



T Level Technical Qualification in Health

Occupational specialism assessment (OSA)

Supporting the Care of Children and Young People

Assignment 3 - Professional discussion - Distinction

Guide standard exemplification materials

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T Level Technical Qualification in Health, Supporting the Care of Children and Young People

Occupational specialism assessment

Guide standard exemplification materials

Supporting the Care of Children and Young People

Assignment 3

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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 3, the student must reflect on their own practice as a form of learning and continuing development. The student must answer questions and discuss their learning experiences in a professional manner.

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

Theme 1: using play or distraction techniques to provide care and support

Using a play or distraction technique to provide care and support and promote self-help and independence to CYP through a clinical or therapeutic procedure.

Question 1

Part A

Describe a situation when you have used an appropriate therapeutic play strategy or distraction technique to support a child or young person through a clinical or therapeutic procedure.

Part B

Explain why an appropriate therapeutic play strategy or distraction technique provides care and support to a child or young person, referring to your own experience.

Question 2

Part A

Explain how you have applied knowledge of person-centred care to help promote independence and self-help to the child or young person. You should refer to the situation in question 1 in your answer.

Part B

Reflect on how this experience has influenced your practice by identifying any limitations and future development needs.

Student evidence

Distinction	<p>Question 1.</p> <p>Part A & B</p> <p>Whilst I was on placement at the hospital, I had the opportunity of working in the Education Department. This was where the children in hospital for a long stay came to carry on with some of their schooling. They didn't come every day, some children just came for an hour or so each day and for some children, a teacher would go and do some work with them at their bedside.</p> <p>The play therapist asked me to prepare a session with 2 girls to support them through their clinical procedure. Before deciding on what kind of session would be appropriate, I found out some background information on them including their age, length of stay and clinical procedures. I then introduced myself to the girls to find out what kinds of things they liked doing. After meeting with the girls, I decided that a relaxing arts and crafts session while talking about their worries would be suitable technique to support them. In the session I organised a clear jar for each girl and some glass paints. I showed the girls lots of different designs and explained that they were going to paint their own jar, which would be theirs to keep. Once they had painted their jars, we started speaking about what kinds of things we could put in the jar. I suggested that this might be an idea to write down any worries, questions or feelings they have and then they can place these notes in the jar. I explained that this would be a way of helping them to manage their worries and feelings. I also explained that they could at any time give one of these worries or concerns/questions to who they</p>
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liked if they felt like talking about something but didn't know where or how to start. I asked whether the girls thought this would be helpful and supportive and they both agreed it would be. They said they liked the idea that it was just their special jar and that they could put something in the jar at any time they wanted. They also said it was really helpful when they wanted to talk about something but didn't know where to start. They could give the piece of paper to someone they trust to help them start the conversation. I feel that now I have had some experience helping with a play therapy technique, I can see how useful it can be for children because it can help to take their mind off procedures, so it is a great strategy to help distract them. Because they were concentrating on their jars, I think it helped them to feel safe and that they were being looked after. I can see that play therapy is valuable in teaching skills to the children too (for example, how to manage a condition and helping care procedures to proceed quicker), which is going to be beneficial for them overall.

Question 2

Part A & B

In this situation I used my knowledge of person-centred care to influence how I set up the session which the play therapist had asked me to. I ensured that I spoke with both girls first to understand their likes and dislikes. When I established that both girls particularly liked arts and crafts and found it relaxing, this seemed to be an obvious focus for the session. I chose the idea of painting a jar where they could 'post' their feelings, questions, worries as I thought that this promoted their independence and confidence in managing their individual circumstances. The jar promoted values of choice and respect, where the girls had choice to share their thoughts whenever they chose to do so. I also told the girls that they could paint another jar where they posted self-praise and rewards for themselves as another idea they could do together on their own for fun.

This session really helped to increase my confidence and independence. I liked having the autonomy to decide what session would work best for the girls. It really helped me know where to start, when I thought about my understanding of person-centred care, especially as I was a little overwhelmed as to what to do. I thought my choice of starting to get to know the girls first, before deciding on the play session was a good choice and helpful. I think I need to develop my confidence in the future, this might only come with practice, but what would be really helpful is to learn more about play and distraction techniques, what ones are most successful and useful with different ages.

Theme 2: working as part of a team

Working as part of a team to support CYP and their carers specifically to assist in teaching parenting skills to promote and support health and wellbeing.

Question 3

Part A

Describe the underlying principles behind different parenting skills that can be used to promote the parent and child/young person bond.

Part B

Explain these principles and how they can be used by practitioners to strengthen the parent and child/young person bond.

Question 4

Part A

Explain how you assisted in teaching parenting skills with the aim of promoting the health and wellbeing of a child or young person in your care

Part B

Reflect on working as part of a team within the scope of your role and responsibilities and from this, identify any future developmental needs.

Student evidence

Distinction	Question 3 Part A & B <p>There are numerous principles behind parenting skills that can promote bonding. Examples might include:</p> <p>Consistency – the parent being clear about their expectations of the child. This will help the child feel more secure and safe in the relationship.</p> <p>Appropriate and clear boundaries – like bedtimes, mealtimes, being told off/rules. All need to be appropriate to age and realistic. Children thrive on appropriate boundaries.</p> <p>Love and nurture - affection like cuddles, holding hands, bedtime kiss, stroking hair, reinforcing positive messages and comments like well done, that's great, you're special, you look pretty. All encourage the child to feel good about themselves and loved.</p> <p>Engaging with child/young person - playing games, commenting on a picture they have drawn (a particular aspect so the child knows you really have looked at the picture).</p> <p>All of these principles are really important and fundamental in promoting bonding between parents and children. Practitioners can help and support parents in the bonding process by talking and teaching parents as individuals or groups about these principles. Some parents may not realise how</p>
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important some principles are, for example clear and appropriate boundaries. Explaining all of these principles will facilitate the parents understanding of bonding and how to increase it.

Question 4

Part A & B

During my nursery placement I was asked to support a parent who expressed they were having difficulties with their 4 year old's behaviour and feeling overwhelmed. I pulled together some information on setting boundaries and communication techniques to promote positive behaviour in young children and talked through it with the parent. I learnt a lot from this experience which helped me identify future training needs. I think more understanding of development in babies would be useful. Also working as part of a team was fun but at times a little daunting. I noticed in the team I was working in that some people were better than others at communicating. For example, when we were in the team meeting, we all had to report back on what we had done in the week. Some people listened more and some people talked more. Some people were better at saying what they had done in the week. There was also a minor misunderstanding which was down to poor communication. This taught me a lot about how important it is to communicate effectively.

Theme 3: following good practice

Following good practice when assisting with designated clinical tasks, specifically undertaking 2 physiological measurements, including the importance of making reasonable adjustments for the child or young person and accurate record keeping.

Question 5

Part A

Common physiological measurements include weight, height and body temperature. Referring to your own experience, identify 2 other common physiological measurements and outline the method you used to take them in the treatment of a child or young person.

Part B

Explain the importance of recording results of physiological measurements accurately. You **must** refer to the experience outlined in question **5A** in your response

Question 6

Part A

Evaluate your experience of meeting the individual needs of a child or young person's reasonable adjustments during routine clinical tasks.

Part B

Analyse how you upheld good working practice when carrying out routine clinical tasks, identifying any areas for future development.

Student evidence

Distinction	<p>Question 5</p> <p>Part A & B</p> <p>Two other physiological methods I have taken are blood sugar levels and oxygen levels.</p> <p>For the blood sugar I had a pen that pricked the finger to draw blood, known as the finger prick test. I used an alcohol wipe to clean the end of the index finger. The pen clicks and the needle scratches the finger, drawing blood. I then got a test strip and wiped up a drop of blood before putting this into the test machine. This provided me with the blood sugar reading.</p> <p>I also measured the patient's oxygen levels with an oximeter. I clipped this onto the patient's index finger and it gave the reading.</p> <p>It is really important to record results accurately for many reasons. Firstly, this is your job and responsibility, this is what is expected of you and your duty of care to the patient. If your results are not recorded accurately this could have a severe impact on the health of the person you are treating. For example, in this case the girl is 14 years old with diabetes. When I measured her sugar levels, they were quite high and needed immediate attention to avoid any complications. Had I recorded her reading as within a normal range she wouldn't have received the treatment she needed to.</p> <p>Inaccurate recording of results could lead to a misdiagnosis, wrong prescription and ultimately affect the patients' health negatively. This could lead to further errors or delayed treatment. If there were a negative impact on the patients' health this could put the hospital in a position where they were negligent as well as myself as a practitioner.</p> <p>Question 6</p> <p>Part A & B</p> <p>My example of meeting the individual patient's needs also comes from this patient, a 14 year old girl who has diabetes. It was important that I engaged with her by establishing her likes, dislikes and feelings about what I was doing. I made sure that my manner was friendly, with open body language, a soft tone and friendly manner. This was to gain trust and build rapport with her. In this particular situation, the girl was struggling to come to terms with her diabetes and the responsibility she needed to take, I was keen to empower her by reassuring her that I knew it was difficult but that she could manage, and we (I) were here to support her. She was very tearful and clearly struggling to cope. To empower her and enable her to manage better I asked what I could do to support her. I also asked who else could support her in recognising her symptoms and supporting her. She mentioned her mother, a friend and her form tutor as people that could help.</p> <p>I felt that I worked in line with best practice and adhered to the policies and procedures I was supposed to. I ensured that I carried out both physiological procedures correctly. Ensuring the appropriate method I was taught was used and all hygiene rules adhered to. I respected the individual's rights and listened to their wishes, views and feelings. I was empathic to her situation showing respect and understanding. Especially as she was upset and struggling to come to terms with her condition. I did feel that for my future development I would benefit from understanding more how I could involve the parents more with a teenager. In particular, when the teenager wants little involvement in their medical condition from their parents. However, it would be better if the parents were involved more to help manage the condition.</p>
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Examiner commentary

Distinction:

The student has produced evidence that shows a detailed understanding of the topic areas discussed, drawing on a range of theoretical and placement knowledge to answer the questions; for example, in theme 2 in relation to the psychology of behaviourism and attachment theory. They communicated adeptly their understanding of person-centred care and their reflections demonstrated a comprehensive understanding of the needs of different patients adapting communication and resources appropriately.

They used their knowledge and understanding to make well-informed judgements about decisions they have made on placement and reflected on these appropriately, for example in theme 1 where they planned a play therapy session. They communicated comprehensive knowledge and understanding of physiological measurements, techniques for taking and following procedures and good practice to ensure the health and safety of the individual, for example in theme 3 supporting their patient with diabetes.

There is a thorough understanding of individual needs and how these can be met in the most effective way. Communication skills were well developed, they have an effective knowledge of the importance of teamwork and their role within that process, and they were able to evaluate their own strengths and areas for development.

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

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 individual’s 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 ○ applying knowledge of policy and good practice techniques when undertaking all physiological measurements, checking when uncertain and consistent with instructions and guidance

Grade	Demonstration of attainment
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 individual's 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

Version	Description of change	Approval	Date of Issue
v1.0	Published final version.		June 2021
v1.1	NCFE rebrand		September 2021