



T Level Technical Qualification in Health

Occupational specialism assessment (OSA)

Supporting the Care of Children and Young People

Assignment 1 - Case study - Pass

Guide standard exemplification materials

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T Level Technical Qualification in Health Occupational specialism assessment

Guide standard exemplification materials

Supporting the Care of Children and Young People

Assignment 1

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Introduction

The material within this document relates to the Supporting the Care of Children and Young People occupational specialism sample assessment. These exemplification materials are designed to give providers and students an indication of what would be expected for the lowest level of attainment required to achieve a pass or distinction grade.

The examiner commentary is provided to detail the judgements examiners will undertake when examining the student work. This is not intended to replace the information within the qualification specification and providers must refer to this for the content.

In assignment 1, the student must interrogate and select relevant information to respond to the tasks in ways typical to the workplace. By adopting a problem-based inquiry approach, the student is placed at the centre of decision-making regarding an individual's care in a scenario designed to be as realistic as possible.

After each live assessment series, authentic student evidence will be published with examiner commentary across the range of achievement.

Scenario

You are working in an urgent care centre (UCC), assisting a nurse practitioner with routine clinical patients. The UCC is adjacent to an accident and emergency department (A&E).

Patients present through one of 4 routes:

- they walk into the centre
- they are referred by 111 or their general practitioner (GP)
- they are seen in the A&E and sent by the triage nurse when their needs are not serious enough to warrant an emergency review
- they are brought to the UCC by paramedics as an alternative to A&E

The UCC treats patients of all ages, including newborn babies, children and teenagers. You have been assigned to work with Martin, an experienced nurse, who is also qualified to prescribe medicines, such as painkillers. Martin is a registered mental health nurse (RMN) and sees patients with mental health needs, as well as physical health needs.

Your resources include:

- item A: adult mental health triage form
- item B: intoxicated adolescent pathway
- item C: notification of concern flowchart
- item D: family health needs assessment - child's voice assessment framework
- item E: family health needs assessment - care planning template
- item F: family health needs assessment - action plan
- item G: family health needs assessment - child's developmental needs

Task 1: assessment of the patient/situation

Scenario

Your first patient of the shift is Marianne, a 39 year old female. Her key information is detailed on the patient triage form. She attends the department with her 15 year old son, Benjamin.

Benjamin has attended with his mum and he is agitated, reluctant to talk and distant with staff. You make a number of observations about his appearance that cause concern. He is visibly unkempt and is wearing dirty clothes that are not appropriate for the weather, which is very cold and wet.

Task

Using the information in the adult mental health triage form (item A):

- identify Marianne's level of risk and observation level, and note them in the nurse triage section of the adult mental health triage form (item A)
- evaluate the possible safeguarding risks to Benjamin

Use the principles of child safeguarding to support your answer and recommend the actions you think Martin should take with regards to Benjamin.

Student evidence

Marianne is a medium risk (amber rating) patient as she is confused and distressed. Marianne has cuts and scars on her arms. Marianne is also drunk and not able to care for her child Benjamin. Marianne has probably self-harmed in the past and had mental health issues. Marianne is also under weight, presenting as dishevelled (clothes dirty and torn) and has no nearby family or friends for support. Marianne has arrived at the UCC with her son Benjamin, who is 15 years old. Benjamin appears neglected as he is wearing clothing that is not suitable for the weather. His mum's triage notes show that she is also unkempt and not clean.

There are a number of concerns for Benjamin and safeguarding issues:

- Mum is drunk
- Mum's mental health
- displaying some confusion, distress and agitation
- no nearby family or friends to support Mum
- Mum's appearance; dishevelled, underweight, dirty clothes
- cuts to both arms and scars

The points outlined above mean that these must be flagged-up because Ben is not being cared for.

Actions Martin should take in relation to Ben:

1. Speak with Ben alone to ask what has happened and how he is feeling
2. Explain to Ben that your duty is to protect him and prevent any harm coming to him. This means that you do need to take action, which involves contacting the designated safeguarding lead.
3. Contact the designated safeguarding lead to explain the situation

Task 2: goals/patient outcomes/planned outcomes

Scenario

After some discussion with Benjamin, Martin finds he is under the influence of alcohol, which he was drinking at home with Marianne. While slightly intoxicated, he is able to move and speak normally. Marianne is also intoxicated.

The UCC uses an intoxicated adolescent pathway (item B) to determine the next course of action. Martin uses this and identifies a need to raise a notification of concern (NOC) (item C) to social services and child protection services.

Read the intoxicated adolescent pathway flowchart and the NOC flowchart to help you understand the process.

Martin decides to speak with the designated safeguarding lead (DSL) who is on-call in the hospital.

Task

Considering your knowledge of the Children Act 1989/2004, prepare the key points you would raise with the DSL in the planned discussion. Include an evaluation of Benjamin's holistic health needs that makes justified recommendations to achieve good outcomes.

Student evidence

Key points for the DSL:

- notice of concern form should be completed and copied to child protection services
- Benjamin has arrived at the UCC with his mother who is drunk and has cuts to both arms and scars
- Benjamin is obviously underage and drunk
- it's late at night (23:20)

Benjamin's holistic needs

Education – the school need to be aware of Benjamin's circumstances so that he can receive extra support

Counselling– this is to support how he is feeling about his homelife

Social – Benjamin needs some good friends, this needs to be looked at

Recommendations:

- referral for counselling
- school notified
- notification of concern

Benjamin's welfare is important and should be the focus of any decisions about his care. I would suggest that in the discussion with the DSL, Martin highlights the fact that although he is 15 years old, Benjamin is still a minor and that it appears that he has been drinking with his Mum.

Task 3: care/treatment/support plan

Scenario

After your experience in the UCC, you are placed with the community safeguarding team for further practical work experience. The team deals with family support and care. You are working with Megan, a safeguarding specialist in the social work team.

Megan is newly working with the family of Tom, a 13 year-old who the social services team suspect of living in emotional neglect. The team became involved with Tom after an anonymous referral from a concerned neighbour.

So far, Megan understands that Tom does not feel supported by his mum, who is the only adult at home, and does not feel able to talk to her about difficulties he sometimes has. The neighbour has disclosed Tom often looks after himself for days when his mum is not around.

Megan decides to meet with Tom at school to find out more about his situation and uses the child's voice assessment framework (item D) to help understand Tom's feelings and needs.

Task

Look at the notes Megan made on the child's voice assessment framework (item D) regarding Tom's social presentation.

Prepare a summary of Tom's needs using the care plan template (item E). Use the action plan (item F) to prepare a brief summary of the next steps you would take to protect Tom and meet his needs. As part of your answer, include the extent to which you believe Megan's team should continue to engage with Tom.

Student evidence

Summary of Tom's needs:

1. Access to sexual health advice
2. Sense of identity
3. Needs to be able to talk to his mum
4. Help establishing friendships
5. Anger management

Action to take:

1. Speak to Tom's Head of Year about when PSE will cover sexual health
2. Referral to a counsellor to explore issues around identity
3. Referral to family therapist to explore why he cannot talk to his Mum
4. Megan to plan some sessions on friendships, the different forms these can take and our expectations of others

I think that Megan and her team need to stay involved with Tom because they can be his point of contact to co-ordinate everything for him.

Task 4: evaluation/monitoring effectiveness/clinical effectiveness

Scenario

You are planning to visit Tom at school with Megan to carry out an assessment of his emotional and behavioural needs. Megan is keen to use the Whooley questions to assess Tom for signs of depression.

Task

Read the 'child's development needs' section of the child's voice assessment framework (item D), including the prompts for the Whooley approach to depression assessment (item G).

Considering what you know about Tom so far, propose an approach to monitoring the effectiveness of your action plan in the context of what you know about young people's health needs. Refer to the guidance in item D to justify your answer.

Student evidence

I would use the 5 needs identified in task 3 as the basis for reviewing how well the progress with Tom is going.

I would use the Whooley questions and tailor them to the specific needs that Tom and the team have identified. For example, I would ask him whether, in the last month, whether he has felt depressed about his inability to talk to his mum.

Summary of Tom's needs:

- access to sexual health advice
- sense of identity
- needs to be able to talk to his mum
- help establishing friendships
- anger management

With these needs I would talk with all of the services involved to see how Tom is doing. I would ask Tom what is working well and if he has enough support. I would arrange a meeting with all of the professionals so that we can discuss Tom and see how effectively the plan is going.

Examiner commentary

The student presented evidence to address the demands of the case study focusing on the specific individual utilising the resources available. The student identified a range of needs and concerns for both individuals. They understood the importance of following protocols in relation to safeguarding and how to raise these concerns. In task 1 the student identified safeguarding concerns and provided an evaluation statement of the need to refer; in addition they were able to offer further evaluation for the points to explain how they impacted.

The student offered recommendations following a structured approach which included collating, applying and evaluating to meet the requirements of the task overall. The student understood the importance of person-centred care and including the individual in their care plan. They understood the importance of team working and having a multi-disciplinary team in place to support and meet the needs of a child or young person.

Judgements were appropriate, although the solutions suggested were basic and did not always view the situation holistically. For example, with Tom, the approach to counselling was fragmented which is likely to be counterproductive. The needs of children and young people were identified and considered as part of their own role within a multi-disciplinary team. They could offer the consideration for alternative support for Tom within the social work team. Action plans presented were basic. The response demonstrated understanding of how the health and wellbeing of children and young people can be promoted.

Overall grade descriptors

The performance outcomes form the basis of the overall grading descriptors for pass and distinction grades.

These grading descriptors have been developed to reflect the appropriate level of demand for students of other level 3 qualifications, the threshold competence requirements of the role and have been validated with employers within the sector to describe achievement appropriate to the role.

Occupational specialism overall grade descriptors:

Occupational specialism grade descriptors *

Grade	Demonstration of attainment
Pass	<p>A pass grade student can:</p> <ul style="list-style-type: none"> • communicate the relationship between person-centred care and health and safety requirements in healthcare delivery by: <ul style="list-style-type: none"> ○ demonstrating working in a person-centred way, taking relevant and sufficient precautions to protect the safety and physical and mental wellbeing of individuals ○ recognising and responding to relevant healthcare principles when implementing duty of care and candour, including the demonstrating sufficient knowledge of safeguarding individuals and maintaining confidentiality ○ following standards, codes of conduct and health and safety requirements/legislation to maintain a sufficiently safe working environment ○ demonstrating use of an adequate range of techniques, equipment and resources safely to promote sufficient levels of cleanliness and decontamination required for satisfactory infection prevention and control • communicate knowledge of national and local structures, definitions of clinical interventions, the scope and limitations of their healthcare role within it, by: <ul style="list-style-type: none"> ○ adequately following current best practice and codes of conduct across relevant boundaries, relevant to assisting with scenario specific, clinical and therapeutic interventions ○ working adequately as part of a team to assist registered health professionals with delegated tasks and interventions, supporting individuals to meet their care and needs to a satisfactory standard, including maintaining individuals' privacy and dignity and communicating effectively, contributing to handovers, seeking help, advice and information, and responding sufficiently to service users' views to maintain effective provision of services ○ gathering sufficient evidence, contributing to, following and recording information in care plans/records relevant to tasks and interventions, structuring these sufficiently to allow understanding in line with local and national legislation and policies, preserving individuals' rights ○ maintaining a record of professional development with evidence of using feedback to develop knowledge, skills, values and behaviours consistent with sufficient ability to reflect on practice and thereby improve performance adequately • communicate sufficiently reliable levels of knowledge of the physiological states that are commonly measured by healthcare support workers including why, when and what equipment/techniques are used by: <ul style="list-style-type: none"> ○ working as part of a team to use relevant equipment effectively and safely and following correct monitoring processes ○ calculating scores, reporting and differentiation of normal and abnormal results to the relevant registered professional

Grade	Demonstration of attainment
	<ul style="list-style-type: none"> ○ applying knowledge of policy and good practice techniques when undertaking all physiological measurements, checking when uncertain and consistent with instructions and guidance
Distinction	<p>A distinction grade student can:</p> <ul style="list-style-type: none"> ● communicate adeptly the relationship between person-centred care and health and safety requirements in healthcare delivery by: <ul style="list-style-type: none"> ○ demonstrating flexible and constructive person-centred care, taking appropriate precautions reliably, making sound decisions to protect the safety and physical and mental wellbeing of individuals ○ alertness and responsiveness to relevant healthcare principles when implementing duty of care and candour, including the demonstration of exceptional sensitivity and accurate knowledge of safeguarding individuals and maintaining confidentiality ○ commitment to following all required standards, codes of conduct and health and safety requirements/legislation decisively to maintain a safe, healthy working environment ○ demonstrating proficient use of an extensive range of techniques to promote optimum levels of cleanliness and decontamination required for effective infection prevention and control ● communicate knowledge of national and local structures, definitions of clinical interventions, the scope and limitations of their healthcare role within it, by: <ul style="list-style-type: none"> ○ following current best practice and agreed ways of working highly relevant to assisting with scenario specific, care-related tasks consistently and reliably, whilst fully supporting individuals to meet their care and needs including maintaining the individual's privacy and dignity to a high standard ○ working adequately as part of a team to assist registered health professionals with delegated tasks and interventions, supporting individuals to meet their care and needs to a satisfactory standard, including maintaining individuals' privacy and dignity and communicating effectively, contributing to handovers, seeking help, advice and information, and responding sufficiently to service users' views to maintain effective provision of services ○ gathering extensive evidence consistently, interpreting, contributing to, following and recording information in care plans/records highly relevant to tasks and interventions, structured accurately and legibly and in line with local and national policies, while preserving and promoting individuals' rights ○ maintaining a record of professional development to develop knowledge, skills, values and behaviours consistent with ability to reflect on practice enthusiastically, using the feedback to initiate new learning and personal practice development to improve performance with developing proficiency ● communicate exceptional levels of knowledge of the physiological states that are commonly measured by healthcare support workers including why, when and what equipment/techniques are used by: <ul style="list-style-type: none"> ○ working as part of a team to use relevant equipment accurately and safely and consistently following correct monitoring processes ○ calculating scores, reporting and differentiation of normal and abnormal results adeptly, consistently and reliably to the relevant registered professional ○ applying knowledge of policy and good practice techniques proficiently when undertaking all physiological measurements, checking when uncertain, solving problems, and following instructions and guidance with energy and enthusiasm

* “threshold competence” refers to a level of competence that:

- signifies that a student is well placed to develop full occupational competence, with further support and development, once in employment

- is as close to full occupational competence as can be reasonably expected of a student studying the TQ in a classroom-based setting (for example in the classroom, workshops, simulated working and (where appropriate) supervised working environments)
- signifies that a student has achieved the level for a pass in relation to the relevant occupational specialism component

Document information

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Change History Record

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v1.0	Published final version.		June 2021
v1.1	NCFE rebrand		September 2021