



# T Level Technical Qualification in Health

Occupational specialism assessment (OSA)

## Supporting the Care of Children and Young People

Assignment 1 - Case study stimulus materials

Assignment brief insert

v1.3: Specimen assessment materials  
21 November 2023  
603/7066/X

Internal reference: HLTH-0006-03

## T Level Technical Qualification in Health Occupational specialism assessment (OSA)

# Supporting the Care of Children and Young People

### Assignment brief insert

Assignment 1

Case study stimulus materials

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# Item A: adult mental health triage form

## Emergency Department Adult Mental Health Triage Form

Date: 01/05/2020 Time of assessment: 23:20

For staff use only:  
 Hospital number: 9734 X  
 Surname: BENNETT  
 First names: MARIANNE  
 Date of birth: 17/10/80  
 NHS no: UNKNOWN  
 Use hospital identification label

This form is designed to help an assessor consider the risk to the patient of self-harm or suicide and risk of harm to staff members. Risk assessment requires clinical judgement which may override this form in some circumstances.

### Background, observations and behaviours

Please tick appropriate response

	Yes	No
1. Does the person have any immediate plans to harm self or others or to damage property?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Is the patient obviously disturbed, threatening, agitated or unpredictable in their behaviour?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Is there any suggestion that the person may abscond?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Does the person have history of violence?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Does the person have a history of mental health problems or self harm? <u>SUSPECTED</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Has the person been detained under a mental health section before?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### Issues to be explored through questioning

Why is the person presenting now?  
Multiple cuts to both arms, 0.5-2cm in length  
Some confusion, distress and agitation.

Are there any events that precipitated this presentation?  
States drinking at home alone.  
? other people present. If the patient has attempted suicide by OD or DSH, see page 2

Does the person have any close family/friends/social support?  
States no nearby family or close friends.

Physical description - include height, build, distinguishing features, clothing, skin colour, hair colour and style  
Underweight, scars to forearms  
Disheveled - clothes  
are dirty/torn.

Are there any child protection issues?  Yes  No Consider SIF  
 Is this person in any way vulnerable?  Yes  No Consider SOVA

### Nurse triage

What level of risk do you think this patient has?  
 High  Medium  Low

Has this patient been searched for weapons or medicines?  
 Yes  No

Observation level required  
 Red  Amber  None

Print name: \_\_\_\_\_ Date: 01/05/2020  
 Signature: \_\_\_\_\_ Time: 23:20  
 Designation: \_\_\_\_\_ Contact/Bleep number: \_\_\_\_\_



The suicide risk screen is for use by doctors or nurses and may be an aid to risk assessment

**Suicide risk screen**

The greater number of positive responses the higher the risk

	Yes	No	Maybe		Yes	No	Maybe
Previous self-harm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Family history of suicide	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Previous use of violent methods	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Unemployed/Retired	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Current suicide plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Male	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Current suicidal thoughts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Separated/widowed/divorced	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hopelessness/helplessness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Domestic violence	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low in mood	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lack of social support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Displaying bizarre or unpredictable behaviour	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family concerned about risk	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alcohol/drug misuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disengaged from services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Chronic pain or illness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Poor adherence to psychiatric treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				Access to lethal means of harm	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Doctor's assessment**

After full assessment, what level of risk do you think this patient has?

High  Medium  Low

What level observations should continue?

Red  Amber  None

Print name: \_\_\_\_\_ Date: DD/MM/YYYY

Signature: \_\_\_\_\_ Time: HH:MM

Designation: \_\_\_\_\_ Contact/Bleep number: \_\_\_\_\_

**Summary of levels of risk and suggested actions**

<b>Low</b>	No special observations required
<b>Medium</b>	Consider 15 minute amber special observations If patient absconds inform 219, 707, the doctor in charge, security and police
<b>High</b>	Start red continuous special observations, inform 219 of patient's presence in ED If the patient absconds, inform 219, 707, the doctor in charge, security and the police

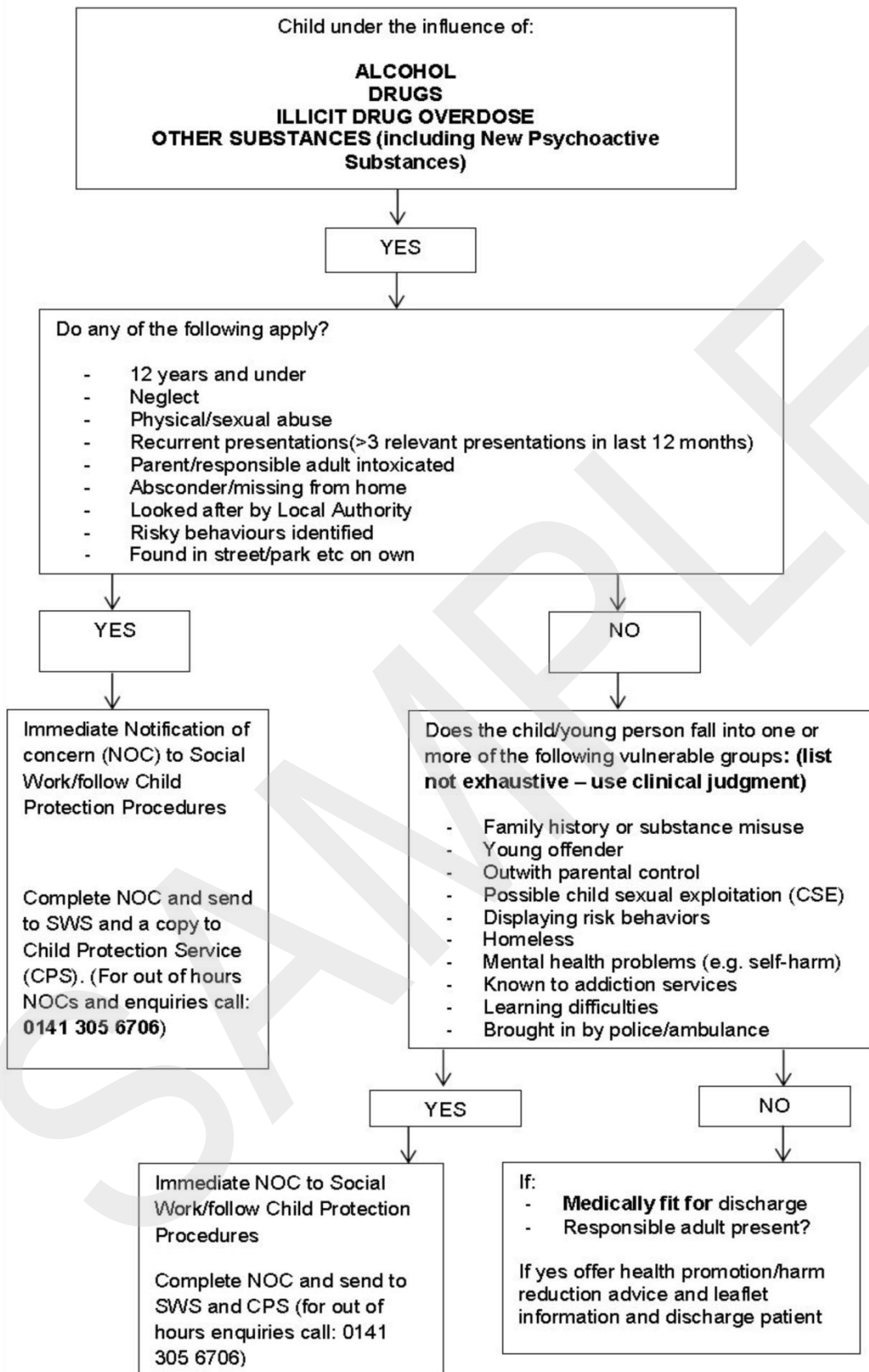
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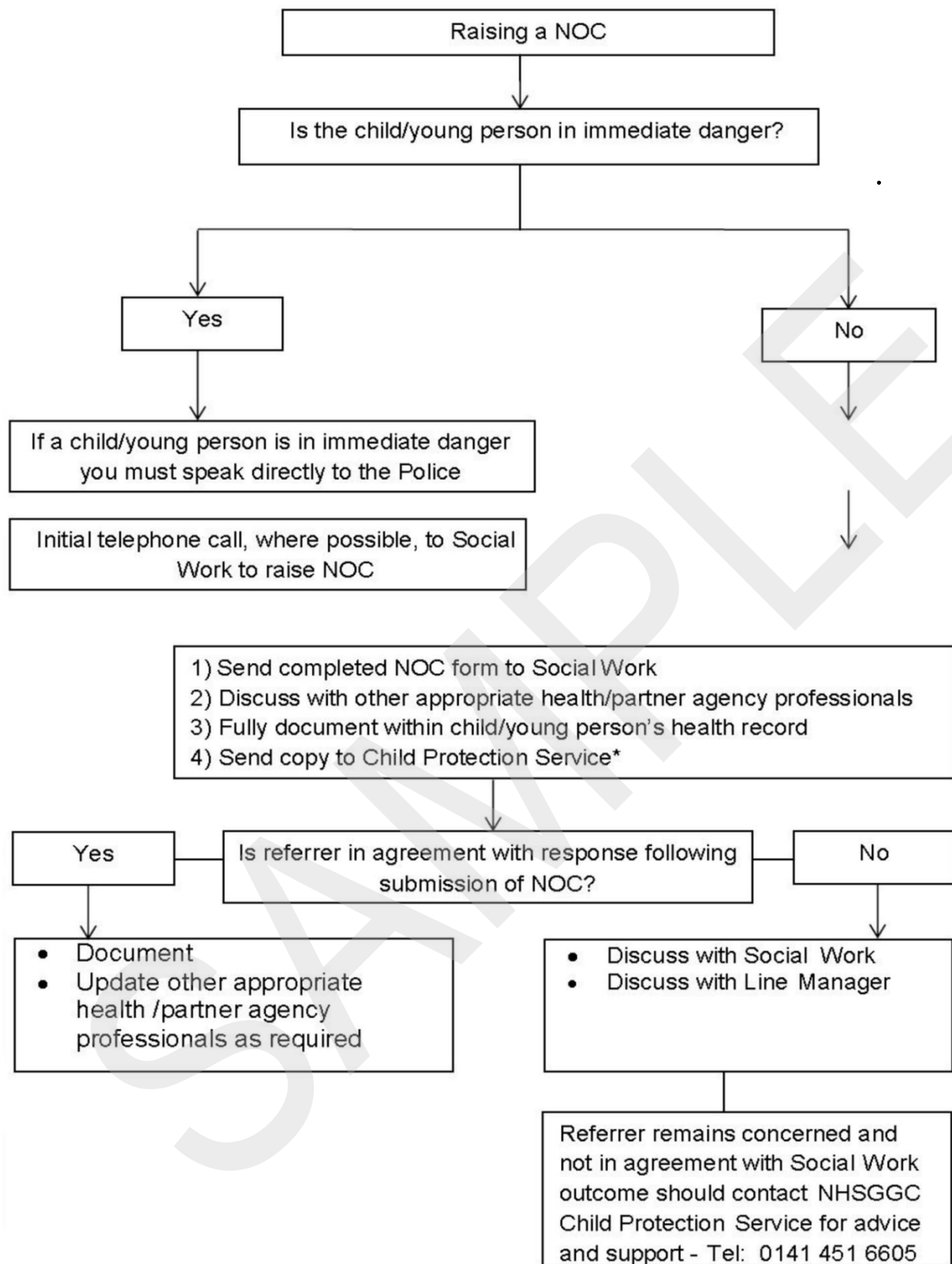
**Actions to be taken according to level of risk identified**

Risk level	Risk factors	Actions
<b>Low</b>	<ul style="list-style-type: none"> <li>There may be minor mental health issues but no plans to harm self or others</li> <li>No evidence of immediate vulnerability</li> </ul>	<ul style="list-style-type: none"> <li>Treatment and follow up to be arranged by ED team</li> <li>Consider referral to primary care services eg. GP</li> <li>May benefit from mental health advice and offer individual relevant advice booklets</li> </ul>
<b>Medium</b>	<ul style="list-style-type: none"> <li>Person has ideas regarding risky behaviours towards self or others</li> <li>Mental state likely to deteriorate without treatment</li> <li>Patient is potentially vulnerable</li> </ul>	<ul style="list-style-type: none"> <li>Implement immediate <b>Amber Special</b> and complete relevant specialising documentation</li> <li>Inform 219 of the patient's presence in the Department/CDU and ask for assistance with staffing where necessary</li> <li>Urgent referral to liaison psychiatry team or on call psychiatrist (out of hours)</li> <li>All attempts should be made to stop the patient leaving the department before seeing a mental health professional</li> <li>If the patient absconds, inform 219, 707, the doctor in charge, security and the police</li> </ul>
<b>High</b>	<ul style="list-style-type: none"> <li>Serious mental health problems present, including possible psychosis</li> <li>Patient has strong/immediate plans to harm self or others</li> <li>May have already attempted to harm self or others</li> <li>Mental health very likely to deteriorate if left untreated</li> <li>Patient is highly vulnerable</li> </ul>	<ul style="list-style-type: none"> <li>Implement immediate <b>Red Special</b> and complete relevant specialising documentation</li> <li>Nurse allocated specialising duties to wear alarm to summon immediate help if patient tries to abscond</li> <li>Inform 219 and 707 of the patient's presence in the department/CDU and ask for assistance with staffing where necessary</li> <li>All attempts should be made to stop the patient leaving the department</li> <li>If the patient absconds, inform 219, 707, the doctor in charge, security and the police</li> <li>Move immediately to stage 2 of the Missing Patients Procedure if the patient absconds</li> </ul>

## Item B: intoxicated adolescent pathway



## Item C: notification of concern flowchart



## Item D: family health needs assessment – child’s voice assessment framework

Torbay and Southern Devon **NHS**  
 Health and Care  
 NHS Trust

**ASSESSMENT FRAMEWORK**

**“THE CHILD’S VOICE”**  
 Place yourself in the child’s shoes and consider each issue from the child’s perspective,  
 OR record child’s comments

**NOTE TO ASSESSOR:**  
 COMPLETE SEPARATE ASSESSMENT FOR EACH CHILD

Child's Name TOM BENNETT  
 DoB 06/01/2007

Health	Education	Emotional & Behavioural Development	
Tom has access to alcohol at home but states he does not drink it. Tom states he has recently become sexually active. He has not yet had SRE at school.	Tom engages well at school with learning material and teachers. He says he really likes PE and English.	Tom is generally friendly but has a short fuse. He can be unpredictable and aggressive when he feels frustrated or out of his depth.	
Identity	Family & Social Relationships	Social Presentation	Selfcare Skills
Tom has difficulty understanding 'identity'. He says he doesn't have one. This is an area of priority for us.	Tom feels unloved and detached from his mother. He says she is distant and he doesn't know how to talk to her.	Tom shows a lack of trust in other people and dislikes making new friends. He regularly demonstrates unwanted behaviour to others.	No concerns

CHILD AND FAMILY HEALTH RECORD – FAMILY HEALTH NEEDS ASSESSMENT FILE NAME \_\_\_\_\_ Page 16 of 24



## Item E: family health needs assessment – care planning template

### SUMMARY SHEET

ANALYSIS & NEEDS IDENTIFIED																																													
Signature .....	Date .....																																												







## Document information

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Owner: Head of Assessment Design

## Change History Record

Version	Description of change	Approval	Date of Issue
v1.0	Post approval, updated for publication.		January 2021
v1.1	NCFE rebrand		September 2021
v1.2	OS review Feb 23		February 2023
v1.3	Sample added as a watermark.	November 2023	21 November 2023