2022 Health and Wellbeing Subject Assessment Advice

Overview

Subject assessment advice, based on the 2022 assessment cycle, gives an overview of how students performed in their school and external assessments in relation to the learning requirements, assessment design criteria, and performance standards set out in the relevant subject outline. They provide information and advice regarding the assessment types, the application of the performance standards in school and external assessments, and the quality of student performance.

Teachers should refer to the subject outline for specifications on content and learning requirements, and to the subject operational information for operational matters and key dates.

Across the Assessment Types for this subject, students can present their responses in oral or multimodal form, where 6 minutes is the equivalent of 1000 words. Students should not speed-up the recording of their videos excessively in an attempt to condense more content into the maximum time limit.

From 2023, if a video is flagged by markers/moderators as impacted by speed, schools will be requested to provide a transcript and markers/moderators will be advised to mark/moderate based on the evidence in the transcript, only considering evidence up to the maximum word limit (e.g. up to 2000 words for AT3).

If the speed of the recording makes the speech incomprehensible, it affects the accuracy of transcriptions and it also impacts the ability of markers/moderators to find evidence of student achievement against the performance standards.

School Assessment

Teachers can improve the moderation process and the online process by:

* thoroughly checking that all grades entered in school’s online are correct
* ensuring the uploaded tasks are legible, all facing up (and all the same way), and remove blank pages, student notes and formula pages
* ensuring the uploaded responses have pages the same size and in colour so teacher marking and comments are clear
* ensuring the Learning and Assessment Plan is uploaded onto School’s Online.

Assessment Type 1: Initiative

Students complete two Initiative tasks, one of which must be done collaboratively. Many schools chose to complete the collaborative initiative with a focus on the health of others in the form of a health promotion event or a presentation to younger cohort. The Health expos had a focus day (Harmony Day, RUOK Day, etc.) or a general health and wellbeing expo which the groups chose specific health issues to focus on. The Individual initiative generally focused on the health of themselves (Personal Health Goal). Student’s chose a SMART goal which related to improving their own health and wellbeing.

Students chose a range of ways to show evidence of the application, including short video clips summarising the evidence of the planning, creating and implementing of their activity.

Teachers are reminded the appendix is not assessed. Students should be inserting sections of their planning, creating and implementation into the body of the text. This will show the critical thinking and reflection that was applied to improve health and wellbeing outcomes.

Teachers can elicit more successful responses by:

* ensuring students adhere to the word count/time limits if multimodal or combination of both
* ensure evidence of application is included in the body of the text.

The more successful responses commonly:

* provided a range of research including statistical and trend analysis relevant to a health and wellbeing issue to demonstrate critical understanding
* linked the chosen initiative to the relevant health and wellbeing concepts identified
* planned, created, and implemented thoughtful activities to improve health and wellbeing with clear links to health and wellbeing concepts identified
* evaluated the effectiveness of current personal and social actions (with a tool e.g. the Ottawa Charter for Health Promotion) and reflected on how their actions are improving health and wellbeing outcomes (using a tool e.g. the Gibbs Reflective Cycle)
* provided clear goals/outcomes for the chosen activities, allowing the student to clearly reflect and critically analyse the success of the activities
* used evidence to make clear, specific recommendations for improving the activity undertaken
* able to articulate understanding of the health and wellbeing concepts and make clear connections to their learning.

*The less successful responses commonly:*

* did not adhere to the word count
* included large amounts of important evaluation and reflection in the appendix which is not assessed
* for the personal health goal focused on a physical education goal (improving shooting a basketball, improving speed for a sport) with limited evaluation of health and wellbeing outcomes and concepts which showed limited health literacy
* provided a recount of the planning, creating and implementation of activities undertaken
* showed some understanding of the issue with limited research but lacked analysis and reflective practice of the researched information
* provided brief generalised recommendations for improving activities undertaken
* showed limited understanding of the health and wellbeing concepts
* provided brief generalised recommendations for improving activities undertaken (colours used, fonts used) rather than focusing on health and wellbeing outcomes.

Assessment Type 2: Folio

Students complete two folio tasks. Teachers are reminded both tasks have a word count of 1000 words. These cannot be split up unevenly between the tasks (e.g. 700 words for task 1 and 1300 words for task 2). Teachers are also reminded to adhere to the word count to ensure the student can achieve at the higher grade bands. Many schools chose to limit the specific assessment design criteria to two for the folio tasks. This allows students to demonstrate more depth of understanding whilst staying within the word count.

Schools chose a range of ways to stimulate the student responses including health promotion activities (PARTY program, RAP Program), online programs (This Way Up course) or videos (TED talks, movies). Popular topics included adolescent risk taking, adolescent stress, smoking, illicit drug use and racism.

It was clear that students who provided evidence of understanding and evaluation of the health and wellbeing concepts were more successful. Explicit teaching of these health and wellbeing concepts from the subject outline (https://www.sace.sa.edu.au/web/health-and-wellbeing/stage-2/subject-outline/content) can assist students to address these in their assessment tasks.

Teachers can elicit more successful responses by:

* limiting the specific assessment design criteria to two for the folio tasks
* ensuring students adhere to the word count/time limits if multimodal or combination of both
* assessing two specific features from the assessment design criteria which allowed students to demonstrate more depth of understanding within the word count.

The more successful responses commonly:

* explored issues across a range of contexts (individual, local or global) and/or a range of demographics
* explored issues with personal relevance which made it easier to empathise (CT2).
* evaluated effectiveness of strategies to improve health based on empathetic understanding of health and wellbeing concepts (social determinants, social equity, health literacy)
* used up to date data and research to support their own understanding and analyse current trends and issues
* clearly reflected on how their own understanding has changed (reflective practice)
* made clear, specific recommendations for improving health based on evidence and linked recommendations to the health and wellbeing concepts identified
* able to articulate understanding of the health and wellbeing concepts and make clear connections to their learning.

The less successful responses commonly:

* focused on the application criteria which are not required in the folio task
* provided little or no referencing to support their research
* provided generalised recommendations for improving health outcomes
* provided a recount of trends and issues with limited analysis or links to health and wellbeing concepts
* provided a recount of strategies to improve health with limited analysis or links to health and wellbeing concepts
* exceeded the word count or did not utilise the full word count
* showed limited understanding of the health and wellbeing concepts
* stated the health and wellbeing concepts but did not analyse or reflect on these to show understanding.

External Assessment

Assessment Type 3: Inquiry

Students independently research a contemporary health and wellbeing issue. They develop a question or hypothesis about an issue to investigate and analyse and make recommendations about the issue incorporating information from different perspectives to form their conclusions.

Teachers are reminded not to submit work with school logo or name which was included on the task sheet for some submissions. Student’s work should also be deidentified. Filenames and footnotes were common locations where student identity was included with tasks.

If students choose to undertake a survey, their achievement is enhanced by incorporating critical thinking into the design of survey questions and the selective use of their survey data in their inquiry.

The more successful responses commonly:

* were well planned and completed with continuity of thought throughout the inquiry, using balanced evidence for each of the four assessment design criteria
* featured focus/guiding questions that were closely linked to performance standards, which provided a clear basis from which to form recommendations about the issue
* supported critical analysis and personal reflection of health and wellbeing trends with a range of relevant and current sources including the use of formal health and wellbeing terminology
* provided analysis of the issue through a range of perspectives and contexts – individual, local, and global (where relevant) or regional/urban or adolescent/adult
* was able to analyse current health promotion strategies/initiatives to discuss what is already working, and make practical suggestions for future improvements; improvements were linked to the health outcomes for individuals and communities
* gave insight into the roles/responsibilities of individuals, families/friends, communities, workplaces, governments, NGOs in the management, prevention or reduction of risk relating to a particular health and wellbeing issue
* incorporated thoughtful, novel, or well-reasoned recommendations, targeted at particular areas/groups for improvement of health and wellbeing relevant to the chosen issue and contexts of the inquiry
* able to articulate clearly, the link between the inquiry and health and wellbeing concepts which supported the focus of the research and the analysis of materials gathered
* were within the word limit.

The less successful responses commonly:

* did not provide evidence for all assessment design criteria; CT3 was the most commonly overlooked or understated criteria
* did not display an understanding of the health and wellbeing concepts: health literacy, health determinants, health promotion, social equity. More explicit teaching of the health and wellbeing concepts and use of the subject outline content on the SACE website may assist students’ incorporation of the performance standards
* used guiding questions that focused too heavily on how and what type of information for an issue
* showed little connection between the inquiry and health and wellbeing concepts which limited the student’s opportunity to address CT 3
* did not adhere to the word count
* focused on primary research for their analysis
* had inconstant referencing making it difficult to identify/distinguish student thinking relative to research
* formed a collection of ideas without effective links between them or undertook an inquiry too broad in scope which limited depth of understanding or recommendations based on health and wellbeing concepts
* mixed statistics from various countries about trends in health and wellbeing issues, without regard to the different contexts. This formed inaccurate or misleading analysis and critical thinking for some students. Students are encouraged to carefully select the most relevant statistics and sources for their chosen topic, and to ensure information sources are not unknowingly blended
* were very descriptive, restating evidence with a lack of personal reflection, analysis, and evaluation. This limited evidence for RP1 personal reflection, RP2 evaluation and CT3 analysis of health and wellbeing concepts to make recommendations for the chosen issue; discuss instead of describe
* listed current support services, health promotions, social actions but didn’t reflect, analyse, or evaluate their effectiveness
* undertook a practical component of social action and evaluated it, however, rather than linking the evaluation to improving health literacy and the improvement of health outcomes, some responses focussed on the practicalities, such as spelling, time spent on it, or the number of responses. There were also several topics outside the scope of health, such as fast fashion
* nearly all students discussed the need for education, but it was in a very general sense, and the weaker ones were not specific as to who needed to be educated, why someone needed to be educated, and specifically what did they need to be educated about. Stronger responses made recommendations regarding a specific context or linked critical analysis with their recommendations.