend to compete. For example, an elite marathon runner in Australia may be required to prepare for a race in the United States that would be occurring 'out of season' in Australia. As the summer months are opposite in the USA to Australia, the marathon runner may have to adjust their training load to allow them to peak at the appropriate time for the race in the USA. They may have to base themselves overseas or in a warmer climate to match the anticipated race conditions so that they are not at a disadvantage when they arrive for the race. Amateur athletes, faced with the same problem, may not be able to afford the same training environments and opportunities and are immediately at a disadvantage.

Question 32 (b)

Criteria	Marks
• Determines the value of the processes needed to identify and manage an overtrained athlete • Makes the relationship evident between overtraining and athletic performance • Provides relevant examples	11–12
• Provides reasons for needing to identify and manage an overtrained athlete • Recognises a relationship between overtraining and athletic performance • Provides relevant examples	8–10
• Provides characteristics and features of identifying OR managing an overtrained athlete • Provides an example	5–7
• Sketches in general terms the process of identifying or managing an overtrained athlete	3–4
• Provides some relevant information pertaining to the overtraining of athletes	1–2

Sample answer:

The processes to identify and manage an overtrained athlete, will reduce the incidence of underperforming at training or in competition. A coach needs to be aware that the management of the athlete is as important as the performance on the day. A coach not only needs to prepare the athlete for the competition or event, they need to ensure that the athlete is physically and mentally at their peak to ensure the best possible result. In doing this, the coach needs to be aware of factors such as the amount and intensity of training, physiological considerations such as injury and lethargy and psychological considerations such as loss of motivation or personal drive from the athlete.

The amount and intensity of training needs to be managed so that the athlete is able to peak at the right time of the season – for example, in the lead up to the finals or national titles. If managed correctly, the coach will have taken the athlete through a process where they have cycled through high intensity training sessions and differing loads well in advance of the major competition, so that the athlete has a solid base of strength and physical capacity developed. The coach will have shared the plan with the athlete to give them a purpose and reason for the need to train at the high load, as well as allowing them to be a part of the partnership working towards the common goal for example to win their event at the national titles. This will serve as a motivator for the athlete, allowing them to see the purpose behind the increased training load.

The coach must consider that with an increased training load, there will be a risk of injury. Should this occur, the coach will need to work with the athlete and medical staff to manage the treatment of the injury and recovery from the injury so that the athlete is able to return to full strength and performance capabilities over time. The coach may employ strategies such as counselling or the use of a sports psychologist at this time to ensure that the athlete is able to maintain their motivation and attend to their rehabilitation fully.

To ensure that the athlete is not suffering the negative effects of a heavy training load, the coach may include face to face meetings or reflective questionnaires as part of the athlete's training program, where the athlete is able to give feedback to the coach as to how they are feeling physically and mentally as they progress through training. These responses can cue the

coach to adjust training loads or add variety to the training to avoid the athlete losing motivation.

If the coach has been able to communicate the annual training plan to the athlete successfully, they will both have a good understanding of the changes in training load and various requirements of the training program for the year. The coach will include blocks of high intensity work, as well as blocks of lower intensity leading into significant events so that the athlete can taper prior to the competition. There will be blocks that may focus wholly on skills, while others may have a focus on strength, power or endurance.

Some blocks will be devoted to maintaining a set standard of fitness for their sport and may have a reduced training load, allowing the athlete time away from the demands of training, while maintaining a degree of fitness. In each case, the coach needs to ensure that the athlete is able to understand the reasons for the training so that they can see the purpose behind it.

Question 33 (a)

Criteria	Marks
• Relates the causes of generalisations made about Australians experiencing health inequities • Provides relevant examples	8
• Recognises how generalisations are associated with Australians experiencing health inequities • Provides relevant examples	6–7
• Provides characteristics and features of generalisations made about Australians experiencing health inequities • Provides an example	4–5
• Sketches in general terms the effect of generalisations made about Australians experiencing health inequities	2–3
• Provides some relevant information regarding generalisations made about Australian population groups experiencing health inequities	1

Sample answer:

Frequently people will make generalisations because, in many cases, it is easier to do so than to understand the real differences and complexities of our world. While we may think that comments such as: 'black people are good at sport' or 'women are more romantic than men', are innocent enough, they all contain assumptions and half-truths that we use to categorise and ultimately stereotype the people who 'belong' to those groups.

For example, people who have HIV/AIDS frequently suffer from sweeping generalisations made about their lifestyles that can result in them suffering from worse or incomplete health care. Studies have found examples where a patient's charts had been labelled 'high risk' in regard to HIV infection and made clearly visible to other patients and other members of staff. Individuals have a responsibility to confront these types of generalisations for all groups (eg ATSI, homeless, unemployed) who might experience health inequities.

Individuals can start by asking questions to challenge their own values and views. Questions such as:
- 'Is this true?'
- 'Do I have all the facts?'
- 'Am I over-generalising?'
- 'Am I focusing on one or two negative aspects instead of considering the whole picture?'
- 'Am I labelling this group or person unfairly?'

The greater the level of information gathered by a person in relation to a group experiencing health inequities, the better the level of understanding. If generalisations can be challenged on the basis of evidence, sourced from a variety of reliable information sources, then a greater level of understanding can be gained and generalisations can be refuted or supported. For example, in examining life expectancy for Aboriginal and Torres Strait Islanders, a generalisation may be that the prevalence of Type 2 Diabetes among these people would be higher than the non-Indigenous population. However, in looking closely at the data, we may see that ATSI people may be physically active and enjoy a healthy diet and lifestyle, resulting in lower prevalence of Type 2 Diabetes.

Question 33 (b)

Criteria	Marks
• Identifies the characteristics of an effective and sustainable health promotion strategy • Makes the relationship evident between the characteristics of an effective and sustainable health promotion strategy and health outcomes • Provides relevant examples	11–12
• Provides reasons for the inclusion of specific characteristics and features that make an effective and sustainable health promotion strategy • Provides relevant examples	8–10
• Provides the characteristics and features of an effective and sustainable health promotion strategy • Provides a relevant example	5–7
• Sketches in general terms the characteristics or features of an effective or sustainable health promotion strategy • Provides a relevant example	3–4
• Provides some relevant information pertaining to effective or sustainable health promotion	1–2

Sample answer:

Any strategy that aims to improve the health status of a particular population must have certain characteristics. These are: 1) working with the target group in program design and implementation; 2) ensuring cultural relevance and appropriateness; 3) focusing on skills, education and prevention; 4) supporting the whole population while directing extra resources to those in high risk groups; and 5) intersectorial collaboration. These five characteristics promote sustainability, ensuring the health promotion strategy will continue into the future.

In order to create a successful health promotion strategy the target group needs to be consulted about what they think the issues and inequities are, what solutions may work for them, and how they can take ownership over the process. If the target group can make decisions about their resources, timeline for implementation and people involved, the strategy will have an increased chance of success. For example, to develop a health promotion at school, key stakeholders such as students, parents, teachers and community groups should identify the key health issues and environmental circumstances that result in health inequities. As a group they can use problem-solving skills to develop strategies to target their specific health needs and implement strategies in a coordinated way.

Working with communities, for example, Indigenous people, to effectively develop a health promotion strategy means ensuring that their cultural traditions and beliefs are respected while ensuring that new knowledge, skills and processes do not discriminate or insult the community. As a result, communities are not alienated so therefore there is an increased level of access over a longer period of time within Indigenous communities. For example, the 'Closing the Gap' campaign has worked very closely with Indigenous communities to train Indigenous health workers to be able to deliver health services in a culturally sensitive and appropriate manner.

Focusing on skills, education and prevention is another characteristic. Education and prevention are designed to improve the health literacy of communities to ensure they have the knowledge and skills to improve their health, limit risky lifestyle behaviours and enhance the health of those around them. For example, providing educational sessions so that people can read and understand the nutritional food labels will enable them to use this knowledge to

make informed healthy decisions about food choice. Therefore more positive health outcomes are achieved by the community as a result of enhanced knowledge and skills.

Balancing the allocation of resources between helping all people and helping those in high risk groups can be tricky, and the process may seem inequitable at times. However, if everybody's health improves then society has more healthy people contributing to it and there will be fewer disadvantages to address. For example, the National Health and Medical Research Council recommends a range of vaccinations for all children, older persons and others who are at higher risk of contracting vaccine-preventable diseases. The Australian Government provides vaccines for preventable diseases, which are free to Indigenous Australians aged 50 years or over and for all others 65 years of age and over. Therefore while the whole population is being supported in the supply of vaccines, extra resources are being directed to those groups most at need and at risk.

Intersectorial collaboration is concerned with relevant groups and organisations involved in a health promotion strategy meeting together, rather than working in isolation from each other. This is important to reduce duplication of resources and increase the effectiveness of the delivery of the health promotion strategy to provide the best possible health outcome for the population. An example of intersectorial collaboration is the Australian Government's enhanced primary care program. In this arrangement, a GP assists an older Australian with their health care needs by coordinating their care with other services, such as health assessments, care plans and case conferences. It is available for all Australians aged over 75 years, for Indigenous Australians over 55, reflecting their overall poor health status and need for this form of positive health care intervention.

2015 HSC Personal Development, Health and Physical Education Mapping Grid

Section I
Part A

Question	Marks	Content	Syllabus outcomes
1	1	Everyday technologies	H15
2	1	Nature of skill	H9
3	1	Alternative health care	H14
4	1	Preventable chronic disease	H1
5	1	Physiological adaptation training	H7
6	1	Feedback	H9
7	1	Complementary healthcare	H14
8	1	Supplementation	H11
9	1	Ottawa Charter	H4
10	1	Energy systems	H7
11	1	Preventable chronic disease	H14
12	1	Principle of training	H8, H10
13	1	Determinants of health	H3
14	1	Training plans/methods	H8, H10
15	1	Measuring health statistics	H2
16	1	Recovery strategies	H7, H17
17	1	Measuring health statistics	H2
18	1	Growing and aging population	H1, H15
19	1	Physiological adaptation training	H7, H8
20	1	Validity and reliability of tests	H16

Section I
Part B

Question	Marks	Content	Syllabus outcomes
21	3	Advantages of public health	H15
22	4	Recreation of health services	H4, H14
23	5	Prioritising health	H4, H14
24	8	Access and support/health	H16
25	3	Flexibility and athletic performance	H7, H8, H10
26	4	Types of motivation in sports	H11, H17
27	5	Performance measures	H9, H16
28	8	Integrating elements of performance	H8, H17

Section II

Question	Marks	Content	Syllabus outcomes
29 (a)	8	Developing aspects that affect health of young people	H6
29 (b)	12	Skills for attaining better health	H15
30 (a)	8	Relationship between sport and media	H16
30 (b)	12	Sport as a traditional male domain	H12
31 (a)	8	Female athletes	H8
31 (b)	12	Sports playing & sports environment	H13
32 (a)	8	Initial planning considerations	H10
32 (b)	12	Planning to avoid overtraining	H10, H17
33 (a)	8	People experiencing health inequities	H3
33 (b)	12	Characteristics and effects of HPS	H14, H15