**Sample Assessment Tasks**

Children, Family and the Community

ATAR Year 12

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Sample assessment task

Children, Family and the Community – ATAR Year 12

Task 2 – Unit 3 and Unit 4

**Assessment type:** Investigation

**Conditions**

Period allowed for completion of the task: two weeks

One week of class time and homework

Validation questions completed in class at the end of the investigation. The suggested working time is 40 minutes.

**Task weighting**

10% of the school mark for this pair of units

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**Community support systems (49 marks)**

Investigation (Report) (34 marks)

Community resources, service agencies and organisations, and government policies contribute to, and enhance, the wellbeing of the community and its members. For this investigation, you are to select **one** community support system that addresses the specific needs of individuals, families, and the community.

Suggested community support systems:

Alzheimer's Australia, Brightwater Care Group, Child and Adolescent Health Service, Edmund Rice Centre, Home and Community Care program, Home Disability Services Commission, Immunise Australia Program, Ngala, Noah’s Ark Toy Library, Parkerville Children and Youth Care, Senses Australia, Silver Chain, St Bartholomew’s House, St Vincent de Paul Society, The Chung Wah Association Community & Aged Care

Your selected community support system: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: This sample assessment task is based on the Immunise Australia Program. Follow similar steps as listed below in the development of your investigation.

Prepare a report on the following investigation.

1. Investigate the impact of government policy, federal or state, when providing a community support system, in this case an immunisation program for a community. Provide examples of both policies and impacts to support your findings. (4 marks)

2. To achieve good health and wellbeing in a community, it is important for individuals, families, the government, and the wider community to work together to eliminate communicable diseases and illness, and implement the Immunise Australia Program.

 For successful implementation of a community support system, in this case the Immunise Australia Program, and development of long-term positive community partnerships, discuss the roles and responsibilities of:

* individuals
* families
* communities
* government. (12 marks)

3. With reference to a community support system, in this case the Immunise Australia Program, investigate the impact of federal government policy on social, cultural, environmental, and economic factors affecting the growth and development of individuals and families in a remote community. (12 marks)

4. Investigate the influence of changing societal attitudes and values on the development, management, and use of a community support system, in this case the Immunise Australia Program. (6 marks)

The report, prepared and developed through the investigation of a community support system, in this case the Immunise Australia Program, is to be submitted prior to the in-class validation process.

The validation process will be completed in class under test conditions.

Validation (15 marks)

The report, prepared and developed through the investigation of a community support system, in this case the Immunise Australia Program, is to be submitted prior to the in-class validation process.

The validation process will be completed in class under test conditions. The suggested working time is 40 minutes.

Complete the following validation.

Analyse the performance of a community support system, in this case the Immunise Australia Program in a remote community by applying the Triple Bottom Line theory.

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Marking key for sample assessment task 2 — Unit 3 and Unit 4

Investigation (Report)

1. Investigate the impact of government policy, federal or state, when providing a community support system, in this case an immunisation program for a community. Provide examples of both policies and impacts to support your findings.

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| **Description** | **Marks** |
| Provides a detailed and comprehensive explanation of implications for community health and wellbeing with the implementation of government policy; relates to and addresses impact of policy on the community, such as eliminating communicable diseases and illness | 4 |
| Provides a detailed explanation of implications for the community with the implementation of government policy; relates to impact of policy on the community, such as eliminating communicable diseases and illness | 3 |
| Provides an explanation of implications for the community with the implementation of government policy; some connection to policy and impact on the community, such as control of communicable diseases and illness | 2 |
| Provides a brief, limited statement of implications for the community with government policy; tenuous connection to policy and impact on the community, such as communicable diseases and illness | 1 |
| **Total** | **/4** |
| **Answer could include, but is not limited to:** |
| * immunisation is a simple, safe and effective method of protecting individuals, families and communities against harmful, communicable diseases; long-term health and wellbeing benefits for community
* efficient service and equitable healthcare
* the higher percentage rate of immunisation within a community, improved opportunity for prevention and control of the spread of diseases and illness
* reduced number of sick days – direct cost benefit for employer, reduced use of health emergency centres – lower use of medical facilities, hospitalisation and potential death, delivers cost benefit for community
* focus on early intervention; prevent spread of disease and illness
* develop positive life-long attitude to immunisation; long-term individual health and wellbeing
* collect data to monitor progress and success of program; adapt policy, where necessary
* opportunity for medical research, development of new and improved vaccines, training for front-line medical professionals; whole community benefit
 |

2. For successful implementation of a community support system, in this case the Immunise Australia Program, and development of long-term positive community partnerships, discuss the roles and responsibilities of:

* individuals
* families
* communities
* government.

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| --- | --- |
| **Description** | **Marks** |
| **Individuals** |
| Provides a valid description of individuals actively engaged in healthy community partnerships; clear evidence of roles and responsibilities for positive, successful commitment | 3 |
| Provides a general description of individuals engaged in community partnerships; some evidence of roles and responsibilities and successful commitment | 2 |
| Provides a brief, limited description of individuals engaged in a community partnership; very little evidence of roles and responsibilities and commitment | 1 |

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| **Description** | **Marks** |
| **Families** |
| Provides a valid description of roles and responsibilities families have in creating successful community partnerships; clear evidence of active, positive community participation | 3 |
| Provides a description of roles and responsibilities families have in successful community partnerships; evidence of community participation | 2 |
| Provides a brief, limited description of a role or responsibility of family in community partnerships; very little evidence of community participation | 1 |
| **Communities** |
| Provides an accurate account of the role cohesive communities have in creating successful partnerships; clear outline of role and responsibilities community members have to collectively work toward achievement of common goals | 3 |
| Provides a general account of the role communities have in creating partnerships; a broad outline of roles and responsibilities community members have to collectively achieve common goals | 2 |
| Provides an incomplete outline of a role or responsibility community members have to collectively achieve goals | 1 |
| **Government** |
| Provides an accurate account of the leadership role and responsibilities for government in the implementation of community support systems; proactive management of community health and wellbeing | 3 |
| Provides an account of the role and responsibilities for government in community support systems; concerns for community health and wellbeing | 2 |
| Provides a brief, limited account of government involvement in community support systems; mentions community health and wellbeing | 1 |
| **Total** | **/12** |
| **Answer could include, but is not limited to:** |
| * individuals: commit to personal health goals; participate in immunisation programs to reduce risk of disease and illness; avoid excessive use of drugs and alcohol; foster positive attitude to medical protocols, self-respect, commit to establishing healthy, social and personal relationships; access community resources for personal growth and development; actively participate in healthy activity, such as sport, club, organisation; volunteer and give back to the community
* families: provide safe, protective, secure environment free from neglect, physical and emotional abuse; protection of the rights of children with appropriate food, clothing, shelter and education; participate in health programs, including immunisation; commit to strong social, family and community relationships; participate in cultural activities; volunteer and help others
* communities: provide safe, protective environment; healthy, recreational opportunities and services; facilitate access to efficient and equitable services and resources for the aged, children, youth, families, disabled; facilitate delivery of health services, including immunisation programs; respect for ethnicity and culture
* government: laws for the protection of human rights; providing care and support systems through affordable healthcare, such as access to immunisation programs, housing, and public education; policies and regulations to ensure safe, fair and high-quality facilities, programs and, ultimately, communities
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3. With reference to a community support system, such as the Immunise Australia Program, investigate the impact of federal government policy on social, cultural, environmental, and economic factors affecting the growth and development of individuals and families in a remote community.

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| **Description** | **Marks** |
| **For each of social, cultural, environmental and economic factors:** |
| Provides an accurate account of federal government policy impact on specified factor; clearly identifies positive effect on growth and development; direct connection with individuals and families | 3 |
| Provides a general account of federal government policy effect on specified factor; identifies some effect on growth and development; makes broad connection with individuals and families | 2 |
| Provides a brief, limited account of federal government policy and specified factor; comment on growth and development with little connection to individuals and families | 1 |
| **Total** | **/12** |
| **Answer could include, but is not limited to:** |
| * social: development of safe and secure communities, fair and equitable medical system, with attendance at a medical facility, an opportunity to observe overall general health of individuals and families; positive health benefits, reduce incidence of disease, illness; regular school attendance; promote inclusion and inclusivity; self-esteem through education and community programs
* cultural: respect culture; allay fears and apprehension of medical intervention and immunisation program; break down barriers and foster positive attitude, with parents taking children to medical centre for preventative immunisation; establish inter-cultural partnerships to deliver health benefits and wellbeing in communities; deliver health service benefits in a non-institutional setting; foster cultural partnership to pass on values, traditions and experiences, and active involvement in personal and family health
* environmental: safe storage of vaccine for keeping qualities, particularly in extreme weather; keep in safe place to avoid accidental use or theft; safe disposal of used medical equipment, such as syringes; hygienic practices in all conditions, such as dust and insects; location of immunisation service with easy access for mothers with children, elderly, disabled; consideration for medical personnel travelling long distances into isolated areas, realistic rosters and appropriate accommodation
* economic: allocate finances for development of education system to increase skills and knowledge for personal health, hygiene, addressing high-risk social behaviours and role of immunisation; attaining high immunisation rates in the community will reduce overall incidence of influenza and deliver cost benefits for the medical system and the community; factor all costs associated with the delivery of health services, such as an immunisation program into remote communities; economic benefit in training and empowering community members to deliver program for a simple, timely, effective and affordable community support system
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4. Investigate the influence of changing societal attitudes and values on the development, management, and use of the Immunise Australia Program.

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| **Description** | **Marks** |
| Provides a concise and comprehensive discussion of the influence changing societal attitudes and values have on an immunisation program for Australians; direct reference to development, management and use of significant components for compliance with the program | 5–6 |
| Provides a general discussion of the influence changing societal attitudes and values have on an immunisation program; some reference to development, management and use of some components of the program | 3–4 |
| Provides a limited discussion of societal attitudes or values influencing an immunisation program; little reference to development, management or use of components of the program | 1–2 |
| **Total** | **/6** |
| **Answer could include, but is not limited to:** |
| * development of immunisation program: develop nation-wide immunisation system, initial high set-up costs outweigh long-term benefits and lower healthcare costs; research for best, improved vaccines; positive societal attitude to immunisation; public health information and education campaign to inform and allay fears; respond quickly to outbreak of disease, such as the 2009 swine flu pandemic
* management of immunisation program: service delivery into all communities; keep the vaccine safe and ready for use; comply with strict management and safe handling of medical products; manage perceived issue with some elements of community that vaccine can be potentially harmful and hence reluctant to immunise; maintain over 90% of population immunised
* use of the immunisation program: record of vaccination to assist in future potential health issues; positive presence of health workers in the community; promote high standards of personal cleanliness with attendance at clean, hygienic clinic; use only clean sterile equipment; correct, safe disposal of used needles and syringes; strategies to overcome fear of injections and side effects of immunisation
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Validation

Analyse the performance of a community support system, in this case the Immunise Australia Program in a remote community by applying the Triple Bottom Line theory.

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| **Description** | **Marks** |
| Provides a detailed and comprehensive analysis of the Immunise Australia Program; accurately applies the three components of the Triple Bottom Line theory | 3 |
| Provides a detailed analysis of the Immunise Australia Program; applies components of the Triple Bottom Line theory | 2 |
| Provides a limited analysis of the Immunise Australia Program; some incomplete or inaccurate aspects of the Triple Bottom Line theory | 1 |
| **Social** |
| Provides a detailed and comprehensive analysis of the social factors; identifies direct links to, and implications for, individuals, families and wider community; clearly validates suitability and health benefits of the program for remote communities | 4 |
| Provides a detailed analysis of the social factors; identifies implications for individuals, families and community; validates health benefits of the program for remote communities | 3 |
| Provides an analysis of social factors; notes some implications for individuals, families and community; makes mention of health benefits for remote communities | 2 |
| Provides a brief review of social factors; one or two implications for either individuals, families or community; makes limited reference to health benefits for remote communities | 1 |

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| **Description** | **Marks** |
| **Environmental** |
| Provides a detailed and comprehensive analysis of environmental factors; validates impact of resource use; encompasses need for safe, appropriate disposal of hazardous and waste materials and equipment | 4 |
| Provides a detailed analysis of environmental factors; identifies some resource use; includes need for safe disposal of waste materials and equipment | 3 |
| Provides an analysis of environmental factors; notes some need for safe disposal of waste materials and equipment | 2 |
| Provides a brief review of environmental factors; mentions one or two aspects of disposing of used products | 1 |
| **Economic** |
| Provides a detailed and comprehensive analysis of economic factors; monitors implementation of appropriate business processes for efficient delivery of services; operates within predicted budget constraints | 4 |
| Provides a detailed analysis of economic factors; implementation of business processes for efficient delivery of services; operates mostly within budget constraints | 3 |
| Provides an analysis of economic factors; notes some business processes to deliver services; awareness of budget constraints | 2 |
| Provides a brief review of economic factors; mentions one or two business processes; notes budget constraints | 1 |
| **Total** | **/15** |
| **Answer could include, but is not limited to:** |
| * social: fair and equitable medical system; attendance at a medical facility for immunisation is an opportunity to observe overall general health of individuals and families; educate and empower community for affirmative action on wider health issues; positive health benefits, reduce disease, sickness; limit spread of disease and sickness into whole community if high percentage is immunised; establish mutually beneficial relationships within the community, including with medical personnel, to successfully achieve good health and wellbeing for all
* environmental: considers and validates best environmental practices for transport and accommodation options for personnel; safe working environment for staff and attendees at the clinic; ensure vaccines and equipment are secure and there are safe storage facilities for hazardous materials; appropriate disposal of hazardous and waste materials and equipment are in place; research possibilities to ‘recycle and reduce’
* economic: business efficiencies and processes to deliver effective and affordable healthcare programs are in place; attaining high immunisation rates in the community, particularly in remote areas, will reduce overall incidence of disease and illness, and deliver economic cost benefits for the medical system and community, which could include reducing budget costs for vaccines, improved training opportunities for medical staff, better equipment, appropriate medical facilities, efficient transport systems, improved accommodation, for example, consistently monitor implementation of program for efficient, and improved delivery of, service; a community support system program delivered on time, and on budget, boosts confidence for all participants
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| **Total – Investigation (Report)**  | **/34** |
| **Total – Validation** | **/15** |
| **Final total** | **/49** |

Sample assessment task

Children, Family and the Community – ATAR Year 12

Task 7 – Unit 3 and Unit 4

**Assessment type:** Production

**Conditions**

Period allowed for completion of the task: two weeks

Two weeks of class time and homework

The validation questions are to be completed in class at the end of the production. The suggested time is 40 minutes.

**Task weighting**

5% of the school mark for this pair of units

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**Advocate for change (51 marks)**

Advocacy portfolio (30 marks)

Identify a national or global issue where equal opportunity or social justice may have been violated. Check media sources, magazines, internet sites, and blogs for a case study related to the issue or develop your own case study based on a situation you are aware of. To advocate on behalf of others, you need to have a clear and thorough understanding of the issue. Gather a portfolio of background information to assist you in the development of a strategy to advocate on the issue. Include a copy of the case study in the portfolio.

Suggested national or global issues for consideration:

* refugees
* homelessness
* immunisation programs
* international adoption/surrogacy
* land mines
* HIV/AIDS and malaria
* poverty
* empowerment of women and gender equality
* violence against women and girls
* human trafficking
* environmental sustainability.

Use the technology process to develop a strategy to advocate on the identified national or global issue.

* Investigate and describe the background factors contributing to the issue, such as:
	+ social/cultural
	+ environmental
	+ economic.

Research and outline current advocacy groups and note the key legislation relevant to the issue. (5 marks)

* Devise a set of:
	+ advocacy skills to empower others
	+ communication skills
	+ conflict resolution skills for working with others
	+ resources necessary to advocate for the issue. (4 marks)
* Produce an advocacy strategy that is relevant to the selected national or global issue. Include the following steps:
	+ identify the issue/goal – target of the strategy (2 marks)
	+ accept responsibility – community support (3 marks)
	+ develop and adopt relevant solutions, and an indication of the time frame for possible implementation (5 marks)
	+ monitor solutions (3 marks)
	+ evaluate the overall improvement or change. (3 marks)
* Evaluate and justify how the selected advocacy and communication skills will empower others and promote change in community beliefs and attitudes; reflect on the application of conflict resolution skills when working with others. (5 marks)

The advocacy portfolio, including background information and a strategy to advocate for the identified issue, is to be submitted prior to the in-class validation process.

The validation process will be completed in class under test conditions.

Validation (Case study) (21 marks)

The advocacy portfolio, including background information and a strategy to advocate for the identified issue, is to be submitted prior to the in-class validation process.

The validation process will be completed in class under test conditions. The suggested time is 40 minutes.

Consider the following national issue and answer the following questions.

A day relaxing at the beach, river, lake or dam is a popular pastime for many Australians. Hours of harmless fun in the sun, building sand castles, surfing the waves or perhaps a spot of fishing makes for an enjoyable day out. New migrants to Australia, who may not be familiar with changing water conditions, strong currents and treacherous waterways, can find themselves in risky situations and a day out can quickly turn into a tragedy. Inability to swim, stay afloat, signal for help or use a floatation device often results in drowning. In some cases, multiple individuals within a family, in a desperate bid to save others, can get themselves into difficulty.

A national strategy on water safety for new migrants will be a proactive measure to save lives.

1. Use the technology process and outline a strategy to the local surf lifesaving club to advocate for water safety for new migrants and culturally diverse communities in Australia. (8 marks)

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2. Discuss how best to monitor the solution you have proposed to improve water safety skills of new migrants in culturally diverse communities. (2 marks)

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3. Describe and justify **two** advocacy skills suitable to empower others with responsibility for water safety. (4 marks)

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4. Discuss and justify **two** communication skills suitable to convince others to accept responsibility for water safety. (4 marks)

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5. A small group of families, new to Australia, has decided to enjoy the hot day at the beach. Not long after setting up the shade shelters, the teenage boys take their first swim. They are not aware of the strong rip in the water. It is not long before they are concerned as they cannot find their cousin in the surf. The on-duty lifesaver has approached the group and asked it to swim between the flags. Due to language barriers, the lifesaver thinks the group is disobeying the request and is not aware of the missing boy. One of the boys runs back into the surf. This results in raised voices and arm waving.

 Discuss how to manage different points of view and apply conflict resolution skills during this emergency situation at the beach. (3 marks)

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# Marking key for sample assessment task 7 — Unit 3 and Unit 4

Portfolio

|  |  |
| --- | --- |
| **Description** | **Marks** |
| **Investigate** |
| Provides detailed, accurate background information explicitly related to social/cultural, environmental, economic factors; aptly outlines advocacy groups associated with issue; correctly identifies key legislation directly relevant to the issue | 5 |
| Provides accurate background information related to the factors; outlines advocacy groups linked to the issue; correctly identifies key legislation connected to the issue | 4 |
| Provides mostly accurate background information related to some of the factors; identifies advocacy groups linked to the issue; identifies legislation connected to the issue | 3 |
| Provides general background information; notes an advocacy group loosely linked to the issue; broadly notes legislation connected to the issue | 2 |
| Provides brief, limited background notes; notes an advocacy group with unsubstantiated links to the issue; legislation cited may, or may not, be appropriate | 1 |
| **Devise** |
| Provides a relevant set of advocacy skills suitable to empower others; relevant and effective communication skills; appropriate conflict resolution skills for working with others; lists relevant resources | 4 |
| Provides a set of advocacy skills; relevant communication skills; mostly appropriate conflict resolution skills; lists mostly relevant resources | 3 |
| Provides a general set of advocacy skills; communication skills; conflict resolution skills; one or two relevant resources | 2 |
| Provides a limited set of advocacy skills; mentions a communication skill, conflict resolution skill and/or resource | 1 |
| **Produce a strategy for advocacy** |
| **The issue and goal – target of the strategy** |
| Provides an accurate description of the issue and the changes to be sought to address the issue; develops goals | 2 |
| Provides a general description of the issue and a need for change; states a goal | 1 |
| **Accept responsibility – community support** |
| Provides clear advice on community support, such as who has the authority, the knowledge or influence, including community contacts, networks, partnerships to address the issue; provides relevant, convincing evidence to encourage individuals, community to accept responsibility | 3 |
| Provides general advice on community support; some convincing evidence to encourage individuals, community to accept responsibility | 2 |
| Provides an outline on community support; provides limited convincing evidence to encourage others | 1 |
| **Develop and adopt relevant solutions** |
| Provides plausible and relevant solutions based on: research, relevant legislation, policy and/or law, partnerships, clear messages; clear delineation of roles and duties, such as management, policy makers; credible time frame for implementation | 4–5 |
| Provides relevant solutions; general statement of roles and duties; workable time frame for implementation | 2–3 |
| Provides sketchy solutions; limited statement of roles and duties; questionable time frame | 1 |
| **Monitor solutions** |
| Provides an on-going process to monitor and assess the success of the advocacy strategy, such as collection and analysis of information, establishment of milestones, level of empowerment OR regular opportunity to communicate with stakeholders, supporters, sponsors, policy-makers OR appropriate processes and responses to unexpected events OR successfully builds effective and productive relationships OR processes to share good experiences and determine who will be responsible for the process | 3 |
| Provides a general process to assess the success of the advocacy strategy | 2 |
| Provides a sketchy outline of a process to assess the success of the advocacy strategy | 1 |
| **Description** | **Marks** |
| **Evaluate overall improvement or change** |
| Provides a clear structure for review; determines by whom, how and when; compares progress against the goals to demonstrate results | 3 |
| Provides a general review; states progress with some link to goals and outlines results | 2 |
| Provides a brief statement of review; weak link to goals; lacks details | 1 |
| **Evaluate** |
| Provides a concise evaluation and justification of the advocacy strategy; evidence of communication skills to empower others and promote change in community beliefs and values; reflects on the effectiveness of conflict resolution strategies | 4–5 |
| Provides a general evaluation of the advocacy strategy; some evidence of communication skills which may empower others and promote change in community beliefs and values; some reflection on the effectiveness of conflict resolution strategies | 3–2 |
| Provides a brief comment on advocacy; limited evidence of use of communication skills or change in community beliefs and values; no reflection on conflict resolution strategies | 1 |
| **Total** | **/30** |

Validation (Case study)

1. Use the technology process and outline a strategy to the local surf lifesaving club to advocate for water safety for new migrants and culturally diverse communities in Australia.

|  |  |
| --- | --- |
| **Description** | **Marks** |
| **Investigate** |
| Provides a clear description of the issue; associated goals developed for change and empowerment | 2 |
| Provides a general description of the issue; expresses need for change to save lives | 1 |
| **Devise** |
| Provides sequential steps for a strategy to advocate on water safety; includes relevant advocacy skills; communication skills | 2 |
| Provides a general outline for a strategy to advocate on water safety; includes an advocacy skill; communication skill | 1 |
| **Produce** |
| Provides acceptable solutions to improve water safety in culturally diverse communities; includes use of essential resources | 2 |
| Provides general solutions to improve water safety; includes use of some resources | 1 |
| **Evaluate** |
| Provides suitable process to analyse overall improvement in water safety procedures; assesses change in beliefs and attitudes on water safety in culturally diverse communities | 2 |
| Provides a general process to review improvement in water safety; notes change in beliefs or attitudes on water safety | 1 |
| **Total** | **/8** |
| **Answer could include, but is not limited to:** |
| * investigate: the issue – new migrants may not be aware of dangerous water conditions; unable to swim, stay afloat, signal for help, use a floatation device; where or how to seek help; processes for rescue and resuscitation; how to overcome language barriers; goal – water safety education for migrants, empower migrants to save lives when around water
* devise: develop sequential steps and consider: communication skills to overcome cultural and language barriers; suitable advocacy skills, such as leadership – encourage community members to commit to water safety; organisation – bring resources together, outline education plan, identify suitable locations, coordinate skilled presenters from interpreters, emergency providers, medical, surf lifesavers, policy makers, local council and sponsors
* produce: implement the strategies which could include community meetings to advocate for water safety, free access to surf lifesaving club training and activities, training in water rescue techniques and resuscitation; floatation devices located at high-risk areas; consideration and respect for cultural differences
* evaluate: collect and analyse number of rescues over time; survey and interview for change in attitude and behaviour near water; empower community members to be actively involved in process
 |

2. Discuss how best to monitor the solution you have proposed to improve water safety skills of new migrants in culturally diverse communities.

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| **Description** | **Marks** |
| Provides a valid, on-going process to monitor and assess success; level of empowerment | 2 |
| Provides a general process to monitor water safety; notes improvement in water safety skills | 1 |
| **Total** | **/2** |
| **Answer could include, but is not limited to:** |
| * membership of surf lifesaving club, involvement in club activities and competitions, empowerment to become a surf lifesaver, interpreter and trainer for cultural group
* regular update of skills; repeat of rescue, first aid, resuscitation programs
* surf lifesaving club members provide on-going support; training at the beach, such as swim between the flags
* monitor number of incidents: at water locations, including rivers, lakes, dams; attendance at emergency department
 |

3. Describe and justify **two** advocacy skills suitable to empower others with responsibility for water safety.

|  |  |
| --- | --- |
| **Description** | **Marks** |
| **For each of two advocacy skills:** |
| Provides an accurate description; justifies selection as the skill will empower others with responsibilities | 2 |
| Provides a general description; limited justification | 1 |
| **Total** | **/4** |
| **Answer could include, but is not limited to:** |
| * organisation: to encourage and empower others to have strategies, tactics and processes in place, including costing, time frame, training modules, indoor and water location, interpreter, graphic signage, resources, such as flotation devices, resuscitation equipment, letters/email to significant sponsors, policy makers, community leaders
* problem solving: to encourage and empower others to plan ahead, anticipate possible problems, such as deciding on alternative day or location due to unsuitable weather, role of women, appropriate clothing for rescue, celebrations, religious days, cultural events and customs
* also consider: assertiveness, proactive leadership, responsibility, verbal communication, monitoring process, active listening, acquiring knowledge
 |

4. Discuss and justify **two** communication skills suitable to convince others to accept responsibility for water safety.

|  |  |
| --- | --- |
| **Description** | **Marks** |
| **For each of two communication skills:** |
| Provides an accurate description; justifies selection as the skill will convince others to accept responsibility | 2 |
| Provides a general description; limited justification | 1 |
| **Total** | **/4** |
| **Answer could include, but is not limited to:** |
| * oral communication to assist input and understanding by culturally diverse audience; use an interpreter to share water experiences and responsibilities
* non-verbal signals, such as waving for help, body language to indicate location or nature of injury, body movement to show how incident may have occurred, eye contact to assist communication if English is a second language
* assertive communication allows voice to be heard, particularly over loud background beach and water noise or to overcome interjections
* use visuals, graphic signage, photographs to assist communication and overcome potential language barrier
 |

5. Discuss how to manage different points of view and apply conflict resolution skills during this emergency situation at the beach.

|  |  |
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| **Description** | **Marks** |
| Provides a realistic discussion on managing different points of view; successful application of appropriate conflict resolution skills during this emergency at the beach | 3 |
| Provides a general discussion on different points of view; mostly appropriate conflict resolution skills for this emergency at the beach | 2 |
| Provides a sketchy discussion on resolving conflict during this emergency at the beach | 1 |
| **Total** | **/3** |
| **Answer could include, but is not limited to:** |
| * use clear and concise instructions to manage bystanders and potentially life-threatening situations, yet remain calm and alert to implement rescue procedure; accurately interpret verbal and non-verbal communication
* respectful of different cultural customs; maintain appropriate rescue, first aid and resuscitation procedures; avoid disrespectful actions
* give attention to feelings being expressed; actively listen to others; repeat other person’s words to ensure clear understanding of the situation, particularly in windy and noisy water conditions
 |
|  |  |
| **Total – Portfolio**  | **/30** |
| **Total – Validation** | **/21** |
| **Final total** | **/51** |

# Sample assessment task

# Children, Family and the Community – ATAR Year 12

## Task 8 – Unit 3 and Unit 4

**Assessment type:** Response

**Conditions**

Time for the task: 50 minutes

In-class test to be completed under test conditions

Answer all questions

**Task weighting**

10% of the school mark for this pair of units

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**Millennium Developmental Goals (47 marks)**

Section One: Multiple-choice (5 marks)

1. Worldwide child mortality rates can best be reduced by

 (a) increasing food aid for school-aged children.

 (b) improving the mother’s level of education.

 (c) providing shelter for homeless families.

 (d) improving the statistics for the number of deaths of children under 15 years of age.

2. Global health has significantly improved due to strategies and resources directed at combatting

 (a) malaria, HIV/AIDS, tuberculosis and measles.

 (b) tuberculosis, malaria, yellow fever and measles.

 (c) HIV/AIDS, yellow fever, malaria and polio.

 (d) measles, HIV/AIDS, polio and malaria.

3. Achieving global improvement in the number of children receiving primary education is proving to be problematic. This is mostly due to

 (a) unreliable or non-existent transport services.

 (b) not enough qualified teachers.

 (c) children living in conflict-affected areas.

 (d) children working long hours.

4. The Millennium Development Goals are an initiative of the

 (a) World Health Organisation.

 (b) Food and Agriculture Development Programme.

 (c) World Trade Organisation.

 (d) United Nations Development Programme.

5. Although significant gains have been made in some aspects of maternal health, a major failure in fulfilling the Millennium Development Goal to improve maternal health can be attributed to

 (a) a decrease in the proportion of births attended by skilled health personnel.

 (b) inadequate funding for family planning.

 (c) lower than expected attendance at antenatal classes.

 (d) below average funding for birth centres in rural areas.

Section Two: Short answer (42 marks)

6. (a) Discuss indicators of success in promoting gender equality and empowering women. (3 marks)

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(b) Explain, with examples, the importance of empowering women in developing countries. (4 marks)

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7. Describe how the rights of children are protected in Australia. Provide two examples to support your answer. (4 marks)

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8. Reducing child mortality rates is a Millennium Development Goal. Birth weight is a key indicator of infant health, a baby's chance of survival and future good health.

 Consider the following data for the proportion of babies born with low birth weight in Australia in 2011, and answer the questions below.

**Proportion of babies born with low birth weight, by remoteness and socioeconomic status, Australia, 2011**



Note: In 2011, 4.8% of live singleton (excludes multiple births and stillbirths) babies (13,985) were of low birth weight. The rate has not changed markedly over the past 10 years.

(a) Compare the data for remoteness with socioeconomic status for the proportion of low birth weight babies born in Australia in 2011 and record your findings. (2 marks)

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(b) Discuss the relationship between the proportion of low birth weight babies in Australia and the Millennium Development Goal achievements in reducing child mortality rates. (3 marks)

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(c) Describe **one** government strategy and **one** community support system that could be implemented to improve child mortality rates in remote areas by decreasing the incidence of low birth weight babies. (4 marks)

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9. Explain the purpose of the Millennium Development Goal, ‘a global partnership for development’ to eradicate extreme poverty. (4 marks)

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10. The Millennium Development Goals program refers to, and compares, data from many countries to assess and analyse levels of poverty, school attendance, and child mortality rates, for example.

 Discuss the reliability and quality of health-related data collated from secondary sources to compare the performance of countries in an international perspective. (6 marks)

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11. Although advancements have been made to eradicate extreme poverty and hunger, over one billion people still live in extreme poverty. Observe the trends in the graph and answer the questions below.

**Proportion of people living on less than $1.25 a day, 1990 and 2010 (Percentage)**



 (a) The proportion of people living on less than $1.25 a day is used as a measure for global poverty. Outline the trend for global poverty from 1990–2010. (2 marks)

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 (b) Analyse the incidence of extreme poverty and the impact on the growth and development of children. (5 marks)

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 (c) Analyse the relationship between respect for the protection of the rights of children in Australia and the government’s priority in addressing homelessness and poverty.

 (5 marks)

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# **ACKNOWLEDGEMENTS**

**Questions 1–5** Information from: United Nations Development Programme. (2014). *Post-2015: A new sustainable development agenda*. Retrieved June, 2015, from [www.undp.org/content/undp/en/home/mdgoverview.html](http://www.undp.org/content/undp/en/home/mdgoverview.html)

**Question 8** Graph: Australian Institute of Health and Welfare. (2015). *Indicators of Australia's health* (Fig. 9.14). Retrieved June, 2015, from [www.aihw.gov.au/australias-health/2014/health-indicators/](http://www.aihw.gov.au/australias-health/2014/health-indicators/)

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**Question 11** Graph: United Nations Development Programme. (2014). *Eradicate extreme poverty and hunger: Where do we stand?* Retrieved June, 2015, from [www.undp.org/content/undp/en/home/mdgoverview/mdg\_goals/mdg1/](http://www.undp.org/content/undp/en/home/mdgoverview/mdg_goals/mdg1/)

# Marking key for sample assessment task 8 — Unit 3 and Unit 4

|  |  |
| --- | --- |
| **Question** | **Answer** |
| 1 | B |
| 2 | A |
| 3 | C |
| 4 | D |
| 5 | B |
| **Total** | **5 marks** |

6. (a) Discuss indicators of success in promoting gender equality and empowering women.

|  |  |
| --- | --- |
| **Description** | **Marks** |
| Provides realistic indicators to gauge success; direct links to promoting gender equality and empowering women | 3 |
| Provides a generalised account of success; some links to promoting gender equality and empowering women | 2 |
| Provides a brief, limited account of success; mentions gender equality or empowering women | 1 |
| **Total** | **/3** |
| **Answer could include, but is not limited to:** |
| * improved enrolment of girls in primary school; improved enrolment ratios to be the same as for boys; keep girls in school
* legislated or voluntary quotas to ensure positions for women in parliament
* political parties pre-selecting women to contest for seats in parliament
* positive action for women representation on boards and committees; direct involvement in decision making
 |

(b) Explain, with examples, the importance of empowering women in developing countries.

|  |  |
| --- | --- |
| **Description** | **Marks** |
| Provides a detailed, comprehensive explanation with clear connection to empowering women; relates to developing countries, with specific examples | 4 |
| Provides a detailed explanation with connection to empowering women; relates to developing countries, with examples | 3 |
| Provides a general explanation with some connection to empowering women; mentions developing countries, with one or two examples | 2 |
| Provides a brief outline with limited connection to women in developing countries; tenuous example | 1 |
| **Total** | **/4** |
| **Answer could include, but is not limited to:** |
| * place financial assets in the hands of women; entrepreneurial, small-business opportunities; profits directed into family and community; economic growth
* women are usually responsible for household expenditure, such as food, clothing, education; focus is on children
* evidence of improved nutritional status and overall health of children when women direct finances as children are their priority
* building supportive families primarily by women, contributes to establishment of supportive communities which are safe and inclusive
* empowering women assists to overcome poverty as women direct finance into families and communities; reduce inequalities, particularly with education options; decision making in the best interest of family and community
 |

7. Describe how the rights of children are protected in Australia. Provide two examples to support your answer.

|  |  |
| --- | --- |
| **Description** | **Marks** |
| Provides a detailed, comprehensive description of specific services and systems for the protection of the rights of children in Australia; appropriate examples provided | 4 |
| Provides a detailed description of services and systems for the protection of the rights of children in Australia; mostly appropriate examples provided | 3 |
| Provides a general description of a service and system for the protection of the rights of children; gives an example | 2 |
| Provides a brief, limited description of a service or system for the protection of the rights of children; example provides little, or no, support | 1 |
| **Total** | **/4** |
| **Answer could include, but is not limited to:** |
| * the National Children’s Commissioner with the Australian Human Rights Commission
* establishment of the National Framework for Protecting Australia’s Children 2009–2020; with six supporting outcomes
* each state and territory in Australia has established a Commissioner for Children and Young People; also laws such as Working with Children (Criminal Record Checking) Act 2004
* Western Australia, a priority for children in state care, whereby all children and young people have the right to be safe and grow up in a loving and nurturing environment
 |

8. (a) Compare the data for remoteness with socioeconomic status for the proportion of low birth weight babies born in Australia in 2011 and record your findings.

|  |  |
| --- | --- |
| **Description** | **Marks** |
| Provides an accurate comparison of the data | 2 |
| Provides a mostly accurate comparison of the data | 1 |
| **Total** | **/2** |
| **Answer could include, but is not limited to:** |
| * the proportion of low birth weight babies increases as remoteness increases
* the proportion of low birth weight babies born in Very remote areas is almost twice that in Major cities
* the proportion of low birth weight babies is highest for mothers living in the lowest SES areas compared with mothers living in the highest SES areas
 |

 (b) Discuss the relationship between the proportion of low birth weight babies in Australia and the Millennium Development Goal achievements in reducing child mortality rates.

|  |  |
| --- | --- |
| **Description** | **Marks** |
| Provides an accurate discussion of factors affecting the reduction in child mortality rates; impact of low birth weight babies on child mortality rates | 3 |
| Provides a general discussion of factors affecting child mortality rates; mentions low birth weight babies | 2 |
| Provides a brief statement of factors affecting child mortality rates | 1 |
| **Total** | **/3** |
| **Answer could include, but is not limited to:** |
| * worldwide child mortality rate has almost halved since 1990; Millennium Development Goal not met but trend is falling; immunisation against measles is the greatest contributing factor to reducing child mortality rates
* in Australia, the proportion of low birth weight babies born in Very remote areas is almost twice that in Major cities; low socioeconomic status; the trend has remained constant between 2000–2010; immunisation program for measles available in Very remote areas
* without intervention, low birth weight babies can contribute to child mortality rates
 |

 (c) Describe **one** government strategy and **one** community support system that could be implemented to improve child mortality rates in remote areas by decreasing the incidence of low birth weight babies.

|  |  |
| --- | --- |
| **Description** | **Marks** |
| Provides a detailed, plausible and appropriate strategy and community support system to assist in decreasing the incidence of low birth weight babies | 4 |
| Provides a plausible and appropriate government strategy and community support system | 3 |
| Provides a general description of a government strategy and community support system | 2 |
| Provides a sketchy outline of a government strategy and community support system | 1 |
| **Total** | **/4** |
| **Answer could include, but is not limited to:** |
| * government strategy: provide regular medical checks and advice to improve care for the mother during pregnancy and childbirth, such as importance of a balanced diet, no smoking, drugs or alcohol
* community support systems: empower women in remote communities to assist and provide accurate information, care and medical intervention, if required; skills for motherhood; safe and supportive communities
* preferable for government strategy and community support system to work together to improve child mortality rate in remote, low socioeconomic area
 |

9. Explain the purpose of the Millennium Development Goal, ‘a global partnership for development’ to eradicate extreme poverty.

|  |  |
| --- | --- |
| **Description** | **Marks** |
| Provides an accurate, succinct and comprehensive explanation of reasons for developing a global partnership to eradicate extreme poverty | 4 |
| Provides an accurate explanation of reasons for developing a global partnership to address extreme poverty | 3 |
| Provides a general explanation of some reasons for a global partnership to address extreme poverty | 2 |
| Provides a brief and incomplete explanation of one or two reasons for global partnerships to address poverty | 1 |
| **Total** | **/4** |
| **Answer could include, but is not limited to:** |
| * a global, coordinated approach by countries to eradicate extreme poverty; direct resources into priority needs, such as during droughts, floods, earthquake; reduce opportunity to re-direct funds into buying arms for warfare; non-discriminatory, needs-based funding; address needs of least-developed countries; cooperate with large organisations to provide cheaper medical products, such as for HIV/AIDS and pharmaceuticals for immunisation programs; work with private sector to provide technologies into developing countries; communities in extreme poverty have higher possibility of discontent and conflict
 |

10. Discuss the reliability and quality of health-related data collated from secondary sources to compare the performance of countries in an international perspective.

|  |  |
| --- | --- |
| **Description** | **Marks** |
| Provides a concise and comprehensive discussion of reliability and quality of data collated from international secondary sources; basis for evidence of achievement of Millennium Development Goals | 5–6 |
| Provides a concise discussion of reliability and quality of data collated from international secondary sources; assists in reviewing the Millennium Development Goals | 3–4 |
| Provides a brief and incomplete discussion of reliability and quality of data collated from international secondary sources | 1–2 |
| **Total** | **/6** |
| **Answer could include, but is not limited to:** |
| * sources of data: the data may not be from the same time period; countries may use different methods to collect data; data sources may not be consistent across countries providing the information; inconsistencies in similar sections of the population, such as age groupings, may differ
* comparing countries: consideration given to countries being of similar types/structures to support comparisons
* presentation of data: note inconsistencies in the data between countries, validity of data is dependent on reliable information and accurate interpretation
 |

11. (a) The proportion of people living on less than $1.25 a day is used as a measure for global poverty. Outline the trend for global poverty from 1990–2010.

|  |  |
| --- | --- |
| **Description** | **Marks** |
| Provides an accurate account of the trend for global poverty which could include:poverty rates halved over the period, meeting the Millennium Development Goal; poverty decreased in every area with greatest reduction in South-East Asia; small reduction in Sub-Saharan Africa with almost half the people still living in poverty; one third of people in Southern Asia living in poverty; almost eliminated poverty in Northern Africa | 2 |
| Provides a mostly accurate account of the trend | 1 |
| **Total** | **/2** |

 (b) Analyse the incidence of extreme poverty and the impact on the growth and development of children.

|  |  |
| --- | --- |
| **Description** | **Marks** |
| Provides a concise and comprehensive discussion of global poverty; direct links to the impact on growth and development of children; repercussions for communities and next generation | 4–5 |
| Provides a general discussion of global poverty; some links to growth and development of children, effect on communities | 2–3 |
| Provides a brief and incomplete discussion of global poverty; tenuous links to growth and development of children | 1 |
| **Total** | **/5** |
| **Answer could include, but is not limited to:** |
| * absolute deprivation of subsistence poverty, as in many developing countries; not having enough income to secure minimum levels of food, clothing and shelter; may still suffer from chronic hunger; malnutrition
* incidence of poverty: overcrowded dwellings – hygiene factors, being safe, shelter not appropriate for climate, abandon homes to seek protection due to conflict and war; unemployment and underemployment – low wages, child labour; lack of drinkable water; insufficient food or limited food choices, may abandon food crops due to conflict
* impact on growth and development: prone to sickness and disease, HIV/AIDS, for example; energy expended in sourcing food and water rather than expected growth; chronic hunger, leads to children of inadequate height for age; non-attendance at school; child fighters; malnourished women experience complications during pregnancy and higher chance of low birth weight babies; compounding impact on communities and next generation
 |

(c) Analyse the relationship between respect for the protection of the rights of children in Australia and the government’s priority in addressing homelessness and poverty.

|  |  |
| --- | --- |
| **Description** | **Marks** |
| Provides a concise and comprehensive analysis of the protection of the rights of children; discusses government policy specifically directed at addressing homelessness and poverty | 4–5 |
| Provides a general analysis of the protection of the rights of children; broadly discusses government policy when addressing homelessness and poverty | 2–3 |
| Provides a brief and incomplete analysis of the protection of the rights of children; little or no discussion of government policy addressing homelessness and poverty | 1 |
| **Total** | **/5** |
| **Answer could include, but is not limited to:** |
| * families and individuals do not have resources to be able to participate in lifestyle experiences, consumption and opportunities that most Australians get benefits from; live on the margin of society; in affluent countries similar to Australia, poverty is often associated with high levels of unemployment and inequality
* the protection of the rights of children: safe place to call home; state housing for low-income families; support for emergency accommodation, if homeless; refuge for mothers and children fleeing domestic violence; government resources to ensure high-quality education experiences; training programs to improve employment options; financial benefits to cover education, medical costs; to participate in lifestyle experiences; individual and family involvement in community activity – sense of belonging
 |
|  |  |
| **Total – Multiple-choice**  | **/5** |
| **Total – Short answer** | **/42** |
| **Final total** | **/47** |