Unit 1DHEA: The health of groups and communities

The focus for Health Studies Unit 1DHEA is the health of groups and communities.

This unit assesses the significance to health of being a member of a specific community or group such as school, religious or sporting bodies. Students examine local efforts at health promotion and determine how these contribute to improvements in health. Current Australian health priorities are explored and strategies for improving the health of communities and groups are considered. Students explore the notion that both state and federal bodies have responsibilities for health.

This alcohol and other drug support material must be read in conjunction with the Health Studies Course (www.curriculumcouncil.wa.gov.au).

The information and activities have been designed to be used within the Health Studies Unit 1DHEA. They are intended to be used in conjunction with other learning activities and contexts and as such, do not cover all content areas outlined for Unit 1DHEA.

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### Stage 1 Units

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<td>- relationships between social, environmental and biological determinants of health</td>
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<td>- personal health influences</td>
<td>- the influence of health determinants that support or detract from personal, peer and family health status</td>
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<td>- personal factors that enable and reinforce behaviours that determine health i.e. predisposing, enabling and reinforcing factors</td>
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<td>- models that enhance and promote personal health i.e. Stages of Change Model</td>
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<td>- personal action plans to protect and promote and optimise personal health i.e. aims/goals, developing strategies, SMART goal setting, identifying and overcoming barriers</td>
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<td>- strategies for improving life expectancy with focus on prevention, importance of intervention, healthy environments</td>
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| **Healthcare systems** | - range and types of health facilities and services  
- selection of health products and services that meet personal needs and priorities  
- criteria for selecting personal health products and services  
- structure of current healthcare system i.e. two tiered system of state/federal  
- private health insurance and how it fits into the system  
- rights and responsibilities as a healthcare consumer  
- criteria for choosing a healthcare professional  |
| **Personal beliefs, attitudes and values influence on health behaviour** | - defining personal beliefs, attitudes and values and their relationship to health behaviour  
- differences in personal, values and attitudes  
- formation of personal beliefs, attitudes and values about health  
- relationship between knowledge, beliefs, attitudes and health behaviour  
- influence of personality, individual and situational factors on the formation of personal beliefs, attitudes and values  
- influence of physical and structural factors on personal beliefs, attitudes and values towards health behaviour  
- impact of personal beliefs about health on health behaviour  |
| **Social and cultural norms & expectations influence on health behaviours** | - definitions of social and cultural norms and expectations  
- formation of social and cultural norms  
- influence of general social and cultural norms on personal behaviour  
- influence of peer group and cultural norms and expectations on personal health behaviours  
- influence of peer group, personal, cultural, school, parental and religious norms and expectations on health behaviour of self and others  |
| **Self-management skills** | - self-assessment of strengths and challenges in health  
- styles of decision-making in determining personal health priorities and goals e.g. impulsive, intuitive, rational  
- factors affecting choice of decision-making style  
- decision-making models  
- skills for building self-confidence and personal motivation i.e. goal setting for short and longer term, resilience and coping with change  
- impact of decisions and behaviours of the peer group on personal decision-making  
- impact of values and cultural awareness on personal decision making  
- skills for seeking social support among peers and family for behaviour change i.e. self-confidence  
- skills for monitoring and modifying health behaviour i.e. time management, decision-making, planning  |
| **The health of groups and communities** | - local, state and federal government responsibilities for health  
- issues around responsibilities for health care in Australia e.g. workforce shortages, waiting lists, funding for health  
- influence of groups and community upon personal beliefs and attitudes and ability to pursue values  
- impact of multiple beliefs and attitudes of self and others on health behaviour  
- role of wider community in construction, transmission and promotion of beliefs, attitudes and values  
- solution-focused approaches to decision-making  
- prediction of barriers and enablers to healthy decision making  
- practical decision-making tools and strategies i.e. PMI, cost-benefit analysis, Six Thinking Hats  |
### Interpersonal skills
- Importance of effective communication for better health and wellbeing
- Non-verbal and verbal communication skills and strategies for effective relationships i.e. speaking, listening
- Assertive, passive and aggressive communication
- Use of ‘you’ and ‘I’ statements
- Skills for working in pairs and groups i.e. cooperation, negotiation
- Communication skills that build cooperation and collaboration in achieving group goals i.e. active listening, empathy, respect for others and compromise, managing conflict
- Barriers to effective communication
- Effective use of communication channels e.g. mobile phones, email, internet
- Skills for effective communication in groups i.e. mediation, negotiation, supporting others, managing group dynamics
- Codes of behaviour in groups

### Health inquiry skills and processes
- Basic health terms/language
- Identification of reliable sources of health information
- Basic gathering and searching techniques i.e. defining and using keywords and effective use of internet search engines
- Summarising information
- Presentation of health information in simple report formats
- Common health terminology
- Identification of health issues and concerns
- Criteria for choosing reliable sources of health information
- Effective data collection techniques i.e. keywords and phrases that define the issue
- Combination and summary of information
- Techniques for drawing of general conclusions
- Reporting of findings to others in simple ways
- Identification of health concerns and issues
- Effective searching techniques using a variety of reliable and accurate sources and perspectives
- Combination of information and connecting similar ideas/information
- Drawing of conclusions
- Communication of findings in differing styles e.g. poster presentation, oral, PowerPoint
- Development of health focus questions
- Inquiry plans i.e. type of information to be collected, timeline and audience for inquiry
- Tools for organising information e.g. mind and concept maps, grouping like information
- Techniques for referencing
- Combination, summary and analysis of information including identification of trends and patterns
- Techniques for developing substantiated conclusions
- Communication of findings using common health discourse and styles to suit different audiences
## Unit overview

The following table shows the links of the specific content areas to the content organisers, the suggested activities and strategies, and the assessment tasks covered in this unit.

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Teacher notes: Health promotion

The information and activities are designed to cover the following content from the Health Studies Unit 1DHEA:

Health principles, frameworks, models and theories
- public health with emphasis on prevention and health promotion
- health promotion in your community; agents and agencies ad their role in promoting health.

Health promotion

Health promotion, as defined by the World Health Organisation, is the process of enabling people to increase control over, and to improve, their health.

The Ottawa Charter (1986) defines health promotion as:

‘...the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social wellbeing, an individual or group must be able to identify and to realise aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasising social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to wellbeing.’

Health promotion in Australia

Australia has a strong history of action in health promotion and disease prevention over the past 25 years. This has been a major factor in improving the health of the Australian population over that period.

Today most Australians enjoy much better health than their parents or grandparents did. Australian males born in the last few years can expect to live for 77.5 years - more than seven years longer than their counterparts born 20 years earlier.

Australia has one of the lowest mortality rates in the OECD and is ranked fourth on the quality of life indicators as published by the World Health Organization (OECD Health Data, 2008).
Activity: Alcohol and other drug campaigns

This activity will help students to:

- become familiar with a range of local, state and national alcohol and other drugs health promotion campaigns
- identify features of an alcohol and other drug health promotion (social marketing) campaign.

Resources

- Internet access (see Interactive drug education websites for young people page 271 and Credible information websites page 269)
- Current alcohol and other drug campaign brochures/advertising materials/posters/DVDs – enough for class

How is it implemented?

1. Identify an alcohol and other drug health promotion strategy or campaign that has recently been, or is currently being, implemented in your community (i.e. Australia, Western Australia or a specific local community).

2. Students form groups to examine the strategy or campaign using the internet or other credible sources of information (e.g. police, alcohol and other drug agencies, counsellors, etc) to find more information about the aims, objectives, funding and implementation of this strategy. Some examples of Australian and Western Australian campaigns are www.dao.health.wa.gov.au and www.nationaldrugstrategy.gov.au

3. Students decide on a suitable method to present their research to the class.

4. Conclude with a range of the suggested processing questions or others that may have arisen in the activity.

Processing questions

- How do product advertisers and health promoters use marketing strategies to promote, market and sell? How are they similar? What do they do differently?
- What other areas of alcohol and other drug issues do you think need to be addressed in your community?
- What could be implemented to address some of these issues?
- How could these be implemented?
- Who would be the target audience?
- What would be the benefits to the community?
- Would this initiative require funding?
- Who could you approach with your idea?
Activity: Linking with the community

This activity will help students to:

- stimulate interest and raise awareness of key alcohol and other drug issues relevant to young people
- enhance knowledge and understanding about alcohol and other drug issues and services with a health promotion focus
- provide different perspectives on relevant issues.

Resources

- List of support agencies provided

How is it implemented?

1. Students identify and invite an agency to present information on alcohol and other drug issues relevant to young people.

2. The Guidelines for engaging a guest speaker (page 14) can help students identify the benefits of this presentation, ensure the content and aims of the presentation is relevant and aimed at the level of the audience. Remind students to seek clarification of the guest speaker’s expertise and request testimonies regarding presentations made to other schools.

3. Suggest students contact or meet with the guest speaker prior to the presentation to confirm that the aims and outcomes planned for the session will be met.

4. It is essential that activities or information for students is planned to be presented prior to the guest speaker visit and that students consolidate the information presented by completing relevant reinforcing activities after the presentation.

For further guidelines on the use of guest speakers in DET schools, teachers can refer to:


Note: ‘One off’ presentations that are not part of a comprehensive school or class alcohol and other drug education program are not recommended. Within a school’s comprehensive health education program, classroom teachers are the most appropriate people to teach about a range of health issues including drug education. They have the opportunity to establish caring and trusting relationship with students. Guest presenters may be of assistance but they should be used in school programs only as a supplement to the role of the teacher. The use of ex-drug users in school drug education is not recommended.

List of agencies

The following agencies have staff available to visit schools. Some of these charge a fee.

Red Cross Save-A-Mate www.sam.org.au

A drug education program that aims to reduce the harm associated with alcohol and other drug use through education workshops and health promotion activities including a specific first aid course.
Activity: Linking with the community


School Student Drug Education Seminars are 40 minute class presentations that look at the way in which drug use impacts on a young person’s life, why people use drugs even if they know of the negative effects, and what things young people can do to help themselves before making decisions about drug use. *School Leavers Seminar for Year 12 students* are also available.

**AMA(WA) (Australian Medical Association Western Australia) Dr YES** [www.dryes.com.au](http://www.dryes.com.au)

This program offers a choice of three modules: Sexual health; Alcohol and other drugs; and Mental health.

**RAC (Royal Automobile Club) of WA** [www.racwa/Community/Community-education/For-schools.aspx](http://www.racwa/Community/Community-education/For-schools.aspx)

RAC offer a range of presentations including:

- **Drink, Drugs and Driving - Years 11 & 12**
  
  This presentation focuses on the effects of alcohol and drugs on driving. Students are given the opportunity to participate in hands-on activities such as measuring a standard drink and using the fatal vision goggles. Topics discussed include the effects of alcohol and drugs on driving; standard drinks and different effects on individuals; and the law in regard to alcohol, drugs and driving.

- **Street Wise - Years 10, 11 & 12**
  
  This presentation provides students with practical tips and advice to avoid being victims of crime. It is aimed at informing students as to how best to protect their interests and the interests of the community at large. Topics discussed include safe tips for going out and about during the day or at night; public transport safety for students when travelling by bus, train or taxi; tips for parties including drink spiking; and protecting your personal identity.

- **Road Safety the Reality - Years 11 & 12**
  
  As one of the age groups most likely to be involved in fatal crashes, this presentation emphasises the seriousness of road safety and explains how young people can reduce the likelihood of being involved in a crash. Topics discussed include crash scenarios, the road toll and those most at risk; the ‘Fatal Four’ factors causing road deaths; and your choices and consequences.

**PBF (Paraplegic Benefit Fund) Prevention- Road** [www.pbf.asn.au](http://www.pbf.asn.au)

Several presenters who have received a spinal cord injury as a result of a road, workplace or water accident (some due to alcohol and other drug use) are available to speak to students about the effect the injury has had on their lives. A DVD titled Three looks at the consequences of alcohol and other drug use in relation to road trauma.


Participants use a variety of theatre techniques such as image theatre and forum theatre to explore issues facing them in today’s society in a two hour workshop.


Within local communities, representatives from agencies such as Local Drug Action Groups (LDAGs); Community Drug Service (CDS); WA Police; Health, Fire and Emergency Services; Youth Advisory Council (YAC); and local councils, may be available on request to present to students and/or parents.
**Activity: Drug education forum**

This activity will help students to:

- transfer and disseminate information obtained from research to a relevant audience
- enhance learning about alcohol and other drug use issues, develop facilitation skills and increase a sense of connectedness
- demonstrate citizenship.

**Resources**


**How is it implemented?**

1. Use the L.E.A.D resource to allow students to organise a peer-led education session for an audience of younger students, peers, parents, a community group or other relevant audience. The forum should be based on information obtained from the students’ previous research on alcohol and other drug campaigns in Australia and/or from information and resources presented by the guest speaker.
Teacher notes: Decision-making

The information and activities are designed to cover the following content from the Health Studies Unit 1DHEA:

**Self-management skills**
- solution-focused approaches to decision-making
- prediction of barriers and enablers to healthy decision-making
- practical decision-making tools and strategies.

**What is decision-making?**

Being able to make informed decisions by considering the positive and negative consequences of actions and selecting the most appropriate option is an important skill for maintaining personal health and safety. Decision-making learning experiences provide the opportunity for students to examine alternatives, record and analyse information, use different decision-making models, select a course of action and reflect on the consequences of their actions.

**Decision-making**

Young people will need to make many decisions about their own and others’ safety. In social situations, these decisions will often be made more complex because of the impact of influences such as peers and the use of alcohol and other drugs. Equipped with relevant facts and positive attitudes, young people are more likely to make informed and safer decisions about their behaviour.

In order to make informed decisions, young people need to know how a decision is made and be provided with opportunities to practise the decision making process. The process involves stating the problem or issue, gathering the necessary information, examining the options, considering the consequences of each option and finally deciding and evaluating the decision.

Self-efficacy will impact the decisions young people make, their ability to communicate assertively and their beliefs and attitudes. A young person with a strong sense of self-worth and self-efficacy is more likely to value safety and make decisions that will promote safety for themselves and others. They are also more likely to be able to communicate their decision or opinion assertively when negotiating with family and peers.

A variety of practical decision-making tools and strategies can be modelled and used in any of the following activities including PMI, cost-benefit analysis, Six Thinking Hats and problem-predicting.

**Decision-making process**

<table>
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<th>Define the problem</th>
<th>Identify the decision to be made in the particular situation.</th>
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<tr>
<td>Gather the necessary information</td>
<td>Identify who and what are contributing to potential risk and the effects of risk-taking on individuals.</td>
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<tr>
<td>Examine all possible options</td>
<td>Identifying a range of alternative actions in a situation</td>
</tr>
<tr>
<td>Consider the risk/consequences and benefits of each option</td>
<td>Evaluate options according to the outcome sought. This involves predicting and reflecting on the impact of decisions on oneself, others and the wider community. Identify ‘safety nets’ and harm reduction strategies.</td>
</tr>
<tr>
<td>Decide and communicate the decision</td>
<td>Identify strategies for communicating the decision and dealing with negative peer (or other) influences (e.g. humour, assertiveness, redirection).</td>
</tr>
<tr>
<td>Evaluate the outcome of the decision upon self and others.</td>
<td>Evaluate the decision.</td>
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</table>
Activity: What choices did they have?

This activity will help students to:

- identify factors that influence decisions about health choices and behaviours
- apply decision-making skills.

Resources

- Resource sheet: Decisions – one per student

How is it implemented?

1. Revise the decision-making process with students by discussing the steps on Resource sheet: Decisions.

2. Pose the focus questions prior to viewing the segment ‘Ben’ on the DVD ‘6’.
   - Identify the barriers and enablers that are evident in the decision that the main character made.
   - Choose one of the other characters and describe one of the choices they made. What different choices could they have made?

4. In pairs, students complete the decision-making model on the resource sheet, using one of the decisions made in the selected scenario.

5. When completed, each pair is to join with another pair to compare their responses.

6. Conclude with a range of the suggested processing questions or others that may have arisen in the discussion.

Processing questions

- What processes do you go through when making a decision?
- What factors influence decisions you make?
- What influence do other people have on decisions you make?
- Who influences you and the choices you make?
- How do you feel when you make a decision that goes against an important person in your life?
Use the decision-making model below to analyse how the decision was made.

Outline the situation

**Choice 1**
- Positive consequences
  1. 
  2. 
  3. 

- Negative consequences
  1. 
  2. 
  3. 

**Choice 2**
- Positive consequences
  1. 
  2. 
  3. 

- Negative consequences
  1. 
  2. 
  3. 

What were the main influences on this decision? (Explain at least four influences).
1. 
2. 
3. 
4. 

Identify the point in the scenario where this choice was made. Was this decision intuitive, rational or impulsive? Explain your answer.

Identify the harm minimisation strategies that Australian communities implement to reduce the harms associated with this health behaviour.

What decision do you think you would have made in this situation? What would have been your thoughts and feelings?

Describe a situation where you have made what you consider to be a difficult decision, how you felt and the outcome.
Activity: Staying safe

This activity will help students to:

• examine alternatives and consequences of decisions
• apply theory to practical action by developing a personal action plan for getting home safely
• collaborate with parents to write a safe socialising agreement.

Resources

• Resource sheet: Deadly combination or current relevant newspaper article – one per student
• Resource sheet: What’s the plan? – one per student
• Resource sheet: My personal plan – one per student
• Resource sheet: Safe socialising agreement – one per student

How is it implemented?

1. Students read Resource sheet: Deadly combination and discuss with in small groups. The following focus questions could prompt the discussion.
   • How do you think the young driver/ his friends/his family would feel?
   • How do you think the family and friends of the victim/witnesses to the crash would feel?
   • How do you imagine the ambulance drivers and police attending this crash scene would feel?
   • What strategies could have been implemented to avoid some or all of the harms?

2. As a large group report on the discussions and decide why people have different responses.

3. Discuss the plans and strategies students currently make before going out to keep themselves and their friends safe. Whiteboard these responses.

4. Have students consider the strategies highlighted on Resource sheet: What’s the plan? and identify those they already use in their personal plans to stay safe.

5. Give students the Resource sheet: My personal plan. Ask students to consider the scenario describe on the resource sheet then identify how what they would do if faced with the same situation.

6. Hand out the Resource sheet: Safe socialising agreement. Discuss the purpose and essential elements of this example.

7. Students, in collaboration with their parents or a significant adult, develop and implement their own agreement.

8. Conclude with a range of the suggested processing questions or others that may have arisen in the discussion.

Processing questions

• Is having an agreement like this suitable/realistic for all young people? Why?
• Do all young people have an adult in their lives that they could make a safe partying agreement like this with? If not, what could they do to reduce any risks in these situations?
• Will an agreement like this stop deaths and injuries for every young person? Why?
SHATTERED family and friends of road crash victim Jack Scott, have spoken of their feelings of anger and frustration at the senseless death of the 62 year old.

Mr Scott died instantly when a high powered Holden Commodore VS SS carrying 6 young males, including one in the boot, slammed into his late model Toyota Corolla in Subiaco on Saturday evening at 10.00pm.

He had been pulling out of a driveway when the allegedly speeding Commodore ‘T-boned’ his small sedan.

It is understood that the Commodore had been travelling at up to 140km/h in a 60km/h zone just before the crash happened.

One witness said he saw the Holden’s four doors open and five men got out before one opened the car’s boot to release a sixth person.

Mr Scott had been having dinner with his daughter and son just before the fatal crash.

His daughter said that she knew instantly her father had been involved in a crash when she heard a loud ‘bang’ as she closed the front door, only seconds after they had said goodbye.

His son said, ‘Are these kids who drive these revved up cars ever going to learn that speed, alcohol, inexperience and friends are a deadly combination?’

Several males in their late teens and early 20s, who had been in the Holden, were seen laughing as they sat on the verge waiting for the police.

The 18 year-old P-plate driver was taken into custody to be tested for alcohol and other drugs.
Going out and socialising is part of most teenagers’ lives. Have you thought about what you need to do to stay safe and make sure that your mates stay safe too?

Here’s a few tips.

- Anticipate difficulties and have strategies for dealing with problems before they arise.
- Say something when at risk of injury.
- Look out for your mates and take responsibility (where possible) for the safety of yourself and others.
- Suggest an alternative activity or environment to socialise in.
- Make safe plans for getting home when socialising.
- Have a back up plan in case things get out of control or don’t go as planned.
- Be clear about personal limits.
- Avoid or refuse risks by hanging out with people who make safer celebrating choices.
- Recognise and admit when you’re in over your head and seek help from someone you trust.

(Adapted from Youthsafe NSW, What’s the plan? A safe celebrating kit for educators, 2006.)
You have been invited to a party with a group of school friends to celebrate the end of the year. The party is being held at a classmate’s house in the next suburb. You know that alcohol is being supplied by the parents and that information about the party has been circulated on the internet.

1. Develop a personal action plan for getting home safely from the party.

<table>
<thead>
<tr>
<th>Consider</th>
<th>Example</th>
<th>My personal plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticipate difficulties</td>
<td>How am I going to get there and get home?</td>
<td></td>
</tr>
<tr>
<td>Have strategies</td>
<td>Before going to the party, ask Mum to take me and pick me up at midnight.</td>
<td></td>
</tr>
<tr>
<td>Look out for your mates and take responsibility for the safety of yourself and others</td>
<td>I will arrange to take 3 other friends with me and drop them home.</td>
<td></td>
</tr>
<tr>
<td>Have a back up plan</td>
<td>I will keep enough money on me for a taxi fare whenever I go out.</td>
<td></td>
</tr>
<tr>
<td>Be clear about personal limits</td>
<td>I will limit myself to 2 alcoholic drinks.</td>
<td></td>
</tr>
<tr>
<td>Avoid or refuse risks</td>
<td>I won’t go to a party if I know it has been put on the internet.</td>
<td></td>
</tr>
<tr>
<td>Recognise and admit when you’re in over your head and seek help from someone you trust</td>
<td>I will make an agreement with my parents to ring them if the party gets out of hand or if people gate-crash the party.</td>
<td></td>
</tr>
</tbody>
</table>

2. Develop a personal action plan for dealing with an alcohol or other drug-related emergency at the party.

<table>
<thead>
<tr>
<th>Consider</th>
<th>Example</th>
<th>My personal plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticipate difficulties</td>
<td>What will I do if a friend collapses at the party and no-one knows why they have collapsed?</td>
<td></td>
</tr>
<tr>
<td>Have strategies</td>
<td>I have completed (or will complete) a first aid course and know what to do in a medical emergency.</td>
<td></td>
</tr>
<tr>
<td>Look out for your mates and take responsibility for the safety of yourself and others</td>
<td>I will apply DRABC, put the person in the recovery position, stay with them and ring an ambulance.</td>
<td></td>
</tr>
<tr>
<td>Have a back up plan</td>
<td>I will always carry a mobile phone and make sure it is charged and has credit.</td>
<td></td>
</tr>
<tr>
<td>Be clear about personal limits</td>
<td>I will feel confident to express my concern to my friends about how much they are drinking or if they are using any other drug.</td>
<td></td>
</tr>
<tr>
<td>Avoid or refuse risks</td>
<td>Before the party, I will make an agreement with all my friends to keep an eye on each other.</td>
<td></td>
</tr>
<tr>
<td>Recognise and admit when you are in over your head and seek help from someone you trust</td>
<td>Mum/Dad is happy for me to ring them if I am concerned about anything at any time.</td>
<td></td>
</tr>
</tbody>
</table>
We both agree *(applies to both the adult and the young person)*

- To stay within agreed limits if we drink alcohol (discuss and agree on amount and type of alcohol).
- To arrange safe transportation home before we go out.
- To arrange safe transportation home if we have been drinking or if the friend/relative who is driving has been drinking.
- To leave emergency contact numbers when not at home.

**Young person** *(sign)*

- Not to use alcohol unless we discuss it prior to the event.
- I will call you any time I am in a situation where I cannot get home because I have been drinking; a friend who is driving has been drinking; or I do not feel safe wherever I am.
- I agree to give you accurate details of my whereabouts and arrangements in case I should find myself in an emergency or in case there is an emergency at home.
- I will make agreements with my friends about looking out for each other and have a back-up plan in case things go wrong.
- I will tell my friends to contact you for help if I am not able to.
- In a serious medical emergency I will call an ambulance.

**Parent** *(sign)*

- I will, without any argument at the time, come and get you at any hour from any place, or I will pay for a taxi to bring you home.
- In a medical emergency, I agree to pay any costs associated with calling an ambulance.
- We will discuss the matter and consider consequences when everyone is calm and sober.

(Adapted from Youthsafe NSW, *What’s the plan? A safe celebrating kit for educators*, 2006.)
### Outcomes
- Outcome 1: Knowledge and understandings
- Outcome 2: Attitudinal and environmental influences over health
- Outcome 3: Self-management and interpersonal skills
- Outcome 4: Health inquiry

### Content
- Health concepts
- Attitudinal and environmental influences over health
- Health skills and processes

### Context
- Health dimensions; decision-making

### Task 1: Personal journal entry

**What you need to do**
Complete Part A, B and C of the assessment task described below.

#### Part A: Personal action plan
- Write a personal action plan related to an alcohol and other drug situation.
- 10 marks

#### Part B: Safe socialising agreement
- Demonstrate interpersonal skills while working in a group.
- 10 marks

#### Part C: Decision-making journal entry
- Describe ways to deal with a possible alcohol and other drug related emergency at a celebration and the decision-making process taken to deal with the situation. Include a discussion about the importance of a decision-making process.
- 10 marks

*This assessment task is worth 30 marks.*
Part A: Personal action plan (Resource sheet: *My personal plan*)

1. Plan how you would get home safely from a party and for dealing with an alcohol and other drug emergency.

2. Give reasons for the steps you would use for both situations and give examples relevant to the situation.

3. In your journal, refer to the criteria: anticipate possible difficulties; have strategies; look out for your mates and take responsibility for the safety of yourself and others; have a back up plan; be clear about person limits; avoid or refuse risks; recognise and admit when you are in over your head and seek help from someone you trust.

4. Give examples for each of the criteria.

(10 marks)

Part B: Safe socialising agreement

1. Prepare your own agreement using the example on the Resource sheet: *Safe socialising agreement*.

(10 marks)

Part C: Decision-making journal entry

Respond to the following in your journal.

1. Describe a situation where you took personal responsibility for your health (e.g. not accepting a lift with an intoxicated driver; refusing a drug).

(2 marks)

2. Describe a practical decision-making tool you could have used on this occasion.

(2 marks)

3. Discuss the pros and cons of this tool.

(3 marks)

4. Discuss the importance of taking personal responsibility for your health.

(3 marks)

(10 marks)
**Part A Marking key:**  
**Personal action plan**

Name: ____________________________

<table>
<thead>
<tr>
<th>Description</th>
<th>Marks allocated (circle score)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has appropriately considered and applied each step of the action plan process; included relevant examples.</td>
<td>9 – 10</td>
</tr>
<tr>
<td>Included relevant examples.</td>
<td>7 – 8</td>
</tr>
<tr>
<td>Reasonably clear set out action plan; relevant examples included.</td>
<td>5 – 6</td>
</tr>
<tr>
<td>Has demonstrated some understanding of the action plan process; one example is included.</td>
<td>3 – 4</td>
</tr>
<tr>
<td>Has demonstrated limited understanding of the action plan process; not supported by evidence or unclear; no examples provided.</td>
<td>2</td>
</tr>
<tr>
<td>Has not demonstrated an understanding of the action plan process; incomplete action plan; no example provided.</td>
<td>1</td>
</tr>
<tr>
<td>Poor, significantly incomplete or no response.</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total mark /10</th>
</tr>
</thead>
</table>

**Teacher feedback**  
(to be used to refine planning prior to proceeding with health inquiry):
**Part B Marking key:**
*Safe socialising agreement*

Name: ________________________________

<table>
<thead>
<tr>
<th>Description</th>
<th>Marks allocated (circle score)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description is clear, accurate and detailed and includes all given content areas i.e. agreement with both parties, agreement with young person and agreement with parent/adult.</td>
<td>9 – 10</td>
</tr>
<tr>
<td>Included relevant emergency actions.</td>
<td>7 – 8</td>
</tr>
<tr>
<td>Reasonably clear set out agreement; relevant examples included.</td>
<td>5 – 6</td>
</tr>
<tr>
<td>Has demonstrated some understanding of the safe socialising agreement; one step is included.</td>
<td>3 – 4</td>
</tr>
<tr>
<td>Has demonstrated limited understanding of the safe socialising agreement process; not supported by evidence or unclear; no steps provided.</td>
<td>2</td>
</tr>
<tr>
<td>Has not demonstrated an understanding of the safe socialising agreement process; incomplete agreement; no steps provided.</td>
<td>1</td>
</tr>
<tr>
<td>Poor, significantly incomplete or no response.</td>
<td>0</td>
</tr>
</tbody>
</table>

**Total mark** /10

Teacher feedback (to be used to refine planning prior to proceeding with health inquiry):  

---
**Part C Marking key:**

**Decision-making journal entry**

Name: __________________________

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Marks allocated</th>
<th>Marks allocated</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Situation</strong> (2 marks)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Description of situation is:</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>• comprehensive, detailed and clear</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• satisfactory and clear</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Decision-making tool</strong> (2 marks)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Description of decision-making tool is:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• comprehensive, accurate and clear</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>• mostly clear</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pros and cons of the strategy</strong> (3 marks)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discussion of pros and cons of the strategy is:</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>• comprehensive, detailed and clear; a wide range of examples for each discussed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• mostly clear; limited ranges of examples discussed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• poor or unsatisfactory</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Pros and cons of the strategy</strong> (3 marks)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discussion of taking personal responsibility for health is:</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>• comprehensive, detailed, accurate and clear; includes three or more sound reasons to support importance of personal responsibility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• general; includes one or two reasons for taking personal responsibility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• basic and limited</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

**Total mark /10**

**Teacher feedback** (to be used to refine planning prior to proceeding with health inquiry):

<table>
<thead>
<tr>
<th>Part A</th>
<th>Part B</th>
<th>Part C</th>
<th>Total assessment mark</th>
</tr>
</thead>
<tbody>
<tr>
<td>/10</td>
<td>/10</td>
<td>/10</td>
<td>/30</td>
</tr>
</tbody>
</table>