

Health subject report

2023 cohort

February 2024





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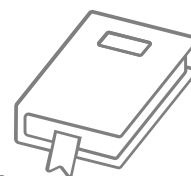
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Introduction



Throughout 2023, schools and the Queensland Curriculum and Assessment Authority (QCAA) continued to improve outcomes for students in the Queensland Certificate of Education (QCE) system. These efforts were consolidated by the cumulative experience in teaching, learning and assessment of the current General and General (Extension) senior syllabuses, and school engagement in QCAA endorsement and confirmation processes and external assessment marking. The current evaluation of the QCE system will further enhance understanding of the summative assessment cycle and will inform future QCAA subject reports.

The annual subject reports seek to identify strengths and opportunities for improvement of internal and external assessment processes for all Queensland schools. The 2023 subject report is the culmination of the partnership between schools and the QCAA. It addresses school-based assessment design and judgments, and student responses to external assessment for this subject. In acknowledging effective practices and areas for refinement, it offers schools timely and evidence-based guidance to further develop student learning and assessment experiences for 2024.

The report also includes information about:

- how schools have applied syllabus objectives in the design and marking of internal assessments
- how syllabus objectives have been applied in the marking of external assessments
- patterns of student achievement.

The report promotes continuous improvement by:

- identifying effective practices in the design and marking of valid, accessible and reliable assessments
- recommending where and how to enhance the design and marking of valid, accessible and reliable assessment instruments
- providing examples that demonstrate best practice.

Schools are encouraged to reflect on the effective practices identified for each assessment, consider the recommendations to strengthen assessment design and explore the authentic student work samples provided.

Audience and use

This report should be read by school leaders, subject leaders and teachers to:

- inform teaching and learning and assessment preparation
- assist in assessment design practice
- assist in making assessment decisions
- help prepare students for internal and external assessment.

The report is publicly available to promote transparency and accountability. Students, parents, community members and other education stakeholders can use it to learn about the assessment practices and outcomes for senior subjects.

Subject highlights

137
schools offered
Health



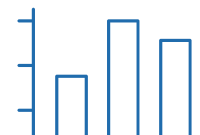
76.86%
of students
completed
4 units



94.44%
of students
received a C
or higher



Subject data summary



Subject completion

The following data includes students who completed the General subject.

Note: All data is correct as at January 2024. Where percentages are provided, these are rounded to two decimal places and, therefore, may not add up to 100%.

Number of schools that offered Health: 137.

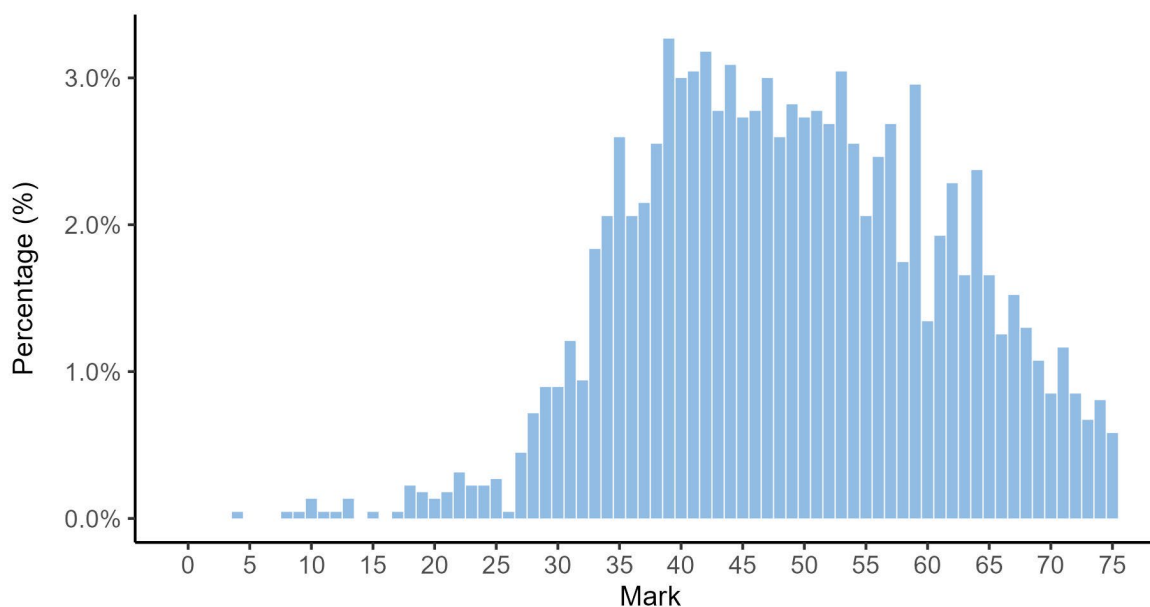
Completion of units	Unit 1	Unit 2	Units 3 and 4
Number of students completed	2,878	2,559	2,212

Units 1 and 2 results

Number of students	Satisfactory	Unsatisfactory
Unit 1	2,512	366
Unit 2	2,340	219

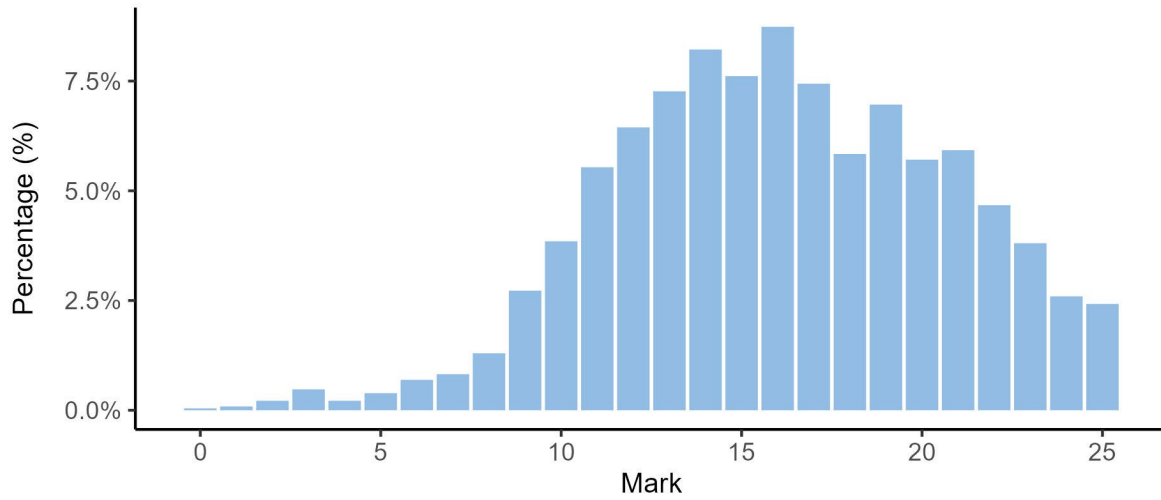
Units 3 and 4 internal assessment (IA) results

Total marks for IA

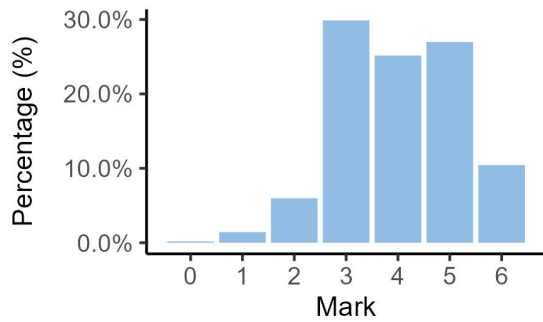


IA1 marks

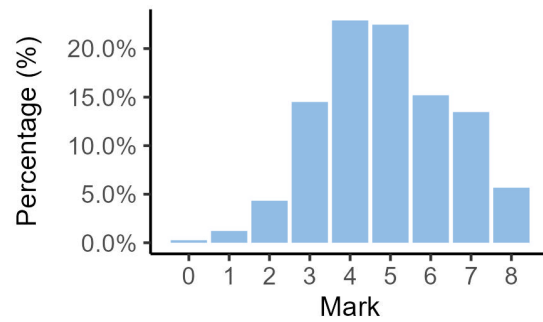
IA1 total



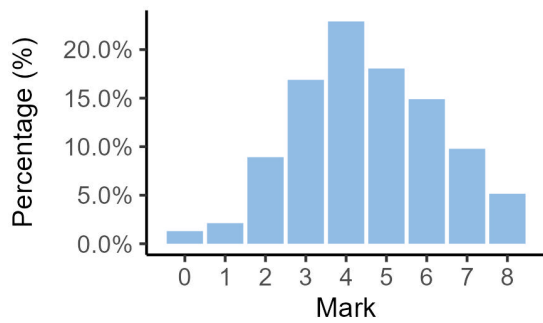
IA1 Criterion: Recognising and comprehending



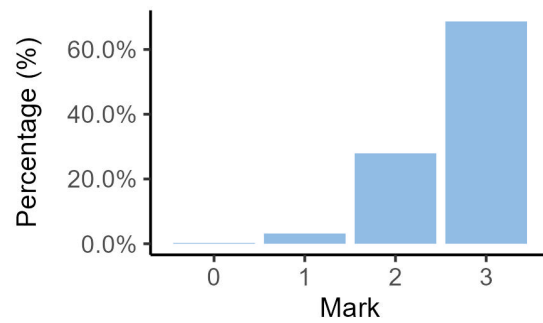
IA1 Criterion: Analysing, critiquing and organising



IA1 Criterion: Investigating and synthesising

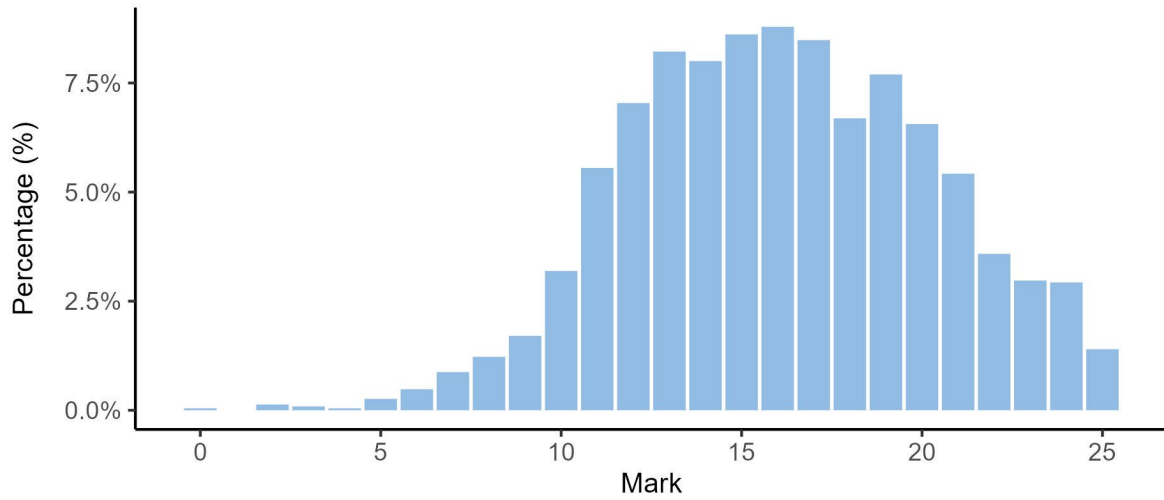


IA1 Criterion: Communicating

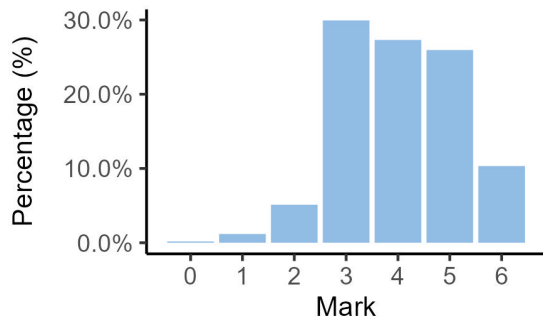


IA2 marks

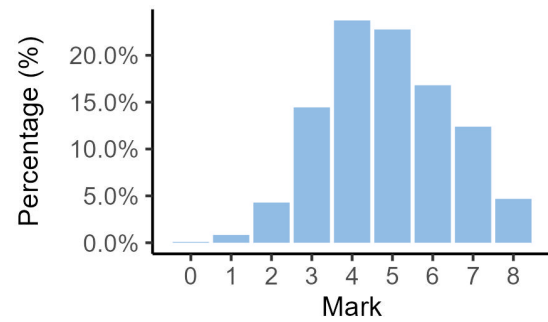
IA2 total



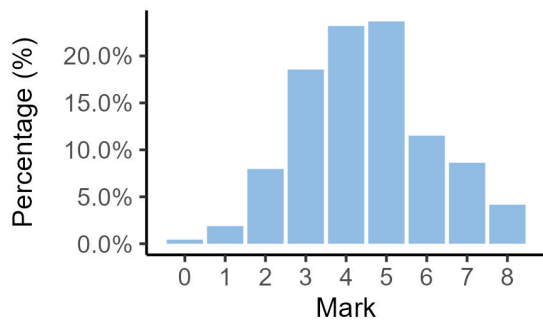
IA2 Criterion: Recognising and comprehending



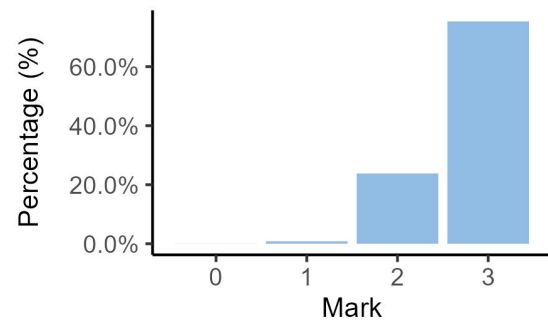
IA2 Criterion: Analysing, critiquing and organising



IA2 Criterion: Evaluating and reflecting

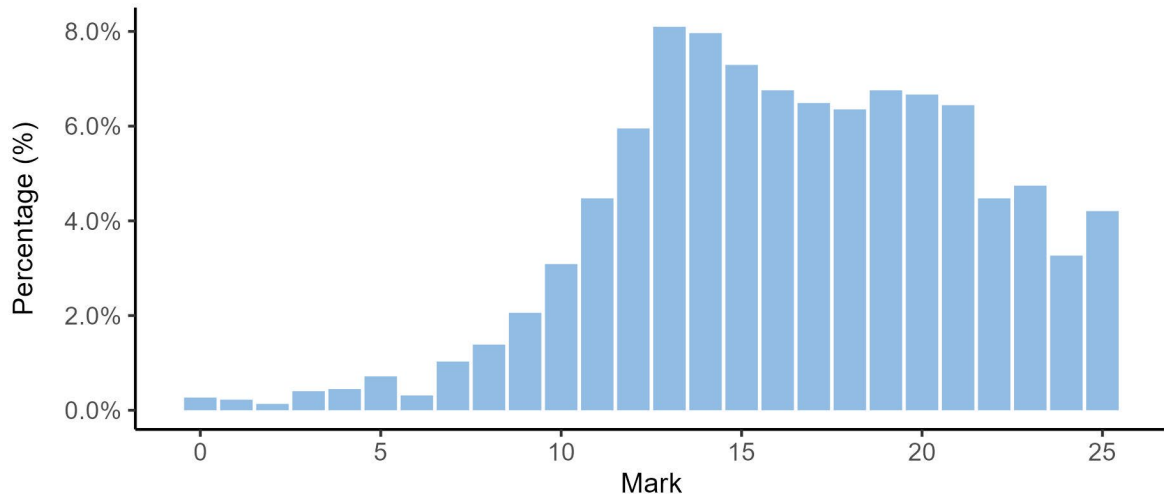


IA2 Criterion: Communicating

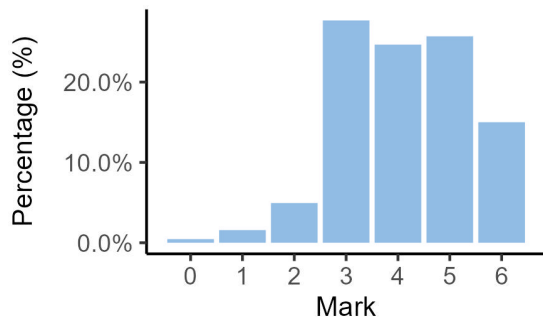


IA3 marks

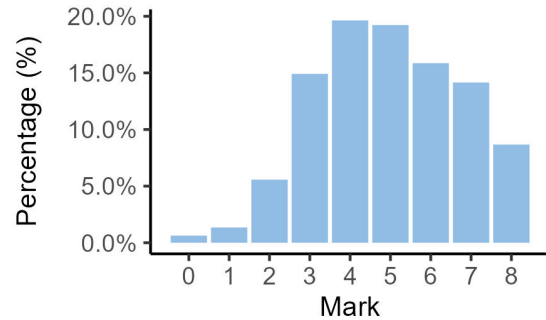
IA3 total



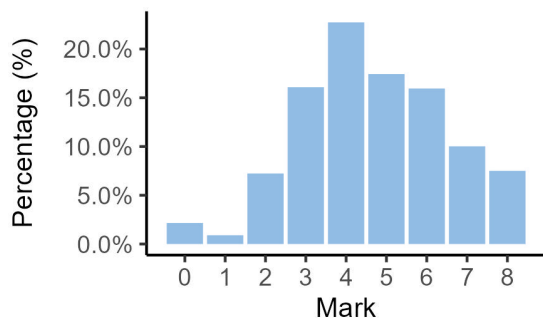
IA3 Criterion: Recognising and comprehending



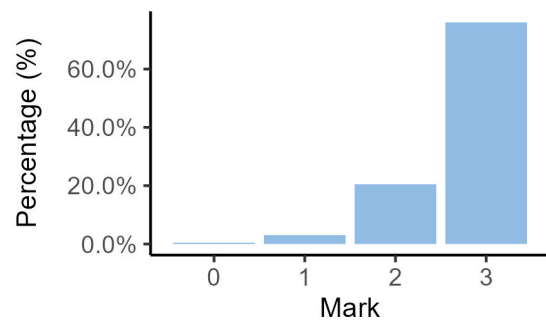
IA3 Criterion: Analysing, critiquing and organising



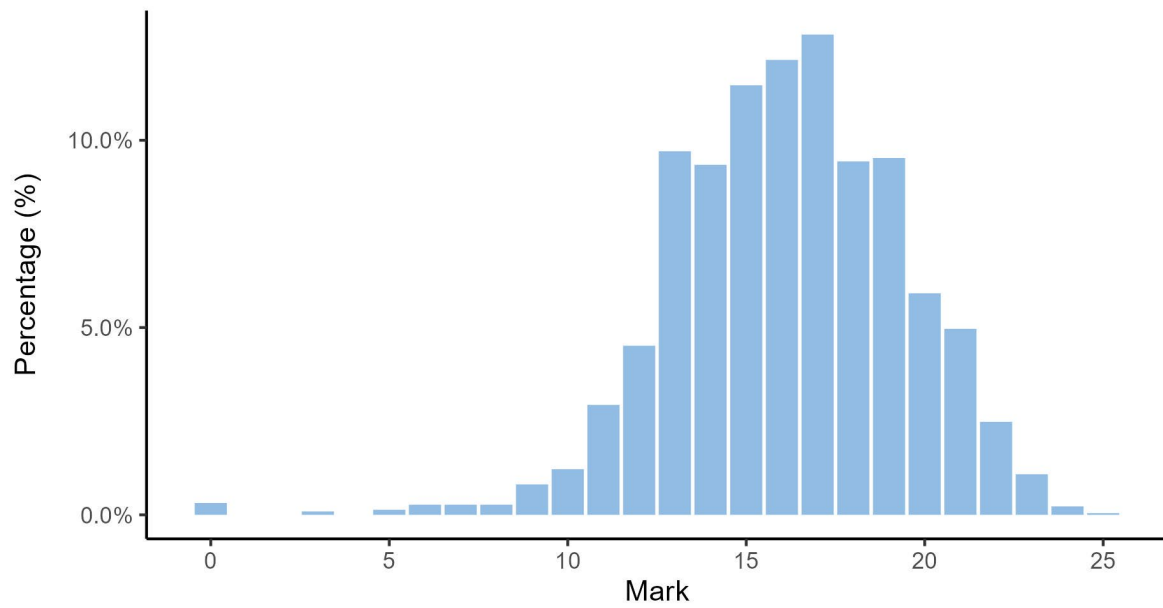
IA3 Criterion: Investigating, synthesising, evaluating and reflecting



IA3 Criterion: Communicating

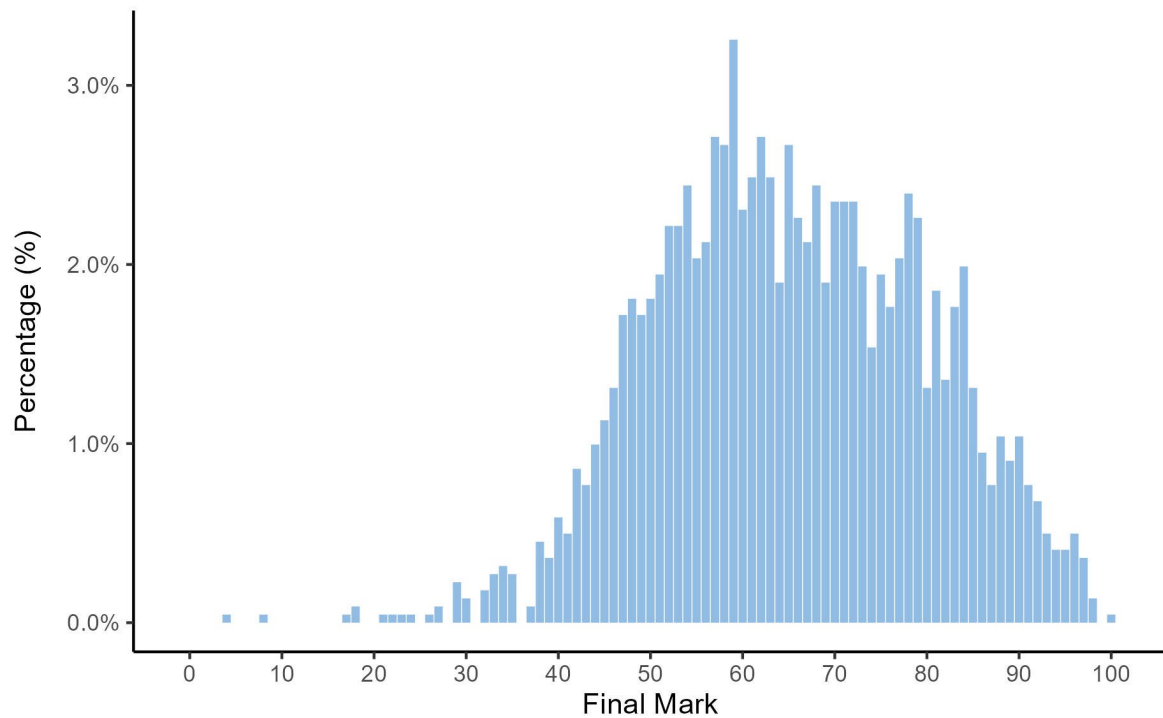


External assessment (EA) marks



Final subject results

Final marks for IA and EA



Grade boundaries

The grade boundaries are determined using a process to compare results on a numeric scale to the reporting standards.

Standard	A	B	C	D	E
Marks achieved	100–83	82–64	63–44	43–17	16–0

Distribution of standards

The number of students who achieved each standard across the state is as follows.

Standard	A	B	C	D	E
Number of students	300	858	931	121	2

Internal assessment



The following information and advice relate to the assessment design and assessment decisions for each IA in Units 3 and 4. These instruments have undergone quality assurance processes informed by the attributes of quality assessment (validity, accessibility and reliability).

Endorsement

Endorsement is the quality assurance process based on the attributes of validity and accessibility. These attributes are categorised further as priorities for assessment, and each priority can be further broken down into assessment practices.

Data presented in the Assessment design section identifies the reasons why IA instruments were not endorsed at Application 1, by the priority for assessments. An IA may have been identified more than once for a priority for assessment, e.g. it may have demonstrated a misalignment to both the subject matter and the assessment objective/s.

Refer to *QCE and QCIA policy and procedures handbook v5.0*, Section 9.5.

Percentage of instruments endorsed in Application 1

Number of instruments submitted	IA1	IA2	IA3
Total number of instruments	136	136	133
Percentage endorsed in Application 1	72%	42%	52%

Confirmation

Confirmation is the quality assurance process based on the attribute of reliability. The QCAA uses provisional criterion marks determined by teachers to identify the samples of student responses that schools are required to submit for confirmation.

Confirmation samples are representative of the school's decisions about the quality of student work in relation to the instrument-specific marking guide (ISMG), and are used to make decisions about the cohort's results.

Refer to *QCE and QCIA policy and procedures handbook v5.0*, Section 9.7.

The following table includes the percentage agreement between the provisional marks and confirmed marks by assessment instrument. The Assessment decisions section of this report for each assessment instrument identifies the agreement trends between provisional and confirmed marks by criterion.

Number of samples reviewed and percentage agreement

IA	Number of schools	Number of samples requested	Number of additional samples requested	Percentage agreement with provisional marks
1	132	966	119	61.36%
2	132	934	148	61.36%
3	132	948	0	64.39%

Internal assessment 1 (IA1)



Investigation — action research (25%)

This assessment requires students to research a specific question through collection, analysis and synthesis of primary data and secondary data. An investigation uses research or investigative practices to assess a range of cognitions in a particular context. Research or investigative practices include locating and using information beyond students' own knowledge and the data they have been given.

Students must adhere to research conventions, e.g. citations and reference lists. This assessment occurs over an extended and defined period of time. Students may use class time and their own time to develop a response.

Assessment design

Validity

Validity in assessment design considers the extent to which an assessment item accurately measures what it is intended to measure and that the evidence of student learning collected from an assessment can be legitimately used for the purpose specified in the syllabus.

Reasons for non-endorsement by priority of assessment

Validity priority	Number of times priority was identified in decisions*
Alignment	3
Authentication	1
Authenticity	25
Item construction	3
Scope and scale	6

*Each priority might contain up to four assessment practices.

Total number of submissions: 136.

Effective practices

Validity priorities were effectively demonstrated in assessment instruments that:

- presented the required task information, as specified in the action research assessable evidence (Syllabus section 4.6.1), within the appropriate task section of the assessment instrument to direct students through the processes they should use to apply subject matter in a response to the task
- included scaffolding that aligned with research report genre conventions
- identified clear checkpoints that progressed students towards completion of the task, including the submission of one draft, consistent with the *QCE and QCIA policy and procedures handbook v5.0*, Section 8.2.5.

Practices to strengthen

It is recommended that assessment instruments:

- include appropriate and recent topic-specific information, including health-related outcomes and/or data statements, within the context. Providing explicit data on the health topic within the contextual information guides students to respond to an appropriate issue within their local/regional community and frames the investigation and action research process
- enable independent student investigation, analysis of resources, barriers and enablers, interpretation of data trends and critique of determinants within the local/regional context which allows students the opportunity to produce unique responses within the scope and scale of the task.

Accessibility

Accessibility in assessment design ensures that no student or group of students is disadvantaged in their capacity to access an assessment.

Reasons for non-endorsement by priority of assessment

Accessibility priority	Number of times priority was identified in decisions*
Bias avoidance	0
Language	1
Layout	1
Transparency	5

*Each priority might contain up to four assessment practices.

Total number of submissions: 136.

Effective practices

Accessibility priorities were effectively demonstrated in assessment instruments that:

- used accurate written features and modelled appropriate language, e.g. a factual description of the community context
- used formatting features, e.g. bullets to differentiate the action research assessable evidence specifications (Syllabus section 4.6.1) accurately.

Practices to strengthen

It is recommended that assessment instruments:

- provide clear instructions using cues that align to the specifications, objectives and ISMG
- use accurate referencing conventions for primary and/or secondary source material cited within the context.

Additional advice

- The scale of tasks can be narrowed by providing specific population groups, e.g. women/youth who are homeless, young drivers, teenagers.
- Tasks cannot specify determinants, data trends, enablers, barriers and/or resources within the context and/or task as these restrict the investigation undertaken by students and cannot be endorsed.

- Assessment checkpoints should provide an opportunity for the school to build student capability within the assessment response, following the academic integrity requirements of the *QCE and QCIA policy and procedures handbook v5.0*, Section 8.2.

Assessment decisions

Reliability

Reliability is a judgment about the measurements of assessment. It refers to the extent to which the results of assessments are consistent, replicable and free from error.

Agreement trends between provisional and confirmed marks

Criterion number	Criterion name	Percentage agreement with provisional	Percentage less than provisional	Percentage greater than provisional	Percentage both less and greater than provisional
1	Recognising and comprehending	84.09%	12.12%	0.76%	3.03%
2	Analysing, critiquing and organising	76.52%	19.7%	1.52%	2.27%
3	Investigating and synthesising	73.48%	22.73%	2.27%	1.52%
4	Communicating	90.91%	0.76%	8.33%	0%

Effective practices

Accuracy and consistency of the application of the ISMG for this IA was most effective when:

- for the Recognising and comprehending criterion
 - responses matched to the top performance level
 - showed accurate recognition and discerning description of relevant contextual information by identifying
 - multiple resources — at least three, with one from each category: personal, social and community
 - multiple data trends — not data statements
 - multiple determinants
 - comprehended and used, to give meaning to and support their context analysis
 - the social ecological model (SEM)
 - diffusion of innovations model (DIM) — including multiple diffusion process variables (DPVs)
 - the salutogenic approach
 - responses matched to the top two performance levels demonstrated the comprehensive and perceptive use of two diffusion process variables in planning for action
- for the Communicating criterion

- responses matched to the top performance level showed discerning decision-making and accurate use of mode-appropriate features by accurately using
 - written features, including conventional spelling and punctuation
 - explicit language related to the local/regional context, target group and the Unit 3 Health inquiry model throughout the response
 - the correct report format and referencing conventions.

Samples of effective practices

The following excerpt has been included to demonstrate:

- accurate recognition and discerning description of relevant contextual information along with succinct comprehension and perceptive use of the Unit 3 Health inquiry model
 - the first paragraph shows the extent of the issue with key secondary source information including data trends (first and second-last sentences)
 - the second paragraph shows discerning use of the individual level of the social ecological model (SEM) to critique health literacy as a personal resource. A link is made between functional health literacy as a barrier to help seeking
 - the third paragraph shows discerning use of the relationship level to establish peers as a social resource and enabler for anxiety-related health and family as a barrier. A link is made between the importance of communication and family connections and the overarching health resource (supportive environment), and how access to the resource is reduced by parents as a barrier
 - in another paragraph, the response signposts health literacy and family connections as determinants.

Note: The characteristic/s identified may not be the only time the characteristic/s has occurred throughout a response.

Discussion

Context Analysis and Needs Assessment

National Context

Alarming, the prevalence of youth anxiety in Australia has increased from 34.1% in 2012 to 44% in 2018 (Parodi, et al., 2018). Furthermore, over 40% of Year 12s report symptoms of anxiety higher than the normal range (Black Dog Institute, 2022). Research suggests it is *“common to have depression triggered by an anxiety disorder, such as generalized...or social anxiety”* (Mayo Clinic, 2017). Severe anxiety disorders increase the risk of suicidal thoughts or attempts. In Australia, suicide is the leading cause of death for 5-17 year olds (Black Dog Institute, 2022). There has been an upward trend in suicide rates, from 16.2 deaths per 100,000 in 2011 to 18.2 in 2021 (AIHW, 2021). Evidently, anxiety is prevalent and has harmful effects on Australia’s youth.

Nationally, individual and relationship factors are interacting to influence adolescent anxiety. At the individual level, health literacy – a personal resource – is significantly impacting anxiety. Research suggests *“low health literacy is associated with worse physical health...and anxiety”* (CDC, 2021). Furthermore, not having sufficient health knowledge can prevent interactions with health professionals and health services – which are vital community resources (Easton, Entwistle, & Williams, 2019). Actively seeking help is crucial for overcoming a mental disorder. If a person’s disorder is left untreated, it can have detrimental consequences (Lehigh Centre, 2023). Clearly, possessing functional health literacy is a barrier, preventing adolescents from knowing and understanding anxiety, accessing the assistance they may require, and discovering ways to overcome their anxiety.

At the relationship level, while peers – a social resource – are a key enabler for anxiety-related health in adolescents, it is evident family is a barrier. It has been discovered that *“when teens feel anxious, they are more comfortable talking with a peer than adult”* (Mott Poll Report, 2021). This may be due to *“the inaccessible nature of some parents, due to strict parenting styles,”* (Benson, 2017). Research shows communication is essential for healthy family connections and wellbeing. It allows loved ones to build supportive environments for one another, through better understanding of others’ feelings and needs (Washington, 2020). Families who lack communication are at risk of more negative experiences. Evidently, because teenagers feel they cannot reach out, parents are a barrier, preventing them from overcoming their anxiety.

The following excerpt has been included to demonstrate:

- accurate recognition and discerning description of relevant contextual information along with succinct comprehension and perceptive use of the Unit 3 Health inquiry model. The key findings
 - provide a summary of a Year 9 primary data survey using the individual level of social ecological model (SEM) to analyse and interpret key barriers, enablers and their importance for personal and community resources
 - critique determinants of health (health literacy) and use primary and secondary source research to support the importance of the findings for the school context. Another section of key findings for the relationship level is not included.

Note: The characteristic/s identified may not be the only time the characteristic/s has occurred throughout a response.

Key Findings

The following represent findings from the year 9 cohort:

Individual Level: (appendix 1-5)

- 54% identify as having an anxiety or other mental disorder.
- 58% reported they have experienced periods of feeling emotionally unwell.
- 49% experience stress most of the time.
- 74% indicated stress was a regularly experienced symptom over the past 6 months.
- The average understanding of anxiety rates 2.52 out of 5.
- 39% have engaged with external mental health services.

While health literacy can be an enabler, this personal resource is lacking in students, and is therefore a barrier preventing positive anxiety-related health. Research shows lacking health knowledge can prevent engagement with health professionals and services (Easton, Entwistle, & Williams, 2019). In year 9s, the average understanding of anxiety rates 2.52 out of 5. Furthermore, only 39% have engaged with mental health services – a community resource and key enabler – outside school. Consequently, 58% have experienced periods of feeling emotionally unwell, 49% experience stress most of the time, and 74% experience stress as a regular symptom. This is concerning, as *“long periods of stress can trigger clinical anxiety”* (Sambunaris, 2022). At ██████ 54% of year 9s identify as having an anxiety, or other mental health disorder. In comparison, nationally, 6.9% of young people aged 4-17 identified as having an anxiety disorder in the past year (Beyond Blue, 2023). Evidently, anxiety is significantly more prevalent in ██████ students. Clearly, this functional health literacy suggests students may be incapable of understanding their feelings, or how to deal with them. Furthermore, students might not be seeking the help they need. These alarmingly higher rates, combined with functional health literacy, further increase the demand for community resources.

The following excerpt has been included to demonstrate:

- insightful synthesis of relevant contextual information and issues to inform the development of a diffusion action strategy for an innovation
 - the first paragraph provides the frame for the development of the diffusion action strategy using key areas of the Health inquiry model overarching framework (Ottawa Charter — personal skills action area), overarching resource (social justice — supportive environment), social ecological model (SEM) (individual and relationship levels) and diffusion process variables (DPVs) (features of the setting and compatibility of innovation)
 - the methodology and resources link to barriers, resources and determinants and are supported with primary and secondary sources. Other sections focused on diffusion process variables (DPVs), resources and post-test data collection strategies are not included.

Note: The characteristic/s identified may not be the only time the characteristic/s has occurred throughout a response.

Diffusion Action Strategy (appendix 2, 3, 4, 6, 7, 8, 11, 13, 14)

HHM is a multifaceted approach that aims to enable the development of personal skills of those within the [redacted] community, and create a supportive environment. A two-stage informational process will be implemented to address the barriers of health literacy and family relationships. By utilising [redacted]'s financial and community resources, specifically the wellbeing budget and staff – youth health nurse and psychologist – training will be accessed from Macquarie University (MU) to deliver HHM sessions. MU provides training to deliver *'skills-based and informational programs, teaching children and their parent(s) how to better manage anxiety'* (Macquarie University, 2023). The first stage is five interactive student sessions. These involve learning about anxiety, management techniques, and tips on how to access help. These sessions attempt to address students' functional health literacy, and decrease the amount of stress/anxiety many have reported experiencing. Interactive learning is more effective in understanding, engagement, and critical thinking (LMSHero, 2023). Peers were identified as an enabler for students, with 47% saying they feel comfortable discussing mental health with them. Therefore, these sessions will be delivered during school time. *"Learning alongside peers helps students learn effectively from one another"* (Maria, 2023). [redacted]'s 70minute lesson each week dedicated to positive education is an enabler, as it is an ideal time to conduct these sessions. Secondly is a parent information evening, targeting the relationship level.

Practices to strengthen

To further ensure accuracy and consistency of the application of the ISMG for this IA, it is recommended that:

- when matching evidence to descriptors for the Analysing, critiquing and organising criterion at the top performance level, attention should be given to
 - ensuring insightful analysis of relevant contextual information
 - drawing insightful conclusions from contextual information related to
 - local or regional trends over at least three data points (years, months, weeks etc.) to establish a trend over time using primary data and secondary data, e.g. primary data over the past three years (2020–2022) revealed a trend of increased awareness of the importance of housing supply and cost of living as key determinants related to homelessness in [name of] region. Housing supply has reduced by [#]% (2020–2022) and cost of living has increased by [#]% during this three-year period (Secondary source, Year)
 - barriers and enablers
 - resources within the context
 - connecting investigated information insightfully with all three categories of resources: personal, social and community, e.g. connecting barriers and/or enablers with appropriate resources by explaining how they increase or decrease access to those resources
 - using the social ecological model (SEM) to critique contextual information to distinguish determinants of health, i.e. making explicit links between the individual, relationship, community and/or societal levels of the social ecological model (SEM) with clear signposting of two determinants of health

- when matching evidence to descriptors for the Investigating and synthesising criterion at the top performance level, attention should be given to
 - ensuring discerning investigation and insightful synthesis of relevant contextual information and issues to inform the development of a diffusion action strategy for an innovation
 - developing sophisticated action strategies which should
 - be within the scope of student implementation within their local or regional community setting or school community setting, e.g. not considering action strategies beyond the scope of student implementation that involve multi-million-dollar implementation costs and require multiple layers of government approval to be implemented. It is important that action strategies are feasible and capable of being achieved within the time constraints of the task
 - include two significant diffusion process variables (DPVs) that will be key to the successful diffusion of the innovation into the chosen setting. One of the most common diffusion process variables (DPVs) is characteristics of the innovation; however, responses need to go beyond only two components of the characteristics of the innovations (observability, relative advantage, comparability, complexity and trialability) and should also include aspects of at least one other diffusion process variable (DPV) (change agents, characteristics of the individual, rate of adoption and features of the setting) in order to be considered sophisticated
 - ensure that the post-data collection tools are chosen discerningly for their ability to gather evidence that demonstrates the impact of the innovation in the setting. Insightful qualities are evident when post-data collection strategies are informed by the features of the setting characteristics of the innovation and RE-AIM.

Additional advice

- Schools
 - should use a best-fit approach to determine a result where evidence in an assessment response matches descriptors at different performance levels in a criterion, (Syllabus section 1.3). Refer to the *QCE and QCIA policy and procedures handbook v5.0* (Section 9.7.1) and the resources *Module 3 — Making reliable judgments* in the Assessment Literacy app and the *Making judgments* webinar in the Syllabuses app for further information and guidance. To use the best-fit approach accurately, teachers should
 - clearly annotate the ISMG to indicate the match of evidence of student performance to the typical characteristics described in performance-level descriptors
 - choose the performance level that ‘best fits’, overall, the evidence found in the student work
 - award the higher mark of a two mark-range performance level if the work clearly matches all the characteristics in the performance-level descriptor (or with some characteristics from above)
 - not ‘average’ if there is a ‘split’ between performance levels, e.g. evidence in the 7–8 mark performance level, evidence in the 3–4 mark performance level, but no evidence in the 5–6 mark performance level
 - see the *Health ISMG webinar* resource, under ‘Confirmation’ in the Units 3 and 4 tab of the Syllabus app for further information and guidance

- should ensure that they are applying their school assessment policy to manage response length and refer to the *QCE and QCIA policy and procedures handbook v5.0*, Section 8 for further information and guidance
- should be aware that a response in report format
 - should include the components of a report and these are outlined in the syllabus specifications (Section 4.6.1)
 - if it provides an executive summary, the executive summary
 - is excluded from the word count along with in-text references (*QCE and QCIA policy and procedures handbook v5.0*, Section 8.2.6)
 - should not include information that is not already evident throughout the report
 - does not need to be annotated.
- Students
 - should explicitly use the key health terms in a student response, as outlined in the task and ISMG, to signpost where evidence matches the ISMG descriptors and characteristics.

Internal assessment 2 (IA2)



Examination — extended response (25%)

The examination assesses the application of a range of cognitions to a provided problem, question or issue.

Student responses must be completed individually, under supervised conditions, and in a set timeframe.

Assessment design

Validity

Validity in assessment design considers the extent to which an assessment item accurately measures what it is intended to measure and that the evidence of student learning collected from an assessment can be legitimately used for the purpose specified in the syllabus.

Reasons for non-endorsement by priority of assessment

Validity priority	Number of times priority was identified in decisions*
Alignment	69
Authentication	0
Authenticity	11
Item construction	5
Scope and scale	0

*Each priority might contain up to four assessment practices.

Total number of submissions: 136.

Effective practices

Validity priorities were effectively demonstrated in assessment instruments that:

- provided unseen data and information relevant to an alternate community context and an alternate innovation trialled in another community context
- ensured students had the opportunity to analyse resources, barriers and enablers; interpret data trends; and distinguish determinants for the health issue within the alternate community context
- provided information, including data within the stimulus, that allowed students to develop an action strategy for the selected innovation within the alternate community context
- ensured students are able to respond within the conditions of the task.

Practices to strengthen

It is recommended that assessment instruments:

- align to extended response, item and stimulus specifications (Syllabus section 4.6.2) and the IA2 quality assurance tool requirements for both content and task layout

- include a range of data trends, relevant to the health issue within the alternate community context, to enable students to select information to demonstrate complex relationships between resources, barriers and enablers
- provide information, including data within the stimulus, that accurately aligns with the Health inquiry model requirements, e.g.
 - in the alternate context, provide
 - information that links to the diffusion process variables (DPVs) features of the setting and characteristics of the individuals and all levels of the social ecological model (SEM)
 - data within the alternate community about population access and use of similar resources to the alternate innovation so that students can compare data from the alternate community context to the standard population adoption curve to make decisions about the characteristics of the individuals as innovators, early majority, late majority, late adopters, or laggards
 - in the alternate innovation
 - provide characteristics of the innovation and all aspects of RE-AIM
 - ensure the adoption agency is organisational and clear, i.e. Adoption is evident where a school, council or business has made a decision to use the alternate innovation that has been made available by an innovation developer
 - allow students the opportunity to make a judgment about the likely impact of the selected innovation within the alternate community context.

Accessibility

Accessibility in assessment design ensures that no student or group of students is disadvantaged in their capacity to access an assessment.

Reasons for non-endorsement by priority of assessment

Accessibility priority	Number of times priority was identified in decisions*
Bias avoidance	9
Language	12
Layout	2
Transparency	0

*Each priority might contain up to four assessment practices.

Total number of submissions: 136.

Effective practices

Accessibility priorities were effectively demonstrated in assessment instruments that:

- were presented in the way that students engage with the stimulus — alternate context (features of the setting) on the left-hand side of the A3 page and the characteristics of the alternate innovation positioned on the bottom right-hand side of the page. This recognised that students must engage with the alternate context but may select the alternate innovation.

Practices to strengthen

It is recommended that assessment instruments:

- use fictional names for alternate context locations and created data for alternate innovations to avoid bias and prior access to stimulus material, i.e. do not reference a factual location or existing innovation that may be seen as part of the investigation process for IA1
- present data and information clearly with accurate sequencing of stimulus labelling and a range of formats, e.g. bullet points, tables and graphs. Ensure data, including graph axes labels and data points, are clearly legible within the stimulus to enhance accessibility.

Additional advice

- Schools should consider academic integrity of the stimulus when developing the assessment task. Sufficient difference of content and presentation of information from any previous endorsed stimulus will ensure academic integrity, especially if previous stimulus materials are used in learning.
- Schools should internally quality assure stimulus items for clarity of presentation and information to ensure they are free from error.

Assessment decisions

Reliability

Reliability is a judgment about the measurements of assessment. It refers to the extent to which the results of assessments are consistent, replicable and free from error.

Agreement trends between provisional and confirmed marks

Criterion number	Criterion name	Percentage agreement with provisional	Percentage less than provisional	Percentage greater than provisional	Percentage both less and greater than provisional
1	Recognising and comprehending	81.82%	18.18%	0%	0%
2	Analysing, critiquing and organising	76.52%	21.21%	1.52%	0.76%
3	Evaluating and reflecting	77.27%	15.91%	4.55%	2.27%
4	Communicating	89.39%	1.52%	9.09%	0%

Effective practices

Accuracy and consistency of the application of the ISMG for this IA was most effective when:

- for the Recognising and comprehending criterion
 - responses matched to the top performance level, showed accurate and discerning qualities when data trends were included from the stimulus that outlined the direction of the trend over time. Responses that were
 - able to draw on multiple opportunities within the provided stimulus were better able to recognise and describe the data trends

- accurately matched to the top two performance levels used both primary and secondary sources. Primary source information could come from the information within the stimulus or from authenticated notes relating to the implemented IA1 innovation. Secondary source quotes/information were required for evidence to be matched at the top two performance levels
- responses demonstrated succinct comprehension and perceptive use of the Health inquiry model by including overarching approaches, frameworks or resources, the community level of influence and at least two diffusion process variables (DPVs)
- for the Communicating criterion
 - responses matched to the top performance level demonstrated discerning and accurate qualities across at least two of the descriptors. Responses in the top performance level were written in an extended response format that followed essay genre conventions (without headings), used the language of the Health inquiry model in a community context while also demonstrating accurate written features and adhering to referencing conventions.

Samples of effective practices

The following excerpt has been included to demonstrate:

- accurate recognition and discerning description of relevant contextual information from the provided stimulus and secondary sources along with succinct comprehension and perceptive use of the Unit 3 Health inquiry model
 - barriers (education and stigma) are recognised, linked with determinants (social inclusion and health literacy) supported with secondary data and conclusion drawn for the alternate context using stimulus information
 - signposted links to health frameworks are evident including the salutogenic approach and a relationship between resources (community and social) is evident.

Note: The characteristic/s identified may not be the only time the characteristic/s has occurred throughout a response.

[redacted], where positive change was observed. ~~and~~ Due to the similar socioeconomic status and culture of giving within [redacted] and the [redacted] community, it can be expected that similar outcomes will occur and ultimately increase the community level of influence due to successful innovation uptake. The characteristics of the innovation was to replicate ^{the} circumstances of people experiencing homelessness, with participants of the Sudsy Challenge only having to wear a t-shirt for three days and initiate conversations with peers to increase health literacy. Alongside Supporting Orange Sky Laundry, the innovation required minimal effort and was low in complexity. These characteristics meant the adoption of the innovation ~~was~~ ^{way} successful, along with the compatibility of the giving culture that adopted this for a good cause as it raises awareness for the health issue in the community. ~~The intended outcomes were that the year~~ The Year 11 Health class and [redacted] secondary staff were ~~intended~~ ^{invited} to participate in the Sudsy Challenge, and these intended outcomes were successful as a large percentage of ~~peer~~ participants took part. As a alcohol abuse is the main cause of homelessness when it is actually domestic and family violence, and lack of affordable housing (Mission Australia, 2021). These misconceptions are a result of inadequate education and needs to be addressed to sufficiently advocate for those in need.

RT
SEM

RT + ETR
DPV #1

REAIM
#1

DPV #1

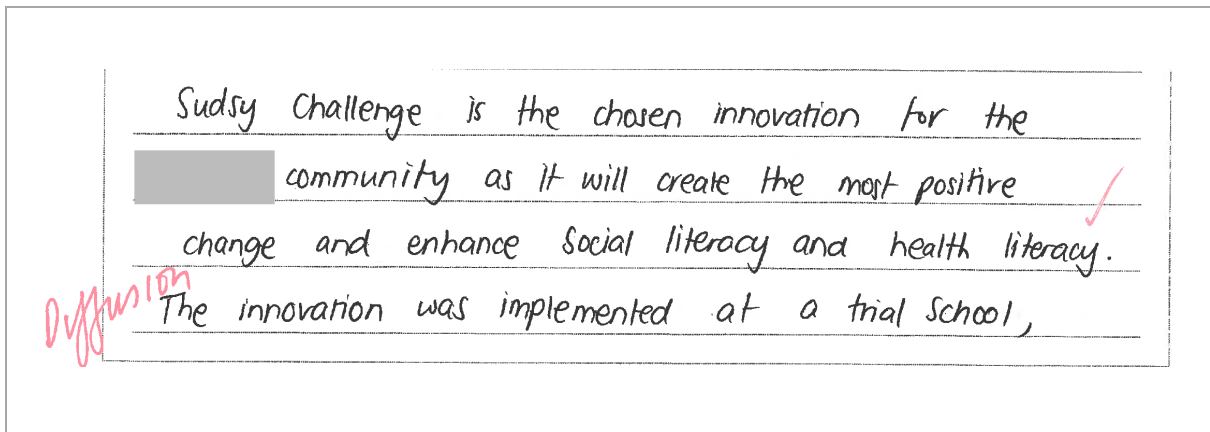
REAIM
#2

Auto
barrier

The following excerpt has been included to demonstrate:

- accurate recognition and discerning description of relevant contextual information from the provided stimulus and succinct comprehension and perceptive use of the Unit 3 Health inquiry model
 - barriers (education and stigma) are recognised, linked with determinants (social inclusion and health literacy), supported with secondary data and a conclusion drawn for the alternate context using stimulus information
 - signposted links to health frameworks are evident, including the social ecological model (SEM) and diffusion process variables (DPVs)
 - characteristics of the innovation (complexity, compatibility and observability)
 - features of the setting (socioeconomic status, culture of giving)
- critical evaluation of a school-based innovation is evident using RE-AIM and linked back to the determinants identified in the alternate community context (health literacy and social inclusion)
 - effectiveness (unintended outcomes is linked with social resources and further effectiveness evidence is provided in post-test data collection findings)
 - adoption (organisational) is linked to the school.

Note: The characteristic/s identified may not be the only time the characteristic/s has occurred throughout a response.



[redacted], where positive change was observed. ~~and~~ Due to the similar socioeconomic status and culture of giving within [redacted] and the [redacted] community, it can be expected that similar outcomes will occur and ultimately increase the community level of influence due to successful innovation uptake. The characteristics of the innovation was to replicate ^{the} circumstances of people experiencing homelessness, with participants of the Sudsy Challenge only having to wear a t-shirt for three days and initiate conversations with peers to increase health literacy. Alongside Supporting Orange Sky Laundry, the innovation required minimal effort and was low in complexity. These characteristics meant the adoption of the innovation ~~was~~ ^{way} successful, along with the compatibility of the giving culture that adopted this for a good cause as it raises awareness for the health issue in the community. ~~The intended outcomes were that the year~~ The Year 11 Health class and [redacted] secondary staff were ~~intended~~ ^{invited} to participate in the Sudsy Challenge, and these intended outcomes were successful as a large percentage of participants took part. As a

RTM
SEM

RTM + ETK
DPV #1

REAIM #1

DPV #1

REAIM #2

result, the innovation provided unintended outcomes in the form of outside of school conversations, increasing access to social resources and the effectiveness of the innovation. ✓ The A significant element of the Sudsy Challenge is to change the language around homelessness and foster conversations. The effectiveness of the innovation is **REAM** further displayed in the post-test data collection which illustrated a positive knowledge and behavioural change, specifically in the 28% increase in individuals ~~smiling~~ smiling to acknowledge people experiencing homelessness. ✓ The economic ability of the [redacted] community promoted a **OPV** culture of giving, a feature of setting which sees increased likelihood of innovation uptake as a result. The socioeconomic status, an additional significant feature **OPV** of the setting, saw the [redacted] population able to donate funds and support Orange Sky Laundry in their mobile laundry service, whereby conversations and connections are a significant element, and ultimately foster social inclusion.

Practices to strengthen

To further ensure accuracy and consistency of the application of the ISMG for this IA, it is recommended that:

- when matching evidence to descriptors for the Analysing, critiquing and organising criterion at the top performance level, attention should be given to
 - ensuring insightful and relevant connections are made between data trends, barriers, enablers and resources (personal, social and community)
 - using the community level of influence from the social ecological model (SEM) insightfully to distinguish and signpost determinants from the alternate context in the stimulus

- when matching evidence to descriptors for the Evaluating and reflecting criterion at the top performance level, attention should be given to
 - using two relevant steps of RE-AIM to provide evidence of critical evaluation and insightful reflection on the selected innovation's impact, methodology and resources. Responses should be supporting their evaluation with RE-AIM evidence from the alternate innovation or their own innovation from IA1
 - outlining an obvious diffusion action strategy that is discerningly justified by
 - explaining how the selected innovation can be effectively implemented into the alternate context
 - noting how the resources within the context can be used to enhance innovation uptake. Students should not make recommendations about how to change the innovation, e.g.
 - if the innovation has a cost involved, only suggesting the innovation is free will not match discerning (or effective) qualities
 - if there is evidence in the stimulus that there are government grants or sponsorships available, applying for and accessing those could be recommended as part of the diffusion action strategy to reduce the cost of implementing the innovation
 - using the diffusion of innovations model (DIM) when reflecting on the action strategy for implementation. This could be the stages of diffusion and/or the diffusion process.

Additional advice

- Schools
 - should use a best-fit approach to determine a result where evidence in an assessment response matches descriptors at different performance levels in a criterion, (Syllabus section 1.3). Refer to the *QCE and QCIA policy and procedures handbook v5.0* (Section 9.7.1) and the resources *Module 3 — Making reliable judgments* in the Assessment Literacy app, the *Making judgments* webinar in the Syllabuses app, and the additional advice section for IA1 on page 17 for further information and guidance
 - should ensure that they are implementing strategies to proactively manage response length (*QCE and QCIA policy and procedures handbook v5.0*, Section 8.2.6)
 - must indicate if a comparable assessment instrument is administered to a sampled student, in Student Management on the individual student's learning account and in the Confirmation app. To assist with this, comparable assessments should be developed in the Endorsement app, to ensure the correct examination is available for the confirmation review (*QCE and QCIA policy and procedures handbook v5.0*, Section 7.4). For further information see *Upload samples: Confirmation* in the Help section of the Confirmation app.
- Teachers and students
 - should be aware that pages of notes can include
 - primary data from the implemented innovation from IA1
 - secondary sources and in-text references
 - graphs, tables, graphic organisers that may relate to the health frameworks
 - prompts and cues
 - should be aware that pages of notes should not include information that could be deemed as being a scaffolded attempt at the response, e.g.

- 'fill-in-the-blank' style dot points where students have pre-prepared a response and will simply look at inserting pieces of evidence from the stimulus
 - scaffolding that is provided by teachers to all students that directs students to respond in a certain way that does not allow for unique responses.
- Students
 - should be discerning in their choice and use of the Health inquiry model and ensure that they have responded using
 - salutogenic approach
 - Australian Institute of Health and Welfare's (AIHW) conceptual framework for the determinants of health
 - overarching resources (health literacy and social justice)
 - social ecological model (SEM)
 - diffusion of innovations model (DIM)
 - RE-AIM
 - should be aware that PERMA+, social cognitive theory and Ottawa Charter for Health Promotion are not health frameworks required in Unit 3 or 4.

Internal assessment 3 (IA3)



Investigation — analytical exposition (25%)

This assessment requires students to research a specific question through collection, analysis and synthesis of primary data and secondary data. An investigation uses research or investigative practices to assess a range of cognitions in a particular context. Research or investigative practices include locating and using information beyond students' own knowledge and the data they have been given.

Students must adhere to research conventions, e.g. citations, reference lists or bibliographies. This assessment occurs over an extended and defined period of time. Students may use class time and their own time to develop a response.

Assessment design

Validity

Validity in assessment design considers the extent to which an assessment item accurately measures what it is intended to measure and that the evidence of student learning collected from an assessment can be legitimately used for the purpose specified in the syllabus.

Reasons for non-endorsement by priority of assessment

Validity priority	Number of times priority was identified in decisions*
Alignment	55
Authentication	0
Authenticity	18
Item construction	3
Scope and scale	0

*Each priority might contain up to four assessment practices.

Total number of submissions: 133.

Effective practices

Validity priorities were effectively demonstrated in assessment instruments that:

- aligned to assessable evidence specifications for an investigation (Syllabus section 5.6.1)
- included scaffolding that aligned to the scope and scale of the task
- included task directions that guided students to select and evaluate two implemented innovations from a context outside their school setting
- included locally specific data, generated by a primary data collection and available secondary sources, within the context.

Practices to strengthen

It is recommended that assessment instruments:

- do not provide directions or scaffolding that suggests evaluation of an innovation that is already implemented and measured within the school setting — this information is better used

through the lens of context analysis where existing school programs are community resources that strengthen personal and social resources.

Accessibility

Accessibility in assessment design ensures that no student or group of students is disadvantaged in their capacity to access an assessment.

Reasons for non-endorsement by priority of assessment

Accessibility priority	Number of times priority was identified in decisions*
Bias avoidance	0
Language	1
Layout	0
Transparency	0

*Each priority might contain up to four assessment practices.

Total number of submissions: 133.

Effective practices

Accessibility priorities were effectively demonstrated in assessment instruments that:

- provided clear instructions using cues that aligned with the specifications, objectives and ISMG.

Practices to strengthen

There were no significant issues identified for improvement.

Additional advice

- Tasks cannot
 - specify health behaviours, decisions or innovations that must be investigated within the context as that information limits independent student investigation and the possibility of unique responses
 - identify determinants, data trends, enablers, barriers and/or resources within the context and/or task as these restrict the investigation undertaken by students.

Assessment decisions

Reliability

Reliability is a judgment about the measurements of assessment. It refers to the extent to which the results of assessments are consistent, replicable and free from error.

Agreement trends between provisional and confirmed marks

Criterion number	Criterion name	Percentage agreement with provisional	Percentage less than provisional	Percentage greater than provisional	Percentage both less and greater than provisional
1	Recognising and comprehending	84.85%	11.36%	3.03%	0.76%
2	Analysing, critiquing and organising	80.3%	15.15%	2.27%	2.27%
3	Investigating, synthesising, evaluating and reflecting	83.33%	15.15%	1.52%	0%
4	Communicating	81.06%	0%	18.94%	0%

Effective practices

Accuracy and consistency of the application of the ISMG for this IA was most effective when:

- for the Recognising and comprehending criterion, responses matched to the top performance level
 - made succinct and perceptive direct reference to the Unit 4 Health inquiry model, including the salutogenic approach and the Australian Institute of Health and Welfare’s (AIHW) conceptual framework for the determinants of health, life-course perspective, and diffusions of innovation model — including reference to at least two diffusion process variables (DPVs)
 - used primary data from school-based surveys accurately and discerningly to recognise trends across time, mostly by comparing survey data across multiple years. Responses that did this effectively had a mixture of data statements and data trends.
 - An example of a data statement: 53% of Year 12 students in 2022 went on to a tertiary pathway.
 - An example of a data trend: There was an increase in students attending tertiary institutions over the past five years from 48% in 2018 to 53% in 2022.
- for the Communicating criterion, responses matched to the top performance level
 - used the analytical exposition genre discerningly and accurately including minimal errors in written features, used the language of the Unit 4 Health model, and referenced both primary and secondary sources throughout their response.

Samples of effective practices

The following excerpt has been included to demonstrate:

- insightful analysis and interpretation of relevant contextual information from a range of valid primary sources (annotated P) and secondary sources (annotated S) which includes
 - use of a data trend based on university attendance data over time and a primary data statement to draw a conclusion about the importance of health literacy and respectful relationships for the Year 12 cohort

- linking of barriers (health literacy and social support) with the importance of social connectedness for a successful post-schooling transition to an educational trajectory
- explicit signposting of the importance of respectful relationships as a general resistance resource to assist movement towards ease and navigate the post-schooling transition.

Note: The characteristic/s identified may not be the only time the characteristic/s has occurred throughout a response.

The Grade 12 cohort exhibits low levels of health literacy when experiencing and handling disrespectful relationships, acting as a significant barrier as most students entering an educational trajectory require social connectedness to promote a successful PST. Functional levels of health literacy are evident within the cohort, as 58% noted a lack of confidence in identifying or handling disrespectful relationships with new people, which is a significant barrier to the PST as new connections form, regardless of the intended post-schooling pathway ([redacted] School Survey, 2023). A 2022 study showed that majority of university students have overall lower levels of health literacy than expected as an outcome of university stressors including academic pressures and adaption to new life circumstances (Kuhn, et al., 2021). These stressors are shared by the Year 12s, as 82% experience academic stress and 61% are focused on new university circumstances ([redacted] School Survey, 2023). University attendance throughout Australia is on the rise, with 64.8% of Australian students anticipating a university pathway post-schooling in 2019 jumping to 71.9% in 2022, this 7.1% increase stressing the requirement for development of respectful relationships as a general resistance resource to assist movement towards ease and navigate the PST (ABS, 2022). With 73% of the [redacted] cohort intending to embark on a university trajectory next year ([redacted] School Survey, 2023), low levels of health literacy and insufficient ability to develop respectful relationships will have significant implications for the students, as a lack of social support acts as a barrier that is likely to destabilise resilience and impact mental wellbeing. This will influence a successful PST as it acts as a barrier to social integration and connectedness at university, which a 2006 study revealed negatively impacts academic performance and overall mental wellbeing, particularly for first-year university students

det
educational link
det
might
det
barriers
data trend
health status
drawing conclusion
educational link barriers
health lit - barrier
educational link
barriers
data trend conclusion

The following excerpt has been included to demonstrate:

- critical evaluation of an implemented innovation (Respectful Relationships Education Program) using RE-AIM steps
 - implementation
 - effectiveness
- insightful reflection using diffusion process variables (DPVs)
 - characteristics of the innovation — relative advantage, compatibility and complexity
 - features of the setting
 - characteristics of the change agents is also evident.

Note: The characteristic/s identified may not be the only time the characteristic/s has occurred throughout a response.

The Respectful Relationships Education Program (RREP) is an innovative senior schooling innovation that aims to prevent undesirable social consequences such as domestic and family violence by promoting behaviour change (Respectful Relationships Education Program, 2022). This program challenges attitudes about violence and gender construction, while also supporting students in developing pro-social behaviours that foster equitable and respectful relationships (Respectful Relationships Education Program, 2022). Primary data indicates that 50% of students currently believe that school has not prepared them for the PST and 57% do not feel prepared for life after school therefore there is relative advantage and high compatibility with the cohort needs. This innovation is designed to help Year 12 students mitigate the stressors of unhealthy relationships post schooling, including issues such as lack of trust, hostile communication, and controlling behaviours.

As RREP is implemented within the school environment, the features of the setting enhance its uptake among the Year 12 cohort. The implementation of the innovation also relies on workshops. The program has low complexity as it is knowledge-based, with mentors, acting as change agents, delivering information in an accessible and straightforward manner. This enables students to actively participate and engage in activities that are clearly explained. Additionally, the innovation has high observability as students communicate with peers from other schools, creating a supportive environment and establishing respectful relationships.

A study conducted by the Department of Education to students in [REDACTED] revealed that 94% of participants found the program useful in eliminating toxic relationships and advocating for positive and healthy interactions (Respectful Relationships Education Program, 2022). Furthermore, 82% of participants reported that the program was effective in implementing strategies to maintain respectful relationships (Respectful Relationships Education Program, 2022). Based on these findings, the program's compatibility is demonstrated, suggesting its effectiveness in maintaining respectful relationships during the post-schooling transition for the Year 12 cohort in a [REDACTED] school in Brisbane, as both schools share similar settings. The data reveals 60% are nervous about going to university and making new friends hence the suitability of this program would be high and cater for the needs of the cohort.

The following excerpt has been included to demonstrate:

- recommendation and justification of the most appropriate innovation (Love Bites) for their Year 12 cohort which
 - includes methodology and resources based on two diffusion process variables (DPVs) that addresses the significant needs, barriers and enablers for their Year 12 cohort
 - enhances innovation uptake of a respectful relationships resource.

Note: The characteristic/s identified may not be the only time the characteristic/s has occurred throughout a response.

The proposed action strategy is that Love Bites is implemented annually through all senior schooling years (10, 11 & 12). This would enable students to have access to opportunities and resources to help have a positive reinforcement on the PST by breaking down barriers of functional health literacy and low mental health due to the lack of community resources provided by [redacted]. By introducing the program at the start of senior school and maintaining it throughout the years it will positively strengthen the diffusion of the program into the Year 12 cohort as the annual completion of the program will continually maintain a supportive environment. This will also increase the impact on the development of respectful relationships on the relationship and education trajectories for [redacted] students.

This action strategy can be implemented using the existing resource of the [redacted] period block on Friday's over 2 weeks focusing on relationships, sex and relationship violence. Each workshop can be catered to the identified barriers of each cohort with Year 12 being mental health and health literacy. Health literacy will be able to move to an interactive level because students will have access to resources and mental health will be positively boosted because of the new created supportive environment. Because the program will be introduced to all senior year levels it will have a high trialability level and can be changed and shaped to fit the needs of each cohort. This also makes it compatible with the needs of [redacted] as students feel as if they do not have access to support. By having this program in all years it will enable the Year 10 students to be the innovators and early adopters in regards to developing respectful relationships. This will consequently strengthen the diffusion of the program as it is introduced at an early point rather than just in Year 12. In conclusion, this action strategy will help enable new opportunities and resources to help mitigate the barriers affecting relationship and education trajectories in the PST.

Practices to strengthen

To further ensure accuracy and consistency of the application of the ISMG for this IA, it is recommended that:

- when matching evidence to descriptors for the Analysing, critiquing and organising criterion at the top performance level, attention should be given to
 - drawing insightful conclusions from contextual information related to data trends
 - two data trends must be evident in a response at the higher mark in the top three performance levels for the Analysing, critiquing and organising criterion (and the top two performance levels for the Recognising and comprehending criterion)
 - effective data trends highlight the specific numerical data (e.g. 38%) and give direction for that data (increased, decreased, remained consistent). Data trends differ from data statements which give a specific value at a point in time. Teachers should ensure that they are annotating data trends correctly on their marked responses
 - an example of how insightful conclusions can be drawn in relation to data trends involves relating an identified data trend back to one of the key health concepts This could include relating data trends to concepts from the salutogenic approach (including barriers or enablers or personal, social or community resources) or concepts from the AIHW conceptual framework for the determinants of health

- an example of Analysing, critiquing and organising that highlights a data trend linked to an enabler and determinant is: Students attending tertiary institutions over the past five years increased from 48% in 2018 to 53% in 2022. This increase in students transitioning to tertiary education acts as an enabler in this community as evidence shows that people who have completed further education have better health outcomes and increased financial circumstance.
- when matching evidence to descriptors for the Investigating, synthesising, evaluating and reflecting criterion at the top performance level, attention should be given to
 - ensuring responses evaluate two implemented innovations (from settings other than the student's own school) using the same two diffusion process variables (DPVs) and the same two RE-AIM steps to make it easier to determine and justify which innovation would be most suitable for their context
 - ensuring the action strategy for implementation includes a methodology (who, when, where and how the innovation would be implemented) and links back to the significant needs, barriers and enablers that were identified in the initial context analysis.

Additional advice

- Schools
 - should use a best-fit approach to determine a result where evidence in an assessment response matches descriptors at different performance levels in a criterion, (Syllabus section 1.3). Refer to the *QCE and QCIA policy and procedures handbook v5.0* (Section 9.7.1), the resources *Module 3 — Making reliable judgments* in the Assessment Literacy app and the *Making judgments* webinar in the Syllabuses app, and the additional advice section for IA1 on page 17 for further information and guidance.
 - should apply their school assessment policy to manage student response length of 1500–2000 words (*QCE and QCIA policy and procedures handbook v5.0*, Section 8). In an analytical exposition the main response length exclusions are bibliography and in-text citations. If a response is just over 2000 words, it is possible that the response meets the conditions of the task when excluding the bibliography and in-text citations
 - should store their survey data from previous years to ensure that this can be used by current students to analyse data trends that may be evident within the school context. Next-step data also provides easily accessible information about post-schooling outcomes and can also be used to generate data trends.

External assessment



External assessment (EA) is developed and marked by the QCAA. The external assessment for a subject is common to all schools and administered under the same conditions, at the same time, on the same day.

Examination — response to stimulus (25%)

Assessment design

The assessment instrument was designed using the specifications, conditions and assessment objectives described in the summative external assessment section of the syllabus.

The examination consisted of one paper:

- Paper 1, Section 1 consisted of two extended response questions to stimulus (48 marks).

The examination assessed subject matter from Unit 4. Questions were derived from the context of respectful relationships in the post-schooling transition.

The assessment required students to respond to two questions using provided stimulus.

The stimulus book contained texts, graphs, tables, and an infographic, which were designed to elicit responses aligned with the external assessment marking guide (EAMG) criteria.

Question 1 stimulus

School A was the context provided for students to complete a context analysis and needs assessment for a Year 12 cohort. Stimulus 1–5 provided students with opportunities to:

- analyse the relationships between resources and/or stressors and draw conclusions based on information from multiple stimulus sources, e.g.
 - The mental fitness program enables access to personal and social resources for the Year 12 cohort which can help address their anxiety concern and mitigate the key life event stressor, which was a pandemic.
 - Diversity and inclusion week enables access to social and community resources at School A with a Pride celebration and sports teams providing a supportive environment, particularly for 20% of the Year 12 cohort who identify as LGBTQI+.
 - The student representative awareness priorities enable access to community and personal resources with a key focus on gender identity, inclusion and climate change, which is a top concern for the Year 12 cohort. The priorities align with the inclusivity, respect and kindness values of the cohort which will enable a supportive environment at School A.
 - Losing connections with others is a key concern and stressor for the Year 12 cohort which is a barrier to the development of respectful relationships and will impact access to social resources.
 - Other relationships between resources/stressors were considered suitable if they were consistent with a reasonable understanding.
- analyse contextual information by explaining significant barriers (two required) and enablers (two required) which included conclusions about
 - barriers, e.g. at-home learning; concerns (anxiety, losing connections, climate change); pandemic; harassment

- enablers, e.g. friendships, family, mental fitness program, diversity and inclusion week, Pride celebration, sports teams, gap year, supportive environment, values and strengths
- interpret information to identify two data trends from Stimulus 3 and/or 5. The trends needed to explicitly refer to values, e.g. The number of Year 12 students going to university significantly increased from 2020 (22%) to 2021 (55%) and the number returned to a similar proportion in 2022 (25%). This aligns with the impact of the pandemic and possibly the decline in employment opportunities enabling a focus on further education that could be done online
- critique information to distinguish determinants and explain the relationship with a resource, stressor, barrier or enabler within the context of the Year 12 cohort, e.g. high socioeconomic status, health literacy, climate change, diversity and inclusion, anxiety/mental health and social connectedness. Sexual practices could be inferred as a determinant.

Question 2 stimulus

Post-schooling transition (PST) program was the innovation presented in the stimulus book for students to use for particular purposes. Stimulus information provided opportunities for students to

- evaluate the innovation using RE-AIM and providing evidence through a significant point of a RE-AIM step which could include
 - reach, i.e. the number, proportion and representativeness of people willing to participate. Reach information was provided in Table 1 where the total number of students in Region A and Region B and the proportion of those students participating in the PST program was included. The proportion could be considered low in 2018 at 30% and medium in 2022 at 41%
 - effectiveness, i.e. positive, negative and unexpected outcomes among stakeholders (Year 12 cohort, PST teachers, schools and parents/caregivers) were included in Table 2. Positive outcomes included a greater sense of wellbeing in the Year 12 cohort (55% Premium and 63% Base), greater sense of value in their relationships (79% Premium and 89% Base), enhanced student–teacher relationships (90% Premium and 65% Base), improved students’ school results (87% Premium and 67% Base) and better relationships between parents and their children (75% Premium and 68% Base)
 - adoption, i.e. settings/organisations that take up the innovation. Region A and Region B were the adoption settings and agencies. Table 1 showed the proportion and representativeness of schools. There was an incremental increase in the number of schools in Region A and B who had adopted PST. 2018–2019 showed a 4% increase in adoption; 2019–2020 showed a 5% increase in adoption; 2020–2021 showed a 6% increase in adoption and 2021–2022 showed a 7% increase in adoption. PST teachers were the implementers (not the adopters) of the program for Year 12 students
 - implementation, i.e. what is done at an organisational level and individual level. Table 2 provided implementation information for cost, fidelity and satisfaction. Cost differences were noted for the Premium and Base versions of PST. Fidelity issues were noted in the PST teacher outcomes where difficulties were reported in presenting PST program activities according to the provided outline (18% Premium and 32% Base). Satisfaction was evident in school outcomes where Year 12 students who had previously used PST recommended PST to Year 11 students (93% Premium and 73% Base)
 - maintenance, i.e. sustainability of participant outcomes and agency use of innovation was provided in Table 2. Individual maintenance was evident where Year 12 cohort outcomes reported they were continuing to use the knowledge and skills they had obtained from the program two years later. Organisational maintenance was evident where schools intended

to continue using the program over the next two years (90% Premium and 80% Base). Maintenance was also evident with five years of continued use noted in Table 1

- evaluate the innovation using diffusion process variables (DPVs) and provide evidence through a significant point of a DPV which could include
 - rate of adoption, i.e. the speed and extent of the adoption (organisational) of the innovation was provided in Table 1. The rate of adoption accelerated from 2021 for Region A but the speed of adoption was consistent for Region B. Possibly the higher number of schools that had adopted the program in Region A from 2018 had influenced the rate of adoption. There were still issues impacting adoption and the rate of adoption because the % of schools in both regions was yet to reach 50%
 - characteristics of the innovation, i.e. compatibility, complexity and relative advantage were
 - complexity: two program levels noted in Premium and Base versions. Both versions had the same first three dot points. The differentiation was the ongoing assistance, teacher visits, celebratory event and program evaluation
 - compatibility: the vision of the PST program was compatible with students (and schools) in Region A and B. Evidence of compatibility was provided in the testimonial from the Education Director for Region A and B
 - observability: the two program levels had differentiated outcomes in Table 2 which were observable
 - relative advantage: PST program had relative advantage over the current wellbeing program with a high proportion of schools continuing to use the program long term
 - trialability: no stimulus information provided
 - characteristics of the change agents, i.e. PST program providers and school leaders were the change agents. The three dot points under PST providers provided the characteristics and likely impact of the change agents.

Assessment decisions

Assessment decisions are made by markers by matching student responses to the external assessment marking guide (EAMG). The external assessment papers and the EAMG are published in the year after they are administered.

Effective practices

Overall, students responded well to:

- identifying barriers, enablers, determinants and data trends with explicit signposting of relevant information from the School A stimulus
- evaluating the innovation using RE-AIM — effectiveness
- evaluating the innovation using diffusion process variables (DPVs) — characteristics of the innovation.

Samples of effective practices

Extended response

The following excerpts are from Question 1. It required students to analyse, interpret and critique Stimulus 1–5 in the stimulus book to determine the significant needs of the Year 12 cohort that will impact developing respectful relationships in their post-schooling transition.

Effective student responses:

- provided an insightful explanation of how information selected from the context showed relationships between any combination of resources or stressors and the impact on the post-schooling transition of the Year 12 cohort
- provided an insightful explanation of significant barriers and enablers that impact movement towards the 'ease' health continuum pole
- for each data trend, provided an insightful conclusion with reference to a resource, stressor, barrier, enabler or determinant in the context and the Year 12 cohort and explicitly referred to value/s that supported the response
- for each explicitly identified determinant, provided an insightful explanation of the relationship between the determinant and a resource, stressor, barrier or enabler and the significance for the development of respectful relationships or their post-schooling transition.

These excerpts have been included to demonstrate:

- Excerpt 1: Analysing and critiquing the stimulus
 - a relationship between a social and personal resource is evident through the insightful explanation of social inclusion, which is explicitly identified as a key determinant. Multiple stimulus sources are used to highlight how social inclusion can be a barrier to the development of respectful relationships as a general resistance resource and movement towards ease. Links are made with the top concerns (losing connections with others) and values (inclusion) which is insightfully explained as an enabler. The explanation also explicitly determines the significant needs of the Year 12 cohort
- Excerpt 2: Interpreting and critiquing the stimulus
 - intimate partner relationships identified as a key determinant with an insightful explanation about the relationship between the determinant and a resistance resource and stressor
 - a data trend, that explicitly refers to values, highlights the increasing number of students in romantic relationships and a conclusion is drawn with reference to a resistance resource and stressor for students in the context.

Excerpt 1

and social resource
 Social inclusion is a key determinant[^] that significantly impacts students' salutogenic position and the development of respectful relationships during the post-schooling transition. 20% of the cohort identified as LGBTQI+^(stimulus 2), which indicates that students may face social exclusion as a result of their sexualities, a barrier to the development of respectful relationships that moves students away from a position of ease. ~~stimulus 1~~ However, ^{The importance of} ~~stimulus 1~~ ~~This is~~ social inclusion is[^] corroborated by the data shown in stimulus 2, which indicates that inclusivity is the Year 12 cohort's top value. Willingness to value social inclusivity is an enabler and personal resource that will enable students to develop respectful relationships, however losing connections with others is shown to be a top concern among the Year 12 cohort (stimulus 2), which is a barrier and area of need that must be addressed to allow optimisation of social resources and social inclusivity. stimulus 4 indicates that 1 in 8 students had experienced harassment, with homophobia reported to be a top concern when reporting this behaviour. This indicates that a lack of social inclusion is presenting a barrier to the development of respectful relationships as a general resistance resource, and that a lack of a supportive environment is having a negative impact on health outcomes and salutogenic position.

Excerpt 2

Despite ~~despite~~ students not being able to create environments of respect in their schooling relationships, students are creating positive intimate relationships, indicating that intimate partner relationships are another key determinant. An upward trend in the value placed in romantic partners has increased to 20% in 2023 from 17% in 2021. (Stimulus 3). With 1 in 5 ^{students} being in a romantic relationship, this implies they are all forming safe and nurturing relationships.

This is also shown with a top concern of the students being "losing connections with others", demonstrating that they value their ^{quality} relationships which can act as protective and resistance resources ^{and resilience resources} against stressors in the post-schooling transition.

Extended response

The following excerpts are from Question 2. It required students to:

- evaluate the post-schooling transition (PST) program for its ability to impact respectful relationships in the post-schooling transition
- reflect on the uptake of the PST program and justify the methodology and resources required to strengthen diffusion.

Effective student responses:

- used two RE-AIM steps to evaluate the PST program and provided evidence of critical evaluation through a significant point of each RE-AIM step
- used two diffusion process variables (DPVs) to evaluate the PST program and provided evidence of evaluation through an explanation of each significant diffusion process variable (DPV) and evaluation of innovation impact
- provided an insightful explanation that identified how the innovation can impact the development of respectful relationships as a general resistance resource and the post-schooling transition
- provided an insightful justification that identifies how the innovation can strengthen, maintain or adapt a resource, stressor, barrier or enabler (could be implied) for a Year 12 cohort or school. Strengthening diffusion could include increasing innovation uptake and improving uptake. Impact could include influence, strengthen or improve
- used information to give an insightful explanation of how diffusion of the innovation could be strengthened based on a relevant diffusion process variable (DPV) and provided justification

of a relevant diffusion action strategy for a Year 12 cohort or school based on a need, barrier or enabler.

These excerpts have been included to demonstrate:

- Excerpt 1: Evaluating the innovation using RE-AIM
 - reach evidence (student participation) is used accurately to evaluate the growth of the PST program and is linked with the societal–cultural features of the setting
- Excerpt 2: Evaluating the innovation using RE-AIM
 - effectiveness evidence (program outcomes) is used accurately to evaluate the potential impact of the innovation on mental health, relationships and the post-schooling transition and linked with the characteristics of the change agents which are the PST providers
- Excerpt 3: Synthesising information to develop the action strategy
 - a recommendation uses synthesised information to explain how
 - diffusion of the innovation can be strengthened based on the characteristics of the innovation (compatibility and complexity)
 - an action strategy to adapt implementation and improve the innovation’s reach for a school is linked to needs (lack of social resources) and enablers of dissemination.

Excerpt 1

The PST program demonstrates a high level of reach evidenced by its consecutive growth in students participating in the ~~PST~~ program where there has been a 11% increase from 2018-2022. In 2022, there is a 41% student participation indicating that the program is engaging and ~~worth~~ worth implementing. ~~this~~ This data shows promising results that ~~increases~~ increases the success of this innovation in reaching a large group of students. This can be due to the program's alignment with the societal-cultural features of setting where the providers have a 10 year experience working with young people from diverse backgrounds including the LGBTQI+ community as well as victims of violence.

Excerpt 2

The program outcomes show that 85% reported a greater sense of well-being and 79% had a greater sense of value in their relationships. These large percentages represent the innovations capacity to be highly effective. It targets on improving the mental health of students which can help reduce anxiety as well as improving the understanding of ~~the~~ relationships being important for their post-school transition. This can be due to the ~~highly knowledgeable~~ characteristics of change agents, which are the PST providers with over 10 years of experience which demonstrate they are highly knowledgeable with this topic. Moreover, they have exceptional communication and interpersonal skills to deliver information to PST teachers. This is reinforced by PST outcome data where 87% reported that the professional development allowed them to deliver the program effectively.

Excerpt 3

To strengthen diffusion, the PST program should instead be implemented in the HPE health literacy lessons and delivered across two years. Currently, teachers are responsible for teaching 30 lessons during three terms, which has reported difficulties. By stream adapting the HPE lessons to focus on respectful relationship education, reach would be ensured as this is already aligning with the rounded time[^] in the features of the school. Moreover, this ~~allows~~ ^{enables} the innovation to transition into a two-year program. In this way, it is more compatible for teachers to implement by having more time to explain and teach concept. This also reduces complexity by allowing students to develop their skills longer and in more detail. By targeting the Grade 11 cohort simultaneously, the innovation is more compatible to students who also lack social resources due to the pandemic, and enables information to be retained. Therefore this recommendation will improve the diffusion of the PST program ~~to~~ to enable the development of ~~respectful~~ ^{respectful} ~~relationships~~ ^{relationships} as general resistance resources for the post-schooling transition.

Practices to strengthen

When preparing students for external assessment, it is recommended that teachers consider:

- providing further practice focused on
 - explaining relationships between personal, social or community resources and/or stressors, with clear links to the post-schooling transition and movement towards ease or dis-ease on the health continuum
 - drawing conclusions from data trends that are related to a determinant, resource, barrier or enabler for the cohort
 - explicitly identifying and explaining determinants from the context in relation to their impact on the development of respectful relationships or the post-schooling transition
 - justifying how diffusion of the innovation can
 - impact the development of respectful relationships as a general resistance resource

- impact the post-schooling transition
- strengthen, maintain or adapt a resource, stressor, barrier or enabler for a Year 12 cohort or school
- developing an action strategy for a Year 12 cohort or school based on a need, barrier or enabler
- greater emphasis on and development of knowledge and practice
 - using RE-AIM accurately to evaluate an innovation — there are still inaccuracies where reach (individual/participant) information is used when explaining adoption (organisational/school/region) and vice versa
 - using diffusion process variables (DPVs) to evaluate and reflect on innovation impact and explaining how diffusion of the innovation can be strengthened.

Additional advice

The Examination — response to stimulus extended response comprises two questions that should be answered independently. The response to Question 1 should only use contextual information from the first two pages of the stimulus book. The response to Question 2 should only use innovation information from the last two pages of the stimulus book. Where students are using additional pages, information should be labelled clearly, e.g. for Question 1, or for Question 2.