

Health 2019 v1.2

Unit 2 sample assessment instrument

August 2018

Examination — extended response (Elective topic 2: Body image)

This sample has been compiled by the QCAA to assist and support teachers in planning and developing assessment instruments for individual school settings.

Schools develop internal assessments for each senior subject, based on the learning described in Units 1 and 2 of the subject syllabus. Each unit objective must be assessed at least once.

Assessment objectives

This assessment instrument is used to determine student achievement in the following objectives:

1. recognise and describe information from primary sources and secondary sources about body image in a peer or family health context
2. comprehend and use the specified approaches, frameworks and resources as they relate to body image in a peer or family health context
3. analyse and interpret information from primary sources and secondary sources about body image issues in a peer or family context
4. critique information about body image to distinguish determinants that influence health status in a peer or family context
5. organise information about a chosen body image issue for a particular purpose
7. evaluate and reflect on implemented action using RE-AIM and justify a recommendation related to body image in a peer or family health context
8. make decisions about and use mode-appropriate features, language and conventions for a particular purpose.

Note: Objective 6 is not assessed in this instrument.

Subject	Health
Technique	Examination — extended response
Unit	Unit 2: Peers and family as resources for healthy living
Topic	Elective topic 2: Body image

Conditions			
Response type	Extended response		
Time	2 hours	Planning	15 minutes planning time
Word length	800–1000 words	Seen/unseen	Unseen
Other	<ul style="list-style-type: none"> • Unseen stimulus • Notes allowed (and will be authenticated by the teacher prior to the examination) 		
Instructions			
Compose your response in the space provided.			
Task			
<p>You have been presented with three public health case studies about clients who have significant body image concerns. National trends consistently show that young Australians continue to identify body image as one of their top three personal concerns (<i>Mission Australia</i>, 'Annual youth survey', www.missionaustralia.com.au/what-we-do/research-evaluation/youth-survey).</p> <p>Action is required to respond to this concern.</p> <p>Select one case study presented in the stimulus and compose an essay as an extended response to the question:</p> <p>What is the likely impact of the proposed action strategy on the body image case study?</p> <p>To complete this task, you must:</p> <ul style="list-style-type: none"> • analyse and interpret the significant case study information and draw conclusions about <ul style="list-style-type: none"> – peer or family features and trends relevant to the case study – the most significant barriers to and enablers of the associated action strategy – existing personal, social and community resources • critique information from the selected case study, using social cognitive theory to distinguish the most significant personal and environmental influences on the selected body image–related behaviour • evaluate and reflect on the proposed action strategy using a relevant Ottawa Charter action area and the following RE-AIM steps <ul style="list-style-type: none"> – (E)ffectiveness — the likely positive or negative outcomes that would impact the success of the action strategy – (I)mplementation — the likely delivery of the action strategy to the client in relation to fidelity, adherence, costs, resourcing, satisfaction • justify one recommendation that mediates, advocates or enables future action in relation to the case study in their peer or family health context, based on the likely impact of the action strategy. 			
Stimulus			
A3 stimulus — Client case studies			
Feedback			

Stimulus

Client case study 1

Client 1 is 16 years old, lives at home and is in Year 11. The client:

- has a body mass index (BMI) of 36, placing them in the obesity II range, and a waist circumference measurement of 94 cm. The client has a family history of obesity, with both parents placing limited value on personal health and having BMIs in the obesity II range. Three family members have died prematurely due to cardiovascular disease
- exhibits a range of food-related behaviours that impact their self-esteem and body image perception
- follows fad diets, constantly cycling between feeling positive because they are losing weight and feeling guilt and shame when the weight returns, which impacts self-esteem and body confidence
- has great intentions to adopt the healthy eating and exercise habits of their peers, as evidenced in their survey and interview responses. But the client does not believe they have the knowledge or skills needed to create healthy, tasty and cost-effective meals
- purchases lunch items that are high in fat and sugar at least three times a week. Their peers prepare healthy lunches at home or buy rice paper rolls on the way to school.

The school offers a range of co-curricular electives, which aim to improve lifestyle-related behaviours, on Wednesday afternoons. The electives include sport and recreation and healthy eating activities based on nutritious, tasty and cost-effective snack and meal preparation.

Client case study 2

Client 2 is 17 years old, lives at home and is in Year 12. The client:

- exercises obsessively, with their goal to be as muscular and lean as possible for the Year 12 formal and 'schoolies'
- goes to a local gym five days a week to lift heavy weights with three other Year 12 friends and supplements their strength training with four other high-intensity interval training (HIIT) sessions. The client's aim is to burn as many calories as possible in the shortest time frame
- has committed to a high-protein, low-carb diet and is also considering the use of steroids, which they know they can access from some of the other gym members. The client has made bookings for laser hair removal and spray tans in the period leading up to schoolies
- does not believe they are obsessive about their appearance, diet or exercise, but revealed they are particularly self-conscious and quite worried about the pressure associated with looking good at schoolies and the potential loss of social standing in the peer group
- has discussions with their family about body image and changing their training focus from appearance to health and general wellbeing, but this leads to conflict

The school has a state-of-the-art strength and conditioning facility, which is supervised by two high-profile, qualified sports trainers. The trainers have retired from competition, but remain strongly committed to a healthy lifestyle. Students can access the facility before and after school, and during their breaks or spare lessons.

Client case study 3

Client 3 is 15 years old and is in Year 10. The client:

- lives at home in a semi-rural community on weekends and during the week resides at a boarding school in a city located 100 km from home
- is a heavy social media user and enjoys creating the 'perfect' selfie, using filters and other tools for retouching, slimming down and teeth-whitening
- averages four hours of social media use daily on three different platforms. The client posts, on average, 15 times a day, expecting positive comments and reactions from followers. The reactions and comments are generally positive, although the number of negative followers and comments is increasing. The client regularly compares themselves with their peers and celebrities they follow on social media
- expressed, in a five-point scale questionnaire, that they have significant body dissatisfaction, even though they are in the healthy weight range. The client believes social media use influences their opinion of their self-worth, and allows them to feel a sense of connectedness and belonging. They post on social media that they are considering injectables, dermal fillers and other non-surgical facial procedures to become more beautiful and delay the ageing process
- does not do many activities with their family, who have a high usage of smartphones and other devices. As a family, they monitor one social media platform and regularly make throwaway comments that tend to be quite belittling.

The school boarding residency has a daily activities program that aims to promote a balanced lifestyle. The activities include mindfulness, yoga, dance, indoor rock climbing, challenge-based teamwork activities and a range of art, craft and music lessons.

Proposed action strategy for Client case study 1

The strategy focuses on direct modelling in peer and family social environments to develop personal skills through observational learning. This strategy builds on the positive influence of the peer group to provide the supportive environment for long-term positive food behaviour changes.

Participation in the co-curricular activities will teach students the personal skills required to understand how new practices will benefit wellbeing and build belief in their capacity to bring about change. The activities focus on preparing and tasting healthy snacks and lunches, and highlighting the incentives that can motivate food behaviour change like minimal effort, maximum taste and low cost. Outcome expectation will be enabled where the client believes the likelihood of healthy dietary behaviours leading to good health is achievable.

The family component of the strategy focuses on the client providing direct modelling of the knowledge and skills learnt in their co-curricular activities to their family. Food shopping provides a learning environment where attention can be drawn to cost incentives such as free fruit Friday and how to use a food swap app to reduce costs and assist better food choices. Disincentives like added chemicals, preservatives and sugar tax can also be noted.

In Australia, research highlights that food consumption is now lower in fruit and vegetables and higher in energy-dense, nutrient-poor foods, which are classified as discretionary foods. This is particularly true for children aged 14–18, with less than 10% meeting the vegetable consumption guidelines.

Proposed action strategy for Client case study 2

The strategy focuses on developing personal skills through facilitation with a well-respected member of the school support team. The school support person will facilitate the development of consistency in the cognitive thought processes around exercise, diet and stress to improve wellbeing.

Facilitating access to a mentoring program run through the school strength and conditioning coaches for the peer group is a key element of this strategy. The mentoring program has succeeded because the information and skills that are provided enable decision-making that is conducive to health rather than appearance. This approach creates self-efficacy for the participant and collective efficacy for the peer group as they develop a belief in their capacity to influence their own health.

The peer group needs to see the benefits associated with this change to enable a successful transition. Changing the training venue from the local gym to the school facilitates the environmental change that is needed to support cognitive and behavioural changes. They can also use app-based social networking to track and share training activities. Goals based on participating in team challenges and events, rather than appearance, can be set by the peer group. Families can also provide incentive and motivation by paying event entry costs, and can provide social support by spectating on the day.

Research by Mission Australia has shown body image is regularly ranked as one of the top three concerns for Australian young people. A recent report highlighted more than 75% of 14- and 15-year-olds worried about their bodies, and that boys aged 16 and 17 were as likely to worry about this as girls their age (Doman, M, Ting, I, Liu, R & Palmer, A 2017, 'The worrying trend in the minds of young Australians', ABC News, 10 October, www.abc.net.au/news/2017-10-10/the-worrying-trend-in-the-minds-of-young-australians/9013954).

Proposed action strategy for Client case study 3

The strategy focuses on providing safe, supportive environments and a collective efficacy component. Establishing social norms for the peer group, and introducing collective efficacy-based strategies such as a digital detox challenge, aim to change behaviours related to social media. The digital detox involves the monitoring of smartphone usage on free apps, setting daily limits and forcing users off when the limits are exceeded.

The peer group will participate in a 'Glow' workshop, which covers social media/body image, nutrition, exercise and mental health in a fun-inspired, motivational and empowering format. A range of presenters and practical demonstrations are incorporated into the workshop. There is a significant media literacy focus, emphasising reality and diversity (not perfection), highlighting body shapes of different shapes, sizes and colourings, and enabling all people to feel comfortable and positive in their own skin. The workshop also includes a segment on the dangers of photo manipulation apps.

Family support is also required to ensure the success of the strategy. Managing screen time, increasing family time and being more mindful of communication around body shape, weight and dissatisfaction would be beneficial.

Assume that you have collected primary data that showed:

- 80% of teens had internet access, 65% of teens felt that selfies and other flattering social media posts boosted their self-confidence, and 53% of teens said viewing others' social media posts could make them feel bad
- surgeons reported a 10% increase, over a one-year period, in the number of facial plastic surgery clients who reported dissatisfaction with their own social media image
- surgeons reported that 69% of young people undergoing plastic surgery reported being bullied as a significant contributing factor in their decision to have plastic surgery.