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Important information

Accreditation period

Units 1–4: 1 January 2025 – 31 December 2029

Implementation of this study commences in 2025.

Other sources of information

The [*VCAA Bulletin*](https://www.vcaa.vic.edu.au/news-and-events/bulletins-and-updates/bulletin/Pages/index.aspx) is the only official source of changes to regulations and accredited studies. The Bulletin also regularly includes advice on VCE studies. It is the responsibility of each VCE teacher to refer to each issue of the Bulletin. The Bulletin is available as an e-newsletter via [free subscription](https://www.vcaa.vic.edu.au/Footer/Pages/Subscribe.aspx) on the VCAA website.

To assist teachers in developing courses, the VCAA publishes online [Support materials](https://www.vcaa.vic.edu.au/curriculum/vce/vce-study-designs/health-human-development/Pages/Index.aspx) (incorporating the content previously supplied in the *Advice for teachers*).

The current [*VCE Administrative Handbook*](https://www.vcaa.vic.edu.au/administration/vce-vcal-handbook/Pages/index.aspx) contains essential information on assessment processes and other procedures.

VCE providers

Throughout this study design the term ‘school’ is intended to include both schools and other VCE providers.

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Introduction

Scope of study

VCE Health and Human Development takes a broad and multidimensional approach to defining and understanding health. Students investigate the World Health Organization’s (WHO) definition and other interpretations of health and wellbeing. For the purposes of this study, students consider wellbeing to be an implicit element of health.

Students examine health (including the concepts of health and wellbeing, and health status) and human development as dynamic concepts that are subject to a complex interplay of biological, sociocultural and environmental factors, many of which can be acted upon by people, communities and governments. Students consider the interaction between these factors and learn that health and human development is complex and influenced by the settings in which people are born, grow, live, work and age.

Students consider Australian and global contexts as they investigate health outcomes and examine the Australian healthcare system to help evaluate what is being done to address health inequity and inequality. They examine and evaluate the work of global health organisations and the Australian Government’s overseas aid program.

This study presents concepts of health and wellbeing, and human development, from a range of perspectives: individual and collective; local, national and global; and across time and human lifespan. Students develop health literacy as they connect their learning to their lives, communities and world. They develop a capacity to critique and respond to health information, advertising and other media messages, which enables them to put strategies into action to address health and wellbeing at a personal, community and global level.

Rationale

VCE Health and Human Development provides students with a broad understanding of health and wellbeing that reaches far beyond the individual. They learn how important health and wellbeing is to themselves and to families, communities, nations and global society. Students explore the complex interplay of biological, sociocultural and environmental factors that support and improve health and wellbeing, and those that compromise it. The study provides opportunities for students to view health and wellbeing, and human development, holistically – across the lifespan and the globe, and through a lens of social justice.

VCE Health and Human Development is designed to build health literacy. As individuals and as citizens, students develop their ability to navigate and analyse health information, to critically recognise and carry out supportive action, and to evaluate healthcare initiatives and interventions. They take this capacity with them as they leave school and apply their learning in positive and resilient ways through future changes and challenges.

VCE Health and Human Development offers students a range of pathways including further formal study in areas such as health promotion, community health research and policy development, humanitarian aid work, allied health practices, education, and the health profession.

Aims

This study enables students to:

* understand the complex nature of health and human development
* develop a broad view of health and wellbeing, incorporating physical, social, emotional, mental and spiritual dimensions
* understand the biological, sociocultural and environmental factors that impact health and wellbeing
* develop health literacy to evaluate health information and take appropriate and positive action to support health and wellbeing
* develop understanding of the Australian healthcare system and the values that underpin it
* apply social justice principles to identify health and wellbeing inequities and analyse health and wellbeing interventions
* understand the importance of the United Nations’ (UN’s) Sustainable Development Goals (SDGs) and evaluate the effectiveness of health and wellbeing initiatives and programs to support the achievement of the SDGs
* propose and justify action to positively influence health and wellbeing, and human development, outcomes at individual, local, national and/or global levels.

Structure

The study is made up of four units.

* Unit 1: Understanding health and wellbeing (HH011)
* Unit 2: Managing health and development (HH022)
* Unit 3: Australia’s health in a globalised world (HH033)
* Unit 4: Health and human development in a global context (HH034)

Each unit deals with specific content contained in areas of study and is designed to enable students to achieve a set of outcomes for that unit. Each outcome is described in terms of key knowledge and key skills.

Entry

There are no prerequisites for entry to Units 1, 2 and 3. Students must undertake Unit 3 and Unit 4 as a sequence. Units 1–4 are designed to the equivalent standard of the final two years of secondary education. All VCE studies are benchmarked against comparable national and international curriculums.

Students entering Health and Human Development for the first time at Units 3 and 4 would benefit from familiarising themselves with the foundational concepts of health, including health and wellbeing, the dimensions of health, health status and the prerequisites for health, introduced in Unit 1: Understanding health and wellbeing.

A glossary defining terms used across Units 1–4 in the *VCE Health and Human Development Study Design* is included in the [Support materials](https://www.vcaa.vic.edu.au/curriculum/vce/vce-study-designs/health-human-development/Pages/Index.aspx)*.*

Duration

Each unit involves at least 50 hours of scheduled classroom instruction.

Changes to the study design

During its period of accreditation, minor changes to the study will be announced in the [*VCAA Bulletin*](https://www.vcaa.vic.edu.au/news-and-events/bulletins-and-updates/bulletin/Pages/index.aspx). The Bulletin is the only source of changes to regulations and accredited studies. It is the responsibility of each VCE teacher to monitor changes or advice about VCE studies published in the Bulletin.

Monitoring for quality

As part of ongoing monitoring and quality assurance, the VCAA will periodically undertake an audit of VCE Health and Human Development to ensure the study is being taught and assessed as accredited. The details of the audit procedures and requirements are published annually in the [*VCE Administrative Handbook*](https://www.vcaa.vic.edu.au/administration/vce-vcal-handbook/Pages/index.aspx). Schools will be notified if they are required to submit material to be audited.

Safety and wellbeing

It is the responsibility of the school to ensure that duty of care is exercised in relation to the safety and wellbeing of all students undertaking the study.

Students’ backgrounds in relation to a range of health topics are varied and often unknown. Care must be taken when teaching potentially sensitive topics, particularly in relation to mental health, causes of mortality, social factors and body image.

It should be noted that while there is a specific focus on overweight and obesity in this study, it is in the context of population health. Discussion of body mass index (BMI) is outside the scope of the study and could be harmful for some students.

Discussion of potentially sensitive or controversial topics should be consistent with the school ethos. Students should not be asked to disclose personal information about their own or their family’s health status and behaviours, nor should they be expected to volunteer this information.

Requirements for delivery

The Principal must make sure that students have access to adequate facilities and resources to complete any VCE study they are offered. There are no requirements for specialist facilities, [teacher qualifications](https://www2.education.vic.gov.au/pal/recruitment-schools/policy-and-guidelines/qualifications#teacher-class) and resources specified for this study.

Employability skills

This study offers a number of opportunities for students to develop employability skills. The [Support materials](https://www.vcaa.vic.edu.au/curriculum/vce/vce-study-designs/health-human-development/Pages/Index.aspx) provide specific examples of how students can develop employability skills during learning activities and assessment tasks.

Legislative compliance

When collecting and using information, the provisions of privacy and copyright legislation, such as the Victorian *Privacy and Data Protection Act 2014* and *Health Records Act 2001*, and the federal *Privacy Act 1988* and *Copyright Act 1968*, must be met.

Child Safe Standards

Schools and education and training providers are required to comply with the Child Safe Standards made under the Victorian *Child Wellbeing and Safety Act 2005*. Registered schools are required to comply with *Ministerial Order No. 1359 Implementing the Child Safe Standards – Managing the Risk of Child Abuse in Schools and School Boarding Premises*. For further information, consult the websites of the [Victorian Registration and Qualifications Authority](https://www.vrqa.vic.gov.au/childsafe/Pages/Home.aspx), the [Commission for Children and Young People](https://ccyp.vic.gov.au/) and the [Department of Education](https://www2.education.vic.gov.au/pal/child-safe-standards/policy).

Assessment and reporting

Satisfactory completion

The award of satisfactory completion for a unit is based on the teacher’s decision that the student has demonstrated achievement of the set of outcomes specified for the unit. Demonstration of achievement of outcomes and satisfactory completion of a unit are determined by evidence gained through the assessment of a range of learning activities and tasks.

Teachers must develop courses that provide appropriate opportunities for students to demonstrate satisfactory achievement of outcomes.

The decision about satisfactory completion of a unit is distinct from the assessment of levels of achievement. Schools will report a student’s result for each unit to the VCAA as S (satisfactory) or N (not satisfactory).

Levels of achievement

Units 1 and 2

Procedures for the assessment of levels of achievement in Units 1 and 2 are a matter for school decision. Assessment of levels of achievement for these units will not be reported to the VCAA. Schools may choose to report levels of achievement using grades, descriptive statements or other indicators.

Units 3 and 4

The VCAA specifies the assessment procedures for students undertaking scored assessment in Units 3 and 4. Designated assessment tasks are provided in the details for each unit in VCE study designs.

The student’s level of achievement in Units 3 and 4 will be determined by School-assessed Coursework (SAC) as specified in the VCE study design, and external assessment.

The VCAA will report the student’s level of achievement on each assessment component as a grade from   
A+ to E or UG (ungraded). To receive a study score, the student must achieve two or more graded assessments in the study and receive an S for both Units 3 and 4. The study score is reported on a scale   
of 0–50; it is a measure of how well the student performed in relation to all others who completed the study. Teachers should refer to the current [*VCE Administrative Handbook*](https://www.vcaa.vic.edu.au/administration/vce-vcal-handbook/Pages/index.aspx) for details on graded assessment and calculation of the study score.

Percentage contributions to the study score in VCE Health and Human Development are as follows:

* Unit 3 School-assessed Coursework: 25 per cent
* Unit 4 School-assessed Coursework: 25 per cent
* End-of-year examination: 50 per cent.

Details of the assessment program are described in the sections on Units 3 and 4 in this study design.

Authentication

Work related to the outcomes of each unit will be accepted only if the teacher can attest that, to the best of their knowledge, all unacknowledged work is the student’s own. Teachers need to refer to the current   
[*VCE Administrative Handbook*](https://www.vcaa.vic.edu.au/administration/vce-vcal-handbook/Pages/index.aspx) for authentication rules and strategies.

Requirements for teaching this study

The principal must make sure that students have access to adequate facilities and resources to complete any VCE study they are offered. There are no requirements for specialist facilities, [teacher qualifications](https://www2.education.vic.gov.au/pal/recruitment-schools/policy-and-guidelines/qualifications#teacher-class) and resources specified for this study.

Characteristics of the study

Key concepts and skills

The following concepts underpin VCE Health and Human Development. These concepts are used and applied across the study design when framing questions, and discussing, interpreting, analysing and evaluating content.

Health and wellbeing

The concept of health and wellbeing is embedded across all units of VCE Health and Human Development.

For the purposes of this study, the term ‘health’ is a broad, overarching term that includes the concepts of health and wellbeing, health status and associated health outcomes.

Students need to develop an understanding of the multidimensional, dynamic and subjective nature of the concept of health and wellbeing. Throughout the study design, health and wellbeing is portrayed as having   
5 dimensions: physical, social, emotional, mental and spiritual. It is important to acknowledge that the   
5 dimensions are not discrete but are interrelated and influence one another.

Within this study, students consider wellbeing to be an implicit element of health. Wellbeing is a complex combination of all dimensions of health, characterised by state of equilibrium in which the individual feels happy, healthy, capable and engaged.

Social justice

VCE Health and Human Development recognises that social justice is a prerequisite for health and wellbeing. The study uses a social justice lens to explore the variations in health between population groups, as well as within and between countries.

Social justice relates to fairness within society. A socially just society is necessary for health and wellbeing and cannot be achieved without the principles of:

* human rights, where society protects, respects and promotes everyone’s rights and freedoms
* access, where everyone in society has access to equal opportunities and the resources they need to thrive, including the prerequisites for health and wellbeing such as food, income and education
* participation, where everyone in society is encouraged to participate in their community and have their voice represented
* equity, which addresses the factors that cause inequality and provides strategies to ensure fairness. Equity is not about treating everyone equally but rather about providing what individuals or groups require for health and wellbeing.

Factors that influence health and wellbeing

Across all units, students should develop an understanding of the factors that influence health and wellbeing, and health status. Within the study, these factors are classified as biological, sociocultural and environmental. Some examples include:

* biological factors, including genetics, body weight, blood pressure, hormones and cholesterol levels
* sociocultural factors, including socioeconomic status, level of education, employment status, cultural background, social networks (for example, family and peer group), social expectations and attitudes   
  (for example, gender expectations), cultural traditions, and a subset of sociocultural factors:
* commercial factors, that is, conditions, actions and policies of corporate organisations that impact health and wellbeing, either positively or negatively; commercial factors include supply chains, product design, packaging and labelling, distribution and affordability, lobbying, marketing strategies and the use of media
* environmental factors, including geographic location, quality of air and water, safe workplaces, housing environment, community safety, access to physical resources within a community (for example, transportation, recreation facilities and health services).

Sustainability

Sustainability addresses the ongoing capacity of the planet to maintain all life. Sustainable patterns of living seek to meet the needs of the present generation without compromising the ability of future generations to meet their needs.

Sustainability is presented throughout this study as a complex, holistic concept comprising 3 dimensions: environmental, economic and social.

* The environmental dimension focuses on ensuring that the resources of the planet are available for future generations and includes addressing water quality, air quality and food security, as well as reducing environmental stressors such as greenhouse gases. Human health depends greatly on the quality of a person's environment, inextricably linking health and wellbeing to the state of the environment.
* The economic dimension is about using resources efficiently so that economic growth continues over time; economic growth includes opportunities for employment and job security as well as financial security for individuals, families, communities and nations. The economic dimension of sustainability contributes to the eradication of poverty and ensures that individuals, families, communities and nations have the resources necessary to promote health and wellbeing, now and into the future.
* The social dimension is about ensuring that people have access to social resources both today and in the future. It includes access to human rights, education, health care, political empowerment and connection to community. Social sustainability builds skills and capacities, improves the quality of lives and increases equity, inclusion and resilience, and is therefore essential for the health and wellbeing of individuals as well as local, national and global communities.

VCE Health and Human Development focuses on sustainability by considering the relationship between health and wellbeing, and the health of the planet, ensuring that the study is future-orientated. The study encourages students to reflect on how they interpret and engage with the world. It is designed to raise student awareness to create a more environmentally, economically and socially just world.

Data analysis

Embedded within all units of VCE Health and Human Development are the analysis and interpretation of health data. Data analysis is a tool that allows students to develop health literacy and informs the critical inquiry approach. Students should have opportunities to analyse and interpret a wide range of data types, such as tables, graphs (for example, bar, line and pie graphs), infographics, quotations and case studies. Students should also develop familiarity with a range of data measures such as percentages and ratios.

Some points of key knowledge require students to collect data. This does not need to be on a large scale and could include:

* surveying students within the class group or their peer group
* interviewing family members or other students
* making direct observations
* conducting an audit of health services in their local community
* using secondary data from a range of sources.

Before asking students to collect data, teachers should discuss with them the ethical principles of conducting research. These include the concepts of:

* obtaining informed consent
* doing no harm to the participants, researcher or community
* respecting the individual’s right to privacy.

Teachers must ensure that students use data collection methods that do not require them to disclose personal information about their health status or health behaviours. Data collection practices must be consistent with school policies.

Aboriginal and Torres Strait Islander Peoples’ knowledge, culture and perspectives on health and wellbeing

Aboriginal and Torres Strait Islander Peoples are the first Australians, and the oldest continuous living cultures in human history. They have diverse cultures and social and kinship structures, and unique, complex knowledge systems. VCE Health and Human Development provides opportunities for students to develop their understanding of Aboriginal and Torres Strait Islander perspectives on health and wellbeing, as well as of the factors that impact their health status.

Teachers are encouraged to include Aboriginal and Torres Strait Islander knowledge and perspectives in the design and delivery of teaching and learning programs related to VCE Health and Human Development. Many local Aboriginal and Torres Strait Islander communities have protocols that they have developed in relation to education. The Victorian Koorie community-preferred education model enables teachers to focus inclusively on supporting students to consider Victorian Koorie education matters, and systematically support students to learn about local, regional, state and national Aboriginal and Torres Strait Islander Peoples’ perspectives. VCE studies involve a focused extension of this model and include a broader application of national and international perspectives.

*Protocols for Koorie education in Victorian schools*, and other resources relating to the inclusion of Aboriginal and Torres Strait Island Peoples’ knowledge and perspectives, may be accessed at [VAEAI](https://www.vaeai.org.au/?s=Protocols+for+Koorie+education+in+Victoria).

Propositions of health

The following propositions of health contained within the Health and Physical Education Victorian Curriculum F–10 should be applied to all units of VCE Health and Human Development.

Strengths-based approach

The VCE Health and Human Development study adopts a strengths-based approach that affirms that all individuals and their communities have strengths and resources that can be nurtured to improve their own and others’ health and wellbeing. This approach attempts to avoid deficit models of health that are individualising and stigmatising. This shift can be challenging because risk is a key concept in the study of the health of population groups. While it is important to examine population health, the study of at-risk groups has the potential to cause harm. Ideally, students apply the social and environmental determinants of health to understand the complex factors that contribute to ongoing health inequality at the population level and to learn about population health and at-risk groups.

Health literacy

Health literacy relates to the extent to which people are able to access, critique, understand and use health information and services in ways that promote and maintain health and wellbeing. A high level of health literacy is strongly linked to improved health outcomes. VCE Health and Human Development focuses on developing knowledge and skills related to the following components:

* Individual health literacy refers to the skills, knowledge, motivation and capacity of a person to access, understand, appraise and apply information to make effective decisions about health and health care, and take appropriate action. Individual health literacy has 3 dimensions:
* The functional dimension refers to the basic skills to research and apply health information, acquire knowledge and utilise health services to respond to a health-related question.
* The interactive dimension includes more advanced knowledge, understanding and skills to engage with a health issue actively and independently, and to apply new health information to their set of circumstances. The interactive dimension enables students to interact with information providers such as healthcare professionals with greater confidence.
* The critical dimension is the ability to access and critically analyse health information from a variety of sources, which might include scientific information, health brochures or messages in the media, in order to take action to promote personal health and wellbeing or that of others. The critical dimension enables students to evaluate the validity of health information from a variety of sources to exert greater control over life events and situations.
* The health literacy environment refers to the infrastructure, policies, processes, materials, people and relationships that make up the health system and have an impact on the way people access, understand, appraise and apply health-related information and services.

An individual’s health literacy is impacted by the health literacy environment. Through studying VCE Health and Human Development, students’ individual health literacy will develop along with their capacity to critically analyse the broader health literacy environment in their local community, Australia and on a global scale.

Critical inquiry

VCE Health and Human Development engages students in critical inquiry processes that develop their ability to research, analyse, apply and appraise knowledge. This approach enables them to critically evaluate factors that influence health and wellbeing and explore how aspects of social justice can contribute to improvements in health and wellbeing, and health status.

VCE Health and Human Development recognises that values, behaviours, priorities and actions related to health and wellbeing reflect varying contextual factors that influence the ways people live. Through the study design, students develop an understanding that the interpretations and interests that individuals and social groups have in relation to health and wellbeing are diverse and therefore require different approaches and strategies.

Unit 1: Understanding health and wellbeing

In this unit, students explore health and wellbeing as a concept with varied and evolving perspectives and definitions. They come to understand that it occurs in many contexts and is subject to a wide range of interpretations, with different meanings for different people. As a foundation to their understanding of health, students investigate the World Health Organization’s (WHO) definition and other interpretations. They also explore the fundamental conditions required for health as stated by the WHO, which provide a social justice lens for exploring health inequities.

In this unit, students identify perspectives relating to health and wellbeing, and inquire into factors that influence health attitudes, beliefs and practices, including among Aboriginal and Torres Strait Islander Peoples. Students look at multiple dimensions of health and wellbeing, the complex interplay of influences on health outcomes and the indicators used to measure and evaluate health status. With a focus on youth, the unit equips students to consider their own health as individuals and as a cohort. They build health literacy by interpreting and using data in a research investigation into one youth health focus area, and by investigating the role of food.

Area of Study 1

Concepts of health

In this area of study, students take a broad, multidimensional approach to health and wellbeing. Such an approach acknowledges that defining and measuring concepts of health are complicated by a diversity of social and cultural contexts. Students consider the measurable indicators of population health and look at data reflecting the health status of young Australians. Focusing on youth, students inquire into the reasons for variations and inequalities in health status, including the sociocultural factors that contribute to variations in health outcomes.

Outcome 1

On completion of this unit, the student should be able to explain multiple dimensions of health and wellbeing, explain indicators used to measure health status and analyse sociocultural factors that contribute to variations in the health status of youth.

To achieve this outcome, the student will draw on the key knowledge and key skills outlined in Area of Study 1.

Key knowledge

* various definitions of health and wellbeing: physical, social, emotional, mental and spiritual dimensions
* prerequisites for health, as determined by the WHO: peace, shelter, education, food, income, social justice, equity, stable ecosystem and sustainable resources
* youth and Aboriginal and Torres Strait Islander perspectives on health and wellbeing
* indicators used to measure health status, such as incidence and prevalence of health conditions, morbidity, rates of hospitalisation, burden of disease, mortality, life expectancy, core activity limitation, psychological distress and self-assessed health status
* the health status of Australia’s youth
* sociocultural factors that contribute to variations in health outcomes for youth, such as peer group, family, education, income and health literacy.

Key skills

* describe and analyse various perspectives, definitions and interpretations of health and wellbeing
* explain different dimensions of health and wellbeing
* discuss how access to prerequisites for health can promote positive health outcomes
* describe the subjective nature of health and wellbeing
* discuss various perspectives on health and wellbeing, including those of youth and Aboriginal and Torres Strait Islander Peoples
* draw conclusions from health data about the health status of youth in Australia
* explain and analyse a range of sociocultural factors that contribute to variations in the health outcomes of Australia’s youth.

Area of Study 2

Youth health and wellbeing

In this area of study, students apply the broad concepts of health and wellbeing from Area of Study 1 to their study of Australia’s youth. They identify major health inequalities impacting Australia’s youth and reflect on the causes. Students inquire into how governments and organisations develop and implement youth health programs and consider factors that influence the implementation of and access to these programs.

Students conduct a research investigation and apply research skills to find out what young people are most focused on and concerned about regarding health outcomes. The focus for this research could include key areas such as mental health and wellbeing, smoking and vaping, alcohol and other drugs, gambling, relationships and sexuality, and safety (for example, on the road, in the water and the sun, and online).

Students select a particular focus area and conduct research, interpret data and draw conclusions on how the health of Australia’s youth can be promoted and improved.

Outcome 2

On completion of this unit, the student should be able to interpret data to identify key areas for improving youth health and wellbeing, and analyse one youth health area in detail.

To achieve this outcome, the student will draw on the key knowledge and key skills outlined in Area of Study 2.

Key knowledge

* key areas of youth health requiring health action, as indicated by health data
* government and non-government programs relating to youth health and wellbeing
* the following features of one health focus relating to Australia’s youth:
* impact on different dimensions of health and wellbeing
* data such as incidence, prevalence and trends
* risk and protective factors
* healthcare services and support
* government and community programs and personal strategies to reduce negative impact
* direct, indirect and intangible costs to individuals and/or communities
* opportunities for youth advocacy and action on a personal and community level to improve outcomes in terms of health and equity.

Key skills

* identify key areas for action and improvement in youth health and wellbeing using research to interpret data
* analyse factors that contribute to inequalities in the health status of Australia’s youth
* analyse factors that influence the creation and implementation of, and access to, programs that target youth health such as equity, social justice, community values and funding
* research, collect and analyse data on one health focus relating to youth, examining its impact, management, advocacy and costs.

Area of Study 3

Health and nutrition

In this area of study, students explore food and nutrition as foundations for good health. They investigate the roles and sources of major nutrients and the use of food selection models and other initiatives to promote healthy eating. Students explore the health consequences of nutritional imbalance, especially for youth, and consider the sociocultural and commercial factors that influence the food practices of, and food choices made, by youth. They develop strategies for building health literacy and evaluating nutrition information from various sources, including advertisements and social media.

Outcome 3

On completion of this unit, the student should be able to apply nutrition information, food selection models and initiatives to evaluate nutrition information.

To achieve this outcome, the student will draw on the key knowledge and key skills outlined in Area of Study 3.

Key knowledge

* the function and food sources of major nutrients important for health outcomes, such as carbohydrates (including fibre), fats, proteins, water, vitamin C, vitamin D, iron, calcium, sodium and folate
* the use of food selection models and other initiatives to promote healthy eating among youth, such as the Australian Guide to Healthy Eating, the Healthy Eating Pyramid and the Health Star Rating system
* sources of nutrition information and methods to evaluate its validity
* sociocultural factors, including commercial factors, that act as enablers of or barriers to healthy eating among youth, with a focus on the tactics used in the marketing and promotion of food to youth.

Key skills

* explain the role of major nutrients in health outcomes
* describe the possible consequences of nutritional imbalance on short and long-term health outcomes for youth
* evaluate the effectiveness of food selection models and other initiatives in the promotion of healthy eating among youth
* evaluate the validity of food and nutrition information from a variety of sources
* analyse sociocultural factors that contribute to healthy eating among youth and their potential impact on health behaviours and health outcomes.

Assessment

The award of satisfactory completion for a unit is based on whether the student has demonstrated the set of outcomes specified for the unit. Teachers should use a variety of learning activities and assessment tasks that provide a range of opportunities for students to demonstrate the key knowledge and key skills in the outcomes.

The areas of study, including the key knowledge and key skills listed for the outcomes, should be used for course design and the development of learning activities and assessment tasks. Assessment must be a part of the regular teaching and learning program and should be completed mainly in class and within a limited timeframe.

All assessments at Units 1 and 2 are school-based. Procedures for assessment of levels of achievement in Units 1 and 2 are a matter for school decision.

For this unit, students are required to demonstrate three outcomes. As a set, these outcomes encompass the areas of study in the unit.

Suitable tasks for assessment in this unit may be selected from the following:

* a written report, such as a media analysis, a research investigation, a blog post or a case study analysis
* a visual presentation, such as a graphic organiser, a concept/mind map, an annotated poster or a digital presentation
* an oral presentation, such as a debate or a podcast
* structured questions, including data analysis.

Where teachers allow students to choose between tasks, they must ensure that the tasks they set are of comparable scope and demand.

Unit 2: Managing health and development

In this unit, students investigate transitions in health and wellbeing, and human development, from lifespan and societal perspectives. They explore the changes and expectations that are integral to the progression from youth to adulthood. Students apply health literacy skills through an examination of adulthood as a time of increasing independence and responsibility, involving the establishment of long-term relationships, possible considerations of parenthood and management of health-related milestones and changes.

Students explore health literacy through an investigation of the Australian healthcare system from the perspective of youth and analyse health information. They investigate the challenges and opportunities presented by digital media and consider issues surrounding the use of health data and access to quality health care.

Area of Study 1

Developmental transitions

In this area of study, students examine the developmental transitions from youth to adulthood, with a focus on expected changes, significant decisions, and protective factors including behaviours. They consider perceptions of what it means to be a youth and an adult and investigate the expected physical and social changes. They inquire into factors that influence both the transition from youth to adulthood and later health status. They consider the characteristics of respectful, healthy relationships. Students examine parenthood as a transition in life. With a focus on the influence of parents or carers, and families, they investigate factors that contribute to development, and health and wellbeing during the prenatal, infancy and early childhood stages of the human lifespan. Health and wellbeing is considered as an intergenerational concept; that is, the health and wellbeing of one generation affects the next.

Outcome 1

On completion of this unit, the student should be able to explain developmental changes in the transition from youth to adulthood, analyse factors that contribute to healthy development during the prenatal and early childhood stages of the human lifespan and explain health and wellbeing as an intergenerational concept.

To achieve this outcome, the student will draw on the key knowledge and key skills outlined in Area of Study 1.

Key knowledge

* overview of the human lifespan
* perceptions of youth and adulthood as stages of the human lifespan
* characteristics of development, including physical, social, emotional and intellectual
* developmental transitions from youth to adulthood
* key characteristics of healthy and respectful relationships and their impact on health and wellbeing, and on development
* considerations associated with becoming a parent, such as changes in responsibilities and relationships, and additional stressors
* the availability of social and emotional support and resources for parents
* the role of parents, carers and the family environment in determining the optimal development of children, by developing students’ understanding of:
* fertilisation and the stages of prenatal development
* risk and protective factors related to prenatal development, such as maternal diet and the effects of smoking and alcohol during pregnancy
* physical, social, emotional and intellectual development in infancy and early childhood
* the impact of early life experiences on future health and development
* the intergenerational nature of health and wellbeing.

Key skills

* describe the stages of the human lifespan
* collect and analyse information to draw conclusions on perceptions of youth and adulthood
* describe the characteristics of physical, social, emotional and intellectual development
* explain the developmental changes that characterise the transition from youth to adulthood
* analyse the role of healthy and respectful relationships in the achievement of optimal health and wellbeing
* analyse factors to be considered and resources required for the transition to parenthood
* analyse factors that influence development during the prenatal and early childhood stages of the human lifespan
* explain health and wellbeing as an intergenerational concept.

Area of Study 2

Youth health literacy

In this area of study, students investigate the health system in Australia from the perspective of youth and their rights and responsibilities. They examine the functions of various entities that play a role in our health system. Students inquire into equity of access to health services, as well as the rights and responsibilities of youth receiving health care. They research the range of health services in their communities and suggest ways of improving the health literacy and health outcomes of youth.

Outcome 2

On completion of this unit, the student should be able to explain factors affecting access to Australia’s health system that contribute to health literacy and promote the health and wellbeing of youth.

To achieve this outcome, the student will draw on the key knowledge and key skills outlined in Area of Study 2.

Key knowledge

* key aspects of Australia’s health system used by youth, such as general practitioners (GPs), allied health services, alternative health services, Medicare, the Pharmaceutical Benefits Scheme (PBS) and the National Disability Insurance Scheme (NDIS)
* the range of services available in the local community to support the physical, social, emotional, mental and spiritual dimensions of youth health and wellbeing
* factors affecting youth’s access to health services and information
* rights and responsibilities associated with accessing health services, such as privacy and confidentiality relating to the storage, use and sharing of personal health information and data
* opportunities and challenges presented by digital media in the provision of youth health and wellbeing information, for example websites, online practitioners and digital health apps
* options for consumer complaint and redress within the health system.

Key skills

* describe key aspects of the health system and their impact on youth health literacy and health outcomes
* research youth health services in the local community and explain which dimension(s) of health each one supports
* identify and explain factors that affect the ability of youth to access health services and information
* critique sources of health information and health services
* discuss rights and responsibilities of access to health services
* explain the options for consumer complaint and redress within the health system.

Assessment

The award of satisfactory completion for a unit is based on whether the student has demonstrated the set of outcomes specified for the unit. Teachers should use a variety of learning activities and assessment tasks that provide a range of opportunities for students to demonstrate the key knowledge and key skills in the outcomes.

The areas of study, including the key knowledge and key skills listed for the outcomes, should be used for course design and the development of learning activities and assessment tasks. Assessment must be a part of the regular teaching and learning program and should be completed mainly in class and within a limited timeframe.

All assessments at Units 1 and 2 are school-based. Procedures for assessment of levels of achievement in Units 1 and 2 are a matter for school decision.

For this unit, students are required to demonstrate two outcomes. As a set, these outcomes encompass the areas of study in the unit.

Suitable tasks for assessment in this unit may be selected from the following:

* a written report, such as a media analysis, a research inquiry, a blog or a case study analysis
* an extended response question analysing a range of data sources with an emphasis on annotating, synthesising and planning the response
* a visual presentation such as a graphic organiser, a concept/mind map, an annotated poster, a digital presentation
* an oral presentation, such as a debate or a podcast
* structured questions, including data analysis.

Where teachers allow students to choose between tasks, they must ensure that the tasks they set are of comparable scope and demand.

Unit 3: Australia’s health in a globalised world

In this unit, students look at health and wellbeing, disease and illness as being multidimensional, dynamic and subject to different interpretations and contexts. They explore health and wellbeing as a global concept and take a broader approach to inquiry. Students consider the benefits of optimal health and wellbeing and its importance as an individual and a collective resource. They extend this to health as a universal right, analysing and evaluating variations in the health status of Australians.

Students focus on health promotion and improvements in population health over time. Through researching health improvements and evaluating successful programs, they explore various public health approaches and the interdependence of different models. While the emphasis is on the Australian health system, the progression of change in public health approaches should be seen within a global context.

Area of Study 1

Understanding health and wellbeing

In this area of study, students explore health and wellbeing, and illness as complex, dynamic and subjective concepts. They reflect on both the universality of public health goals and the increasing influence of global conditions on Australians. Students develop their understanding of the indicators used to measure and evaluate health status, and the factors that contribute to variations in health status between different groups.

Outcome 1

On completion of this unit, the student should be able to explain the complex, dynamic and global nature of health and wellbeing, interpret and apply Australia’s health status data, and analyse variations in health status.

To achieve this outcome, the student will draw on the key knowledge and key skills outlined in Area of Study 1.

Key knowledge

* concepts of health and wellbeing (physical, social, emotional, mental and spiritual dimensions), illness, and the dynamic and subjective nature of these concepts
* benefits of optimal health and wellbeing and its importance as a resource individually, nationally and globally
* indicators used to measure and understand health status:
* incidence
* prevalence
* morbidity
* burden of disease
* disability-adjusted life year (DALY)
* years of life lost (YLL)
* years lived with disability (YLD)
* life expectancy
* health-adjusted life expectancy (HALE)
* mortality (maternal, infant and under five)
* self-assessed health status
* biological, sociocultural and environmental factors that contribute to variations in health status between population groups
* the contribution to Australia’s health status of:
* smoking and vaping
* alcohol
* overweight and obesity
* nutritional imbalance (under-consumption of fruit and vegetables, and dairy foods; high intake of fat, salt and sugar; low intake of fibre).

Key skills

* explain the dynamic and subjective nature of the concepts of health and wellbeing and illness
* describe the relationship between dimensions of health and wellbeing
* explain the individual, national and global importance of health and wellbeing as a resource
* interpret and apply indicators used to measure health status
* use data to evaluate the health status of Australians
* describe how examples of biological, sociocultural and environmental factors can influence health outcomes
* analyse health information to explain how factors can contribute to variations in health status between population groups.

Area of Study 2

Promoting health in Australia

In this area of study, students look at different approaches to public health over time, with an emphasis on changes and strategies that have succeeded in improving health outcomes. They examine the progression of public health in Australia since 1900, noting global changes and influences such as the Ottawa Charter for Health Promotion, and the general transition of focus from the health and wellbeing of individuals to that of population groups including Aboriginal and Torres Strait Islander Peoples. Students investigate the Australian health system and its role in promoting health and wellbeing. They apply their understanding of successful health promotion campaigns, programs and case studies to evaluate the ability of initiatives to identify priorities and improve health outcomes in Australia.

Outcome 2

On completion of this unit, the student should be able to explain changes to public health approaches, analyse improvements in population health over time and evaluate health promotion strategies and initiatives.

To achieve this outcome, the student will draw on the key knowledge and key skills outlined in Area of Study 2.

Key knowledge

* reasons for improvements in Australia’s health status since 1900, focusing on:
* ‘old’ public health
* the biomedical approach to health and improvements in medical technology
* the concept of the social model of health and the Ottawa Charter for Health Promotion (not including the principles of the social model of health)
* the role of health promotion in improving population health
* programs to improve Aboriginal and Torres Strait Islander Peoples’ health, including how they promote social justice
* initiatives to promote healthy eating in Australia, including the Australian Dietary Guidelines, the Australian Guide to Healthy Eating and the Aboriginal and Torres Strait Islander Guide to Healthy Eating
* challenges in bringing about nutritional change, including sociocultural, environmental and commercial factors
* Australia’s health system, including Medicare, private health insurance, the Pharmaceutical Benefits Scheme (PBS) and the National Disability Insurance Scheme (NDIS), and its role in promoting health in terms of funding, sustainability, access and equity.

Key skills

* analyse data that shows improvements in health over time and draw conclusions about reasons for improvements
* explain how initiatives of ‘old’ public health and the social model of health, including those reflecting action areas of the Ottawa Charter for Health Promotion, could lead to improved health outcomes
* describe the relationship between biomedical and social models of health, including the strengths and limitations of each
* analyse a range of data, case studies and examples of health promotion programs in relation to the use of action areas of the Ottawa Charter for Health Promotion and how they can lead to improved health outcomes
* analyse initiatives introduced to improve Aboriginal and Torres Strait Islander Peoples’ health and wellbeing in Australia, and how they reflect the action areas of the Ottawa Charter for Health Promotion and social justice
* evaluate initiatives in terms of their capacity to improve health outcomes of Aboriginal and Torres Strait Islander Peoples and promote social justice
* evaluate the impact of initiatives to promote healthy eating in Australia and their ability to improve health outcomes
* draw conclusions as to why nutritional improvements are difficult to achieve in Australia
* analyse the role of Medicare, private health insurance, the PBS and the NDIS in promoting Australia’s health.

School-based assessment

Satisfactory completion

The award of satisfactory completion for a unit is based on whether the student has demonstrated the set of outcomes specified for the unit. Teachers should use a variety of learning activities and assessment tasks to provide a range of opportunities for students to demonstrate the key knowledge and key skills in the outcomes.

The areas of study and key knowledge and key skills listed for the outcomes should be used for course design and the development of learning activities and assessment tasks.

Assessment of levels of achievement

School-assessment Coursework

The student’s level of achievement in Unit 3 will be determined by School-assessed Coursework. School-assessed Coursework tasks must be a part of the regular teaching and learning program and must not unduly add to the workload associated with that program. They must be completed mainly in class and within a limited timeframe.

Where teachers provide a range of options for the same School-assessed Coursework task, they should ensure that the options are of comparable scope and demand.

The types and range of forms of School-assessed Coursework for the outcomes are prescribed within the study design. The VCAA publishes [Support materials](https://www.vcaa.vic.edu.au/curriculum/vce/vce-study-designs/health-human-development/Pages/Index.aspx) for this study, which include advice on the design of assessment tasks and the assessment of student work for a level of achievement.

Teachers will provide to the VCAA a numerical score representing an assessment of the student’s level of achievement. The score must be based on the teacher’s assessment of the performance of each student on the tasks set out in the following table.

Contribution to final assessment

School-assessed Coursework for Unit 3 will contribute 25 per cent to the study score.

|  |  |  |
| --- | --- | --- |
| Outcomes | Marks allocated | Assessment tasks |
| **Outcome 1**  Explain the complex, dynamic and global nature of health and wellbeing, interpret and apply Australia’s health status data and analyse variations in health status. | **50** | The student’s performance on each outcome is assessed using one or more of the following.   * a written report, such as a media analysis, a research investigation a blog post or a case study analysis * an extended response question analysing a range of stimuli with an emphasis on annotating, synthesising and planning the response * an oral presentation, such as a debate or a podcast * a visual presentation such as a concept map, an annotated poster, or a digital presentation * structured questions, including data analysis or case study analysis.   Each task type can only be selected once across Outcome 1 and Outcome 2. |
| **Outcome 2**  Explain changes to public health approaches, analyse improvements in population health over time and evaluate health promotion strategies and initiatives. | **50** |
| **Total marks** | **100** |  |

External assessment

The level of achievement for Units 3 and 4 is also assessed by an end-of-year examination (see [page 29](#Examination)), which will contribute 50 per cent to the study score.

Unit 4: Health and human development in a global context

In this unit, students examine health and human development in a global context. They use data to investigate health status and human development in different countries, exploring factors that contribute to health inequalities between and within countries, including the physical, social and economic conditions in which people live. Students build their understanding of health in a global context through examining changes in health status over time and studying the key concept of sustainability. They consider the health implications of increased globalisation and worldwide trends relating to climate change, digital technologies, world trade, tourism, conflict and the mass movement of people.

Students consider global action to improve health and human development, focusing on the United Nations’ (UN’s) Sustainable Development Goals (SDGs) and the priorities of the World Health Organization (WHO). They also investigate the role of non-government organisations and Australia’s overseas aid program. Students evaluate the effectiveness of health initiatives and programs in a global context and reflect on their own capacity to act.

Area of Study 1

Global health and human development

In this area of study, students explore similarities and differences in health status and human development in low-, middle- and high-income countries, including Australia. They investigate a range of factors that contribute to health inequalities and study the concepts of sustainability and the Human Development Index to further their understanding of health and human development in a global context. Students inquire into the effects of global trends on health and human development.

Outcome 1

On completion of this unit, the student should be able to analyse similarities and differences in health status and human development globally and analyse the factors that contribute to these differences.

To achieve this outcome, the student will draw on the key knowledge and key skills outlined in Area of Study 1.

Key knowledge

* the concept of human development
* advantages and limitations of the Human Development Index
* characteristics of low-, middle- and high-income countries
* similarities and differences in health status and human development in low-, middle- and high-income countries, including Australia
* factors that contribute to similarities and differences in health status and human development:
* access to safe water
* sanitation
* poverty
* discrimination (race, religion, sex, sexual orientation and gender identity)
* the concept and dimensions of sustainability (environmental, social and economic) and its role in the promotion of health and human development
* implications for health and human development of global trends including:
* climate change (rising sea levels, changing weather patterns and increasing number of extreme weather events)
* conflict
* mass migration
* increased world trade (global distribution and marketing of tobacco products, e-cigarette products and processed foods)
* tourism
* digital technologies.

Key skills

* explain the concept of human development
* explain the Human Development Index and evaluate its usefulness in measuring human development in different countries
* describe characteristics of low-, middle- and high-income countries
* evaluate data to analyse similarities and differences between countries in relation to health status and human development
* analyse factors that contribute to health status and human development in different countries
* compare health data and other information to analyse reasons for health inequalities within and between countries
* explain sustainability (environmental, social and economic) and its importance in the promotion of health and human development in a global context
* analyse the implications for health and human development of particular global trends.

Area of Study 2

Health and the Sustainable Development Goals

In this area of study, students look at action for promoting health globally. They consider the importance of and relationships between the UN’s SDGs, focusing on their promotion of health and human development. Students investigate the priorities of the WHO and evaluate Australia’s aid program and the role of non-government organisations. They reflect on meaningful and achievable individual and social actions that could contribute to the work of national and international organisations that promote health and wellbeing.

Outcome 2

On completion of this unit, the student should be able to analyse the relationships between the SDGs and their role in the promotion of health and human development and evaluate the effectiveness of global aid programs.

To achieve this outcome, the student will draw on the key knowledge and key skills outlined in Area of Study 2.

Key knowledge

* the importance of the UN’s SDGs for health and human development in a global context
* key features of SDG 3 (‘Ensure healthy lives and promote wellbeing for all at all ages’)
* relationships between SDG 3 and SDGs 1, 2, 4, 5, 6 and 12
* priorities of the WHO
* the purpose and characteristics of different types of aid, including bilateral, multilateral and aid provided by non-government organisations providing humanitarian assistance, reducing poverty, improving human development and promoting health)
* the role of Australia’s aid program in supporting the achievement of the SDGs and the partnerships involved
* features of effective aid programs
* ways in which individuals can engage with communities and/or national and international organisations to take individual and social action that promotes health and human development.

Key skills

* discuss the importance of the UN’s SDGs for global health and human development
* describe the key features of SDG 3
* analyse the relationships between SDG 3 and other SDGs in promoting health and human development globally
* explain the priorities of the WHO
* analyse how the WHO priorities are reflected in different scenarios
* evaluate different types of aid and their effectiveness in providing humanitarian assistance, reducing poverty and improving human development and promoting health
* discuss how Australia’s aid program supports the achievement of the SDGs
* justify why Australia’s aid program is delivered through partnerships
* evaluate the effectiveness of aid programs in promoting health and human development
* discuss ways of taking individual and social action to promote health and human development.

School-based assessment

Satisfactory completion

The award of satisfactory completion for a unit is based on whether the student has demonstrated the set of outcomes specified for the unit. Teachers should use a variety of learning activities and assessment tasks to provide a range of opportunities for students to demonstrate the key knowledge and key skills in the outcomes.

The areas of study and key knowledge and key skills listed for the outcomes should be used for course design and the development of learning activities and assessment tasks.

Assessment of levels of achievement

School-assessed Coursework

The student’s level of achievement in Unit 4 will be determined by School-assessed Coursework. School-assessed Coursework tasks must be a part of the regular teaching and learning program and must not unduly add to the workload associated with that program. They must be completed mainly in class and within a limited timeframe.

Where teachers provide a range of options for the same School-assessed Coursework task, they should ensure that the options are of comparable scope and demand.

The types and range of forms of School-assessed Coursework for the outcomes are prescribed within the study design. The VCAA publishes [Support materials](https://www.vcaa.vic.edu.au/curriculum/vce/vce-study-designs/health-human-development/Pages/Index.aspx) for this study, which include advice on the design of assessment tasks and the assessment of student work for a level of achievement.

Teachers will provide to the VCAA a numerical score representing an assessment of the student’s level of achievement. The score must be based on the teacher’s assessment of the performance of each student on the tasks set out in the following table.

Contribution to final assessment

School-assessed Coursework for Unit 4 will contribute 25 per cent to the study score.

|  |  |  |
| --- | --- | --- |
| **Outcomes** | **Marks allocated** | **Assessment tasks** |
| **Outcome 1**  Analyse similarities and differences in health status and human development globally and analyse the factors that contribute to these differences. | **50** | The student’s performance on each outcome is assessed using one or more of the following:   * a written report, such as a media analysis, a research ~~i~~nvestigation, a blog post or a case study analysis * an extended response question analysing a range of stimuli with an emphasis on annotating, synthesising and planning the response * an oral presentation, such as a debate or a podcast * a visual presentation, such as a concept map, an annotated poster, or a digital presentation * structured questions, including data analysis or case study analysis.   Each task type can only be selected once across Outcome 1 and Outcome 2. |
| **Outcome 2**  Analyse the relationships between the SDGs and their role in the promotion of health and human development and evaluate the effectiveness of global aid programs. | **50** |
| **Total marks** | **100** |  |

External assessment

The level of achievement for Units 3 and 4 is also assessed by an end-of-year examination.

End-of-year examination

Contribution to final assessment

The examination will contribute 50 per cent to the study score.

Description

The examination will be set by a panel appointed by the VCAA. All the key knowledge and key skills that underpin the outcomes in Units 3 and 4 are examinable.

Conditions

The examination will be completed under the following conditions:

* Duration: 2 hours.
* Date: end-of-year, on a date to be published annually by the VCAA.
* VCAA examination rules will apply. Details of these rules are published annually in the [*VCE Administrative Handbook*](https://www.vcaa.vic.edu.au/administration/vce-vcal-handbook/Pages/index.aspx).
* The examination will be marked by assessors appointed by the VCAA.

Further advice

The VCAA publishes specifications for all VCE examinations on the VCAA website. Examination specifications include details about the sections of the examination, their weighting, the question format(s) and any other essential information. The specifications are published in the first year of implementation of the revised Unit 3 and 4 sequence, together with any sample material.