

Chief Examiner and Chief Moderator Report

**T Level Technical Qualification in
Health
QN: 603/7066/X**

**Summer 2025 – occupational
specialism (OS) Supporting the Care of
Children and Young People**

Introduction

Summer 2025 – occupational specialism (OS) Supporting the Care of Children and Young People

Assessment dates: **10 March 2025 to 13 June 2025**

Paper number: **P002740, P002730, P002741 and P002742**

This report contains information in relation to the externally assessed component provided by the chief examiner and chief moderator, with an emphasis on the standard of student work within this assessment.

The report is written for providers, with the aim of highlighting how students have performed generally, as well as any areas where further development or guidance may be required to support preparation for future opportunities.

Key points:

- grade boundaries
- standard of student work
- evidence creation
- responses to the external assessment tasks
- administering the external assessment

It is important to note that students should not sit this external assessment until they have received the relevant teaching of the qualification in relation to this component.

Grade boundaries

Grade boundaries for the series are:

	Overall
Max	380
Distinction	295
Merit	213
Pass	131

Grade boundaries are the lowest mark with which a grade is achieved.

For further detail on how raw marks are scaled and the aggregation of the OS element, please refer to the Qualification Specification.

Administering the external assessment

The external assessment is invigilated and must be conducted in line with our [Regulations for the Conduct of External Assessment](#) document. Students may require additional pre-release material to complete the tasks. These must be provided to students in line with our regulations.

Students must be given the resources to carry out the tasks and these are highlighted within the [Qualification Specific Instructions for Delivery](#) (QSID) document.

Standard of student work

External assessment

Assignment 1: case study

Across the cohort, there was a noticeable variation in how students approached the assessment, with a clear range of achievement evident. Whilst many students engaged fully with all parts of each question, others only partially attempted some sections or, in a few cases, left responses incomplete. A common pattern was the tendency for some students to rely heavily on one scenario that occurred during their placement across multiple questions, which limited the depth and breadth of their answers. Additionally, some students missed opportunities to expand on practical or reflective elements, often providing general statements without supporting detail. A small number of students crossed out responses without rewriting them, resulting in gaps that affected their overall performance. It would be helpful for providers to remind students of the importance of attempting all parts of each question and making use of the full range of their experiences, both practical and theoretical, to demonstrate understanding. Clearer planning and a more diverse use of examples would significantly strengthen overall achievement.

Assignment 3: professional discussion

Students generally displayed a good grasp of key concepts across the themes and questions. In discussing end-of-life care, many effectively highlighted the importance of compassionately communicating and actively listening to both the child and their family, showing a person-centred approach. When evaluating the use of national institute of health and care excellence (NICE) guidance, students demonstrated strong knowledge of the guidelines and how they inform practice. In the context of clinical tasks and interventions, most responses successfully emphasised the importance of following procedures and managing potential issues during the discharge process. Health and safety considerations, particularly infection control, were well addressed in discussions about taking and testing blood specimens. In the theme of safeguarding, students often provided thorough descriptions of their roles and teamwork strategies in supporting children in alternative living arrangements. Signposting to services and understanding safeguarding principles were generally well explained, showing an awareness of the broader health and social care environment.

Whilst students showed understanding in several areas, some lacked depth in their responses, particularly when discussing less familiar scenarios that they may not have experienced on placement. Many students did not effectively discuss varied experiences on placement or opt to discuss classroom experiences, which led to some repeated points throughout the themes. Discussions on clinical procedures often omitted critical details such as detailing how to perform psychological measurements and what equipment is used. Additionally, the integration of preparation steps into these processes was frequently overlooked. In safeguarding discussions, whilst infection control and consent were commonly mentioned, there was less focus on specific logistical and procedural aspects that ensure comprehensive safety and care. This highlights the need for a greater reflection on a wider variety of scenarios and procedural details.

Moderated assessments

Assignment 2 is split into two sections: Supporting Healthcare Assignment 2 Practical Activities – Part 1 and Supporting the Care of Children and Young People Assignment 2 – Practical Activities Part 2. These assessments are internally assessed at provider premises through simulated performance. The provider appoints their own assessors and external moderation is carried out by NCFE-appointed moderators. Most students were well prepared for the assessments. The best evidence providers ensured that all available equipment was available, and that the standardised patients participating in the simulations were adequately briefed and prepared to play their role consistently.

Supporting Healthcare Assignment 2 Practical Activities – Part 1

The 2025 cohort have performed well in Assignment 2, and it is evident that many students have benefited from time in industry placement and from simulation opportunities organised by providers. Part 1 and 2 assessment scenarios are unknown to students and they need to be prepared for any scenario. The students who scored higher were able to consider the task holistically and demonstrate not only the scenario-specific skills required in each task, but also interweave the appropriate skills required to complete the scenario successfully to a high quality.

Students who scored lower marks lacked consistency within their practice and did not always fully complete all parts of each scenario. Often, communication skills with the patient or others involved, and poor or incomplete written documentation were factors impacting on the awarding of higher marks.

In a minority of cases, standardised patients or assessors were not fully compliant with the provider brief. This occasionally restricted the opportunity for students to interact and demonstrate both scenario-specific skills and the underpinning skills relevant to patient-centred care.

Supporting the Care of Children and Young People Assignment 2 Practical Activities – Part 2

Students performed reasonably well in this cohort. There were a range of marks awarded for the four scenarios with scenario 1 being the most successful for many students. All were able to demonstrate skills for completing physiological observations. Most students were able to communicate to an effective standard with the child and their parent, offering reassurance. The most successful students used the standardised parent to demonstrate physiological observations, to reduce fear. Those who were less successful were more task focussed and therefore lacked empathy and communication skills.

The students were generally consistent in their scoring across the scenarios, with the lower scoring students doing so in each scenario. Lower scoring students were more task focussed and did not always fully interact with both the child and parent effectively. They needed to demonstrate more effective active listening skills.

Students who were more successful generally used most of their reading time, demonstrated an awareness of confidentiality, health and safety, and data protection. They recorded their evidence in detail and informed the child and parent of next steps.

All students had an awareness of the need for personal protective equipment (PPE) however there were many students who did not don / doff in the correct order. Public Health England recommend donning aprons then gloves and doffing gloves then apron.

Generally, the recorded information that the students needed to produce was to an effective standard. Some students, however, completed item D incorrectly, documenting the advice given rather than the identified concerns which impacted on the scores achieved.

Evidence creation

External assessment

Assignment 1: case study

Within the OS, students were required to produce a varied range of evidence, including digitally written documents using Microsoft Word, and completed pro-formas. The quality and format of evidence submitted varied considerably across the cohort. Whilst some students demonstrated a strong ability to present well-structured and clearly articulated documentation, others submitted work that lacked detail or

consistency. A recurring issue was the incomplete use of pro-formas, where key sections were either missing or underdeveloped. Overall, whilst the range of evidence types allowed students to demonstrate their skills in different formats, inconsistencies here could be improved by providers using the previous year's assessments as tools in their delivery.

Assignment 3: professional discussion

Some students used a mix of placement, personal and classroom scenarios to discuss the themes. However, students need to consider appropriate scenarios to ensure they are discussing the theme that illustrates their knowledge, within the question.

Students who performed well in this task discussed their placement experiences and reflections, demonstrating a solid understanding of the themes. In contrast, some struggled, possibly due to a lack of relevant experiences related to the specific theme. It may be beneficial for providers to remind students that they can refer to lessons and simulated exercises. Providers can also help students complete preparation exercises, enabling them to link relevant scenarios or transferable skills from another situation. For example, students who admitted to having no direct experience with children and psychological measurements but would have relevant experience within lessons or the practical skills assessments completed this year.

Moderated assessments

Supporting Healthcare Assignment 2 Practical Activities – Part 1

Assignment 2 relies on the evidence uploaded by each provider. It is essential that complete evidence for both parts 1 and 2 is uploaded to the evidence portal. Providers must also ensure all evidence for each student is retained as per the Provider Guide instructions. In some cases, it may be appropriate to extend sampling and if this is the case, moderators must be able to see all the evidence requested. The evidence checklists have been used and uploaded as required by some providers this year, but not by all. These are important to help identify any issues with evidence; for example, if a recording had to be stopped and restarted due to a camera malfunction, or if some evidence had been corrupted.

There was a lot more missing evidence this year which led to delays with the moderation process. The checklists should be used by all providers and uploaded with your evidence. Evidence consists of the student Assignment Brief / evidence booklet, complete video recordings of all scenarios, an assessor narrative on the observation and justification for marks awarded, and the marks completed for scenario-specific skills and underpinning skills.

Page 4 of the Assignment Brief has a student submission form to complete, and this was left blank by some students. In the future, please advise students that this page must be completed and signed as part of their evidence submission and regulatory requirement.

It is important to remind students that they should present themselves as if they were working in the care setting; we saw a range of clothing that would be inappropriate to wear if working in healthcare. They should be bare below the elbows and jewellery (for example, bracelets) should be removed. Also, it is advised that long false nails are not worn as they constitute an infection risk and would not be allowed in clinical care. Hair should also be tied up.

Across the range of evidence, a varying quality of administration was seen. In the most comprehensive examples, all evidence was uploaded as required and each piece was labelled clearly; Assignment Brief evidence booklets were completed, scanned and uploaded. Video best practice included for each scenario: a complete recording with an introduction naming the student and provider; the five minutes reading time; the actual task simulation including handwashing, donning and doffing PPE;

communicating results and explaining them to the patient, depending on the task; notes completion; and finally the assessor asking the student 'can you confirm you have finished this task?'. The better assessor narratives were comprehensive and matched closely what could be seen in the video recordings.

Templates for the assessor observation of skills recording forms were provided and in most cases were used well. A minority of providers had attempted to replicate the awarding criteria within their narrative, which is not what is asked for within the Provider Guide. The use of some of the descriptors, such as basic, good, outstanding, does help the moderator understand where the marks have come from. The detail recreates the assessment, including specific examples of performance that will support the assessment decision or justify the outcome.

Less robust evidence included partial or missing recordings. It is not sufficient for students to announce they have previously washed their hands for a task where handwashing equipment has been supplied. We expect to see them doing this thoroughly and then using PPE if it is in the equipment list. Some recordings were obscured by the positioning of the camera as the student might have their back to it or be completing some of the tasks outside of the camera angle. The audio quality should be checked beforehand to ensure other assessments going on in nearby areas are not compromising the quality of the recording.

Written evidence required in the scenarios differs depending on the task. In general, this was an area where many students could have performed better, ensuring all areas requiring completion were completed to the standard that would be expected of them at this level in industry. Depending on the scenario, it should be an accurate reflection of what care has been provided, what observations have been made, any deviations from the normal and appropriate actions taken. These documents should be of use to the ongoing care team.

Supporting the Care of Children and Young People Assignment 2 – Practical Activities Part 2

As with part 1 of Assignment 2, evidence is uploaded by the provider, using the evidence checklist to support this process. In some cases, the evidence needed to be labelled correctly to ensure that it can be easily identified during the moderation process. The provider delivery information supports this. Work was uploaded in a timely manner which does help the moderation process run smoothly.

The student assessment records have been completed in more detail this year with some providers attempting to use the descriptors from the scenario-specific marking grid. It is important, however, to ensure that the descriptors used match the mark awarded. For example, if a student is described as demonstrating good knowledge and understanding, it would be reasonable to expect that they would be awarded 3. This does not always occur. By using the descriptors when describing what / how the student has demonstrated a skill, it allows the moderator to see the justification of marks. This is particularly useful if video evidence becomes corrupted or has no sound, as with several videos this year. This would also help when a moderator needs to understand why one student may have been more harshly marked than another. There should be clear justification of marks awarded and examples given to support decisions.

The clear and accurate recording of the scenarios remains vital and this year all providers ensured that the whole scenario was recorded including the student reading time. One provider also read the scenario to all students at the start, which they may find useful. It is, however, important to continue to ensure that the camera angles allow as much of the activity to be seen clearly as possible to allow the moderator to see what the provider sees. Background noise continues to be an issue in some cases and can cause problems particularly with those students who speak softly.

Providers are reminded of the importance of ensuring that all materials listed on the OS resource list are available at the time of assessment. Unavailability of materials could be detrimental to the student.

Please ensure that all equipment is available and that this is documented in the provider delivery information. It is also important to ensure that where gloves are required that the correct sizes are provided for the students. In some cases, students became flustered when gloves would not fit properly or if they ripped, causing the student to have to try again.

There were several cases of marks awarded by the provider being miscalculated or uploaded incorrectly. This has then impacted the providers tolerance in the moderation process. In some cases, the moderator agreed with the correct marks of the provider but as it was uploaded incorrectly the student was out of tolerance. Please ensure that the marks are double checked when completing the student assessment record and when they are uploaded.

Responses to the external assessment tasks

Assignment 1 case study

Task 1

Task 1 of the T Level Technical Qualification in Health required students to assess the needs of Emma, a five-year-old child with a congenital heart defect, using information provided in hospital notes. Students were expected to identify and explain three areas of need, describe the roles of healthcare professionals involved in Emma's care, and recommend effective strategies for working collaboratively with her parents. There was generally a modest performance on this task.

Many students demonstrated a good understanding of Emma's physical needs, correctly identifying her fatigue, high heart rate and blood pressure, difficulty breathing, and history of collapsing. These responses often acknowledged the implications of her condition, such as her inability to participate in physical activity and her repeated hospital admissions. Some also showed awareness of Emma's emotional needs by recognising signs of anxiety, restlessness, and fear as the surgery approached. These students often referred to Emma's non-verbal cues, such as fidgeting and seeking reassurance, which demonstrated an emerging understanding of child-centred care.

However, a common weakness was the lack of depth in evaluating the significance of these needs. Students often listed symptoms without explaining how they impacted Emma's daily life, development, or wellbeing. For example, many failed to link her fatigue and poor attendance to delayed social development or reduced independence. Similarly, although students frequently named healthcare professionals such as nurses, doctors, and physiotherapists, only a few offered clear or accurate responsibilities of their roles. In particular, the involvement of more specialised professionals, like occupational therapists or counsellors, was often overlooked or misunderstood.

The best responses were person-centred on Emma's individual needs, emphasising the importance of building trust and maintaining confidentiality whilst balancing the need to ensure her safety. Recommendations to involve specialist services and strategies for reducing Emma's access to harmful objects demonstrated a clear focus on creating a supportive environment for her.

A key area where many students underperformed was in recommending strategies for collaboration with Emma's parents. Most responses were vague and generic, offering basic suggestions such as 'talk to the parents' or 'keep them updated', without explaining how or why this would be effective. Few students demonstrated understanding of best practice approaches, such as regular progress meetings, shared care plans, or the importance of consistent communication between home and hospital settings. This suggests that some students may not have fully utilised the information in the case study materials or were unable to apply it effectively to the task.

Overall, whilst some students showed clear effort and grasped parts of the assessment criteria, particularly in identifying needs, there was inconsistency in the application of knowledge. The strongest responses came from those who took time to interpret the patient information holistically, demonstrating empathy, an understanding of professional roles, and a child- and family-centred approach to care. These higher-performing students often provided thoughtful recommendations backed by reasoning and contextual detail. However, the average performance suggests that many students would benefit from further support in interpreting case study materials, applying knowledge to real-life scenarios, and articulating evidence-based care strategies.

Task 2

Task 2 asked students to create a goal-setting plan for Emma ahead of her surgery. This involved identifying three recovery-related goals, suggesting two actions for each, identifying relevant professionals, and outlining potential barriers to achieving these goals. Whilst a few students produced thoughtful, structured responses using the proforma, many struggled to develop goals that were both meaningful and personalised to Emma's situation.

Many students correctly identified mobility and emotional wellbeing as two key goals, often suggesting the need to gradually increase Emma's physical activity post-surgery and reduce her anxiety during recovery. In stronger responses, these goals were clearly justified using Emma's pre-surgery limitations (such as fainting and fatigue) and the surgeon's recommendation for early but gentle movement. These students also proposed sensible actions, such as physiotherapy exercises and play therapy, and identified appropriate professionals like physiotherapists, nurses, and play specialists. Some also recognised the role of Emma's parents in encouraging movement or offering comfort, which showed an awareness of the importance of family involvement in recovery.

However, weaker responses were often overly generalised or lacked relevance to Emma's specific needs. Some goals were vague or not clearly linked to the recovery process. Others listed actions that lacked detail or feasibility, such as 'exercise more' without specifying how or when this should happen. There was also a tendency to repeat the same professionals across all goals without explaining their unique contribution to each one. This limited the depth of understanding shown about the role of the multidisciplinary team.

A major gap in many responses was the lack of thoughtful consideration of barriers to achieving Emma's goals. Whilst a few students highlighted potential issues such as Emma's anxiety, surgery complications, or limited access to resources, many either omitted this section or included brief, underdeveloped statements. This weakened their ability to demonstrate a full understanding of patient-centred care and real-world challenges in a hospital environment.

In summary, whilst some students demonstrated good awareness of recovery goals and the professionals involved, the overall quality of work in Task 2 was mixed. The majority of students struggled to integrate case study information into clear, actionable, and realistic plans. To improve future performance, students would benefit from more practice in setting SMART-style goals, linking actions to evidence, and considering the holistic needs of children and their families during recovery.

Task 3

Task 3 asked students to design a play therapy session for Emma, a 5-year-old recovering from recent heart surgery. The task required careful consideration of Emma's physical, emotional, and social needs, as well as her stage of recovery. Students were expected to plan an appropriate activity, list necessary resources, conduct a risk assessment, explain how the activity would meet Emma's needs, and suggest future support sessions. Whilst some students demonstrated thoughtful planning and creativity, overall performance was affected by a lack of contextual awareness, particularly in terms of Emma's immediate post-operative condition.

A notable issue across many responses was the choice of a scavenger hunt as the proposed activity. Whilst these were often detailed and demonstrated high levels of creativity, they frequently lacked suitability for Emma's recovery stage. Students who included multi-room, physically demanding or outdoor scavenger hunts did not fully consider Emma's limited mobility, recent surgery, or the need for close supervision and minimal exertion. As a result, despite the effort and detail some students put into planning these activities, their responses were marked in a lower band due to poor contextualisation. The activities were not appropriately tailored to Emma's physical capacity just days after a major operation, and in many cases, no adaptations were suggested to reduce the physical strain.

In contrast, stronger responses selected or adapted activities that were low-impact, therapeutic, and developmentally appropriate. For example, some students proposed guided storytelling, sensory play with soft materials, or simple board games focussed on emotional expression. These students explained how such activities could reduce Emma's anxiety, support her emotional wellbeing, and begin rebuilding trust in the hospital environment, all whilst respecting her limited strength and energy. These responses also included accurate and thoughtful risk assessments, recognising post-surgical issues such as wound pain, fatigue, and the risk of overexertion.

Overall, the risk assessment element was inconsistently completed. Many students either ignored Emma's recent surgery or offered generic safety comments (for example, 'keep area tidy') that didn't account for her vulnerability. More successful students identified specific risks, such as overstimulation, falling, or discomfort, and proposed appropriate controls like soft furnishings, short sessions, and close adult supervision.

The future sessions section also varied in quality. Stronger students built on the initial activity, suggesting ways to gradually increase engagement and independence, such as introducing small-group play, storytelling around medical themes, or confidence-building tasks. Weaker responses omitted this section or failed to link future plans to Emma's recovery progress or emotional needs.

In summary, whilst students generally understood the purpose of play therapy, many failed to align their ideas with Emma's specific stage of recovery, leading to otherwise strong responses being marked lower due to poor contextual fit. To improve, students need to demonstrate greater awareness of clinical context, particularly the physical limitations and emotional state of a child post-surgery. Emphasis should be placed not only on creativity but on appropriateness, safety, and patient-centred planning.

Task 4

Task 4 required students to evaluate Emma's progress two months after her heart surgery, using consultant notes and earlier materials. Students were asked to assess her recovery, identify ongoing needs, and recommend professionals who could support her continued development. Historically, this has been one of the lower scoring tasks due to the demands of evaluation and reflection. However, this year saw a notable improvement in overall performance, with many students demonstrating stronger evaluative thinking and a better grasp of holistic care planning.

A significant strength across many responses was the ability to recognise both positive and ongoing challenges in Emma's recovery. Most students noted that she had physically improved, no longer fainting, attending school more regularly, and showing increased activity. These were accurately identified as indicators of surgical success. At the same time, many students showed maturity in acknowledging Emma's continuing emotional needs, particularly her anxiety during hospital visits and reluctance to eat, which had led to weight loss. This balance of recognising progress whilst identifying support needs marked a shift toward more evaluative response than in previous years.

Students also demonstrated an improved ability to justify the involvement of appropriate professionals. Many correctly identified the need for a dietician to address Emma's weight loss, a counsellor or mental

health support worker to help with anxiety, and a physiotherapist to continue building her stamina. In stronger responses, students explained the unique contribution each professional could make and how their support would address specific concerns. This showed growing understanding of multidisciplinary care and a more person-centred approach.

What particularly improved in this cohort was the use of reasoned judgement. More students were able to go beyond simply describing Emma's condition and instead explained the implications of the information. For example, one student discussed how Emma's persistent stomach pains and food refusal could be linked to either anxiety or post-operative physical discomfort, and suggested the need for collaborative assessment between her GP, dietician, and counsellor. This depth of reasoning was less evident in previous years and shows a developing ability to think holistically and critically. That said, there were still some students who produced descriptive rather than evaluative responses. These students tended to summarise the consultant's notes without drawing conclusions or suggesting how Emma's care plan might evolve. Others listed professionals without linking them clearly to Emma's current needs. Whilst these responses showed understanding, they lacked the analytical depth required for higher band marks.

In conclusion, Task 4 has seen clear improvement in comparison to previous cohorts. Many students demonstrated a greater ability to evaluate care and make meaningful, well-justified recommendations. The stronger performance suggests that students are becoming more confident in applying person-centred principles, drawing on evidence, and thinking critically about patient progression and support. Continuing to build on these skills, particularly by supporting lower-performing students to move beyond description, could help raise performance further in future assessments.

Assignment 2 practical activities Part 1 – Supporting Healthcare (Core)

Scenario 1: this task required the student to take the physiological measurements of a 58-year-old man attending for a 6-monthly diabetes check-up. They then had to record the consultation on the GP referral notes and report any concerns. The students were directed to measure weight, heart rate and blood pressure. Handwashing facilities and PPE were also expected to be used as they were on the equipment list for the scenario in the Provider Guide. Students who performed well demonstrated understanding of the need for infection prevention and control measures. They washed their hands demonstrating an approved technique and donned and doffed PPE appropriately.

Students managed to take the physiological measurements well, demonstrating the appropriate techniques and using equipment correctly. The higher marked students showed best practice by measuring the heart rate for a full 60 seconds and asking the individual to step on the scales twice rather than once. There were still some students who did not position the blood pressure (BP) cuff correctly or talked to the individual whilst measuring their BP, which could have impacted the accuracy of the measurement.

Providers provided the results of the scenario measurements in several ways. It is best practice to tell the student each measurement when they have finished the demonstration of each technique. It is not advisable, for example, to interrupt the student whilst they are measuring the heart rate and tell them the measurement to use. This often interrupted their demonstration and it was then not evident whether they would have continued for the full 60 seconds.

The record keeping did not always capture any recognition of the changes in the measurements from the patient's previous visit. This is where the concerns should have been apparent. This connection was often missed by the lower marked students who failed to mention the trends and why they were concerning or make any links to the individual's health condition – diabetes.

Scenario 2: this was a moving and handling task where the student was working in a residential care home and had to carry out a risk assessment on the moving and handling of an elderly individual from a

wheelchair to a chair. They then had to follow their own risk assessment and work with a second member of staff to move the individual safely. Following the transfer, they had to review their risk assessment form and make any amendments as necessary.

This task was challenging for some students. Lower marked students sometimes carried out the transfer before making their risk assessments. This indicated that they had not read and followed the brief carefully. The opportunity to reflect on the risk assessment and make amendments was then compromised, resulting in an incomplete task. Some carried out the transfer alone, indicating that they had not read the information clearly given within the brief that the individual required two people and a transfer belt to move safely. Their written documentation was poorly completed with a lack of detail.

The higher marked students followed the brief carefully and completed a detailed risk assessment usually involving the individual for their input, which would be best practice. They prepared themselves and their equipment, used the handwashing facilities and PPE appropriately and had a sound, safe working knowledge of how to use the handling belt correctly. They engaged with the second member of staff and directed them clearly in what they wanted them to do to support the transfer. Their risk assessments had detail and clear instructions for other staff when supporting this individual in the future.

Scenario 3: this task required the student to respond to a patient fall in hospital and deal with a blood spillage. The patient is confused and agitated, being verbally aggressive to the staff. They are found on the floor with an arm injury, bleeding. This task did prove to be quite challenging for several students but for a variety of different reasons. Provider compliance in some instances impacted the students' ability to demonstrate the clinical skills, knowledge and understanding. It is important that standardised patients and other staff members are prepared thoroughly and follow the Provider Guide instructions carefully. This then ensures that the approach between students and across providers is consistent and does not limit or impact student opportunity. Examples of this included the additional staff member not using the script and asking the student to apply first aid and move the patient back to bed before cleaning the blood spillage. First aid was not part of this assessment. There were no resources to be provided in the equipment list for this to be carried out. The additional member of staff should have taken control of the patient once they arrived on scene and instructed the student to clean the spillage.

A full blood spillages kit should be provided as per the equipment list. These usually contain items such as PPE, granules to solidify the spillage, a scoop and scraper, waste disposal bag, and cleaning solution. In some cases, only blue roll and spray was provided which limits the student's ability to demonstrate the use of a spillage kit. Moderators were instructed to award positively if the student used what they had been provided with, the best way they could. It is important to ensure that the Provider Guide instructions are followed and that the correct equipment is provided as this is crucial for the success of the students.

The higher scoring students in this task performed excellent infection prevention and control measures, washing their hands and donning and doffing PPE correctly. They demonstrated excellent duty of care by placing the patient first. They summoned help immediately on finding the patient and did not wait till they had washed their hands and applied their PPE, which would delay first aid assessment and treatment. They tried to calm and reassure the patient using their communication skills well whilst waiting for the nurse to arrive. Once the nurse arrived, they then moved as instructed on to the cleaning up of the spillage and used each component of the spillages kit correctly. Documentation was detailed and clearly stated events and who did what.

Students who achieved lower scores often did not summon help until after they had washed their hands and applied their PPE. They did not engage well with the patient or attempt to calm and reassure them, sometimes ignoring their repeated calls for help whilst washing their hands. There was a minority who assisted the patient back to bed themselves without the appropriate risk assessment being done by the nurse, overstepping the limitations of their role and creating a potential safeguarding issue. The use of

the spillages kit was less confident and infection prevention and control measures were often inconsistent.

Assignment 2 practical activities part 2 – Supporting the Care of Children and Young People

Scenario 1: this required the student to undertake a range of physiological measurements on an anxious 8-year-old child with their parent present in a paediatric clinic. The measurements then needed to be recorded accurately. To achieve the higher marks, it is expected that the student would clearly record the measurement (item A) with the correct unit of measurement and include their signature, print their name, role and date. It would be expected that the student would demonstrate effective handwashing and selection of PPE. Students who scored higher in this scenario were able to adapt their communication skills to the child's needs, explaining in child friendly language what they were needing to do and demonstrating on either themselves or the parent to reassure the child. Those that scored less highly often did not demonstrate effective handwashing, often being too quick or applying soap before wetting their hands and donned or doffed PPE incorrectly. There was no requirement to clean the equipment before or after use, however the higher scoring students will have checked that the equipment was in good working order. The standardised patients and parents were well prepared for this scenario; however, the parent should be careful when asking 'what happens now?' as this can be leading and encourage the student to include something that they had not thought about previously.

Scenario 2: this scenario was about a 10-year-old boy who had surgery to his right leg and had been using a wheelchair since the operation. The doctor had advised that the child needed to become more mobile, and the student was required to support the child to become more mobile using the walking frame more appropriately. The four parts of moving are to be assessed. It was agreed that any walking aid could be used if a frame were not available. There was no requirement to adjust the frame as this had already been adjusted for the child. The daily care log (item B) was to be completed by the student after completion of the moving and handling. Higher scoring students engaged the patient in conversation and established their interests to motivate them to walk. They also encouraged independence with the wheelchair. For example, They asked the patient if they could move the footplates, and ensure the brakes were on. They demonstrated effective handwashing and donning and doffing of PPE and effective communication whilst effectively completing the four parts of the moving and handling. The daily care log was completed in detail stating what had been completed and how much independence was shown.

Lower scoring students did not encourage the independence with the wheelchair and were not consistent with health and safety or communication. They were also not detailed in the information included in the daily care log or wrote it in future tense.

The standardised patients were well prepared in this scenario. Providers should consider how much room they provide for the task to be completed to allow the student to fully consider health and safety.

Scenario 3: a six-year-old child has been experiencing stomach pains, and the parent is concerned about their lack of regular bowel movements and weight loss. The appointment is at the GP surgery to provide a sample and discuss the concerns. The GP has asked the student to discuss the concerns, use the Bristol stool chart (item C), record the child's height and weight and complete the risk assessment form (item D) with any risks / issues to be escalated to the GP. There is not a requirement for the student to calculate the BMI.

It is important that the standardised patient gives the appropriate information to the student when identifying the type of stool to ensure that there is consistency of assessment. Some parents indicated that the stool was between type 1 and type 2, when it should have been type 1.

The higher scoring students were able to demonstrate higher level communication skills, with empathy, age-appropriate language and using the Bristol stool chart to indicate what a normal stool should look

like. The height and weight would have been correctly completed and recorded clearly on the risk assessment.

The lower scoring students did not fully explore the issues around passing of stools and may not have completed best practice for weighing twice for example.

There were issues with the completion of item D as some students misunderstood what information was required. They included the advice given rather than the concerns expressed. It would be expected that the students would include the correct weight and height, type 1 stool, ongoing worries, underweight, constipation, fear of using the toilet and missing out with friends.

Most students selected the appropriate PPE after washing their hands generally effectively, however there was often an issue with doffing the PPE in the correct order. There was no requirement to clean the equipment, and students were not marked on whether they did or did not clean the equipment. It is good practice to check the equipment before use.

Scenario 4: this scenario had a 6-year-old boy who had recently been diagnosed with mild asthma. The mother and child are attending the GP surgery to discuss their concerns on managing the asthma, the triggers and symptoms. Students were required to use the asthma information and management plan (item E) to support the mother and child and complete the patient record form (item F). It is expected that the student will speak with the parent and child using appropriate language and terminology to establish concerns and current knowledge. They will use the leaflet to demonstrate use of the inhaler and spacer and give information about whether a preventer inhaler is required and when to use their reliever inhaler.

Higher scoring students will be able to identify what triggers the child has and what measures can be put into place to reduce these triggers, focus on getting the child involved in activities again and how to use their inhaler effectively and the possible use of antihistamines. Item F will detail what has been discussed and what advice offered.

The students who did not score as well in this scenario were more likely to read the leaflet like a script without tailoring to the patient and their responses. They may not have demonstrated active listening skills fully or explored triggers fully. In completing item F they were more likely to be vague in the discussion that took place and the advice given.

The standardised patients and parents were well prepared and were responsive to the students.

The students generally informed the parent and child of next steps and what would happen to the information, which is good practice.

Assignment 3 professional discussion

Theme 1: providing comfort and support

Question 1

Part A

Students showed a reasonable understanding of developing positive relationships and supporting the care and wellbeing of children and young people during clinical interventions. Many responses appropriately referenced communication strategies such as active listening, non-verbal cues, and providing reassurance to reduce anxiety. However, a noticeable number of students struggled to provide specific and varied examples, often relying heavily on one scenario from their extensive placements and then trying to apply this across the themes, limiting the depth of their responses. This repetitive approach restricted the demonstration of a wider range of skills and understanding. Additionally, some students missed opportunities to discuss relevant learning from their coursework or simulated experiences, which could have strengthened their responses.

Part B

When reflecting on how to address children's worries about clinical procedures, students tended to describe generic approaches without sufficiently elaborating on how trust was built or how their communication directly influenced the child's wellbeing. Many responses lacked detailed reflections or diverse examples and instead repeated similar scenarios. Greater emphasis on personal learning and incorporating different types of experiences would have enhanced the quality of these reflections.

Question 2**Part A**

Students generally understood the need to adapt communication styles to meet the needs of children and young people, discussing key strategies such as using age-appropriate language and visual aids. However, many responses lacked detailed explanations or reflective insights into how these adaptations improved comfort and understanding.

Part B

Reflections on addressing a child's worries surrounding procedures were often generic. Students did not always provide specific examples showing how their communication helped alleviate concerns. Many responses would have benefited from more detailed personal reflections on the emotional impact and trust-building process.

Theme 2: collaboration and communication**Question 3****Part A**

Responses demonstrated a foundational grasp of the importance of clear roles and responsibilities within multidisciplinary teams and the value of collaboration to support children and young people's care. However, some students repeated the communication-focussed narrative from Theme 1, rather than exploring other dimensions of teamwork such as delegation, accountability, and legal frameworks. This overlap suggested a limited engagement with the broader theme of collaboration.

Part B

Many students relied predominantly on placement examples without integrating theoretical insights or varied professional settings, which impacted the depth of their reflections. Some responses lacked detailed discussion of specific teamwork strategies or examples of overcoming challenges through collaboration.

Question 4**Part A**

Students described effective communication techniques, often highlighting verbal and non-verbal strategies. Yet, several responses were anchored in one familiar scenario, reducing the opportunity to showcase adaptability in different contexts. The discussion of overcoming communication barriers was frequently superficial.

Part B

The discussion of overcoming communication barriers with children and young people was often limited. Many students missed opportunities to elaborate on specific challenges and strategies, such as cultural sensitivity or use of alternative communication methods. Including experiences from lessons or simulations could have strengthened responses.

Theme 3: physiological measurements and care support**Question 5**

Part A

Students recognised the importance of accurate physiological measurements in assessing health status but often missed the chance to detail specific measurements, equipment, and procedures. This omission limited their ability to achieve higher marks. Many responses did not fully explain how to measure and record data whilst ensuring the comfort and cooperation of children and young people.

Part B

Descriptions of how to monitor and record physiological measurements were often generic, lacking evidence of practical understanding. Students frequently failed to discuss strategies used to ensure comfort and cooperation during measurements.

Question 6**Part A**

Students demonstrated awareness of the Paediatric Early Warning System (PEWS) and its role in informing care and treatment plans. However, explanations sometimes lacked clarity regarding scoring and escalation processes. A missed opportunity to discuss how measurement results directly influence clinical decisions.

Part B

Reflections on communicating physiological results to families were often limited to basic descriptions. Few students provided in-depth examples of effective information-sharing or showed sensitivity to family concerns. Stronger links between clinical data and communication skills would improve responses.

Overall summary

The cohort showed a solid grasp of core concepts across themes, particularly in communication and care support. Challenges included reliance on one reflective scenario and using this across multiple themes, and insufficient integration of learning experiences. Students frequently revisited the same communication themes across all questions, sometimes at the expense of addressing theme-specific requirements, especially in physiological measurements and collaborative teamwork. To improve, students should diversify examples, clearly describe clinical procedures and equipment, and engage fully with each theme's unique focus.

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