



# T Level Technical Qualification in Health

Occupational specialism assessment (OSA)

## Supporting the Care of Children and Young People

Assignment 1 - Case study - Distinction

Guide standard exemplification materials

v1.1: Specimen assessment materials  
September 2021  
603/7066/X

Internal reference: HLTH-GSEM-32

## 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

From the information provided in the mental health triage Marianne presents as medium risk (amber rating). Marianne is clearly vulnerable and displaying some confusion, distress and agitation. Marianne has multiple cuts to both arms and scars on her forearms. Marianne is also intoxicated and has stated that she has been drinking at home alone. There is a suspected history of self-harm and 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. There are clearly safeguarding risks to Benjamin who is a minor and child protection issues have been highlighted. 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 in relation to risks for Benjamin which highlight safeguarding concerns:

- Mum's intoxication (in charge of a minor)
- 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
- multiple cuts to both arms and scars
- suspected history of mental health issues and self-harm
- displaying unpredictable behaviour

Child protection and vulnerability issues have been flagged up.

It is important to raise the safeguarding concerns above to be able to provide support to both Ben and his mum. His Mum's presentation is a cause for concern because she is not looking after herself and her behaviours indicate a decline in her mental health and her ability to look after Ben properly. Ben and his mum need some support as they do not have any family or friends to support them, and this can have a big impact on a person's

mental wellbeing.

Actions Martin should take in relation to Ben:

1. Speak with Ben alone to establish Ben's circumstances/feelings/mood. It is important to try and gain Benjamin's trust so that he can confide
2. Explain to Ben sensitively (he needs to be empowered and protected) 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. Explain that it is likely social services will be contacted for their assessment of the situation. To empower Benjamin, ask him what he would like to happen in the current circumstances. That his views are important and do matter
3. Contact the designated safeguarding lead to explain the circumstances and your view that social services need to be contacted straight away. It is not appropriate to allow Benjamin to leave the UCC with a mother who is intoxicated and clearly distressed. As well as Benjamin's own presentation of dishevelled
4. Explain to Mum what you are doing and why. Support her to feel empowered

## 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

There are a range of **key points** I would raise with the DSL:

1. The NOC flowchart indicates that as Benjamin is not in immediate danger but neglected. A notice of concern form should be completed and copied to child protection services
2. Benjamin has arrived at the UCC with his mother who is intoxicated, dishevelled, underweight and is wearing dirty clothes. Benjamin's mother also has multiple cuts to both arms and scars and a suspected history of mental health issues and self-harm
3. Benjamin is obviously underage and clearly intoxicated
4. It's late at night (23:20)
5. Benjamin is vulnerable

#### **Benjamin's holistic needs**

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

**Emotional health** – counselling, this might be specialist (alcohol) as he is underage and drinking as well as counselling/support for his emotional needs and worries

**Home** – Benjamin's mother needs supporting so that she can create an appropriate environment at home for Benjamin

**Social** – It's important to look at Benjamin's support network – family and friends. Does he need to be encouraged/supported to join a youth group or/and have more support from other family members?

#### **Recommendations:**

- referral for counselling
- school notified
- notification of concern
- GP included
- local youth services notified

The focus of the Children Act is multi-disciplinary working so it's really important that, for Benjamin's needs to be met, all practitioners place him at the centre of care. This means that even if Benjamin is not happy about the referral, it still needs to be made as it is in his best interests. This joined up approach will mean that different services are able to work together to create a plan that addresses all of Benjamin's needs.

## 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

Tom's needs are:

1. He requires sexual health and contraceptives education as he has recently become sexually active. Tom has not yet covered this at school and so may be getting his information from unreliable sources
2. Tom does not feel as though he has a clear identity. This is something that needs exploring with him
3. Tom is achieving in school and so he needs to be supported to maintain this whilst we are addressing other aspects of his wellbeing
4. Tom's relationship with his mother needs addressing. Tom feels unloved and detached from his mother. His mother is the only adult at home – so Tom is likely to feel isolated. It would be helpful to have his mum involved in addressing this concern
5. Help to identify the situations that cause him to have a 'short fuse' and techniques for dealing with this

#### Steps I would take to protect Tom and meet his needs:

1. Referral to counselling (issues with identity, short fuse and relationship with mother). There are a range of actions that can be taken to address these needs, some of which overlap.

I do think that Tom would benefit from counselling so I would look to make a referral to a counselling service. If Tom's school does not have a counsellor, I could make a CAMHS referral for him. Initially this could be one-to-one and explore his identity issues. They may discover that this 'causes' some of the other issues he has, for example difficulties in talking to his mum, his 'short fuse' and the difficulties he has with friendships.

2. Referral to local sexual health services for young people



The sexual health and contraceptive advice is a priority as Tom is sexually active now. Sexual health will be covered at school also.

3. Inform school of circumstances:

- inform GP
- set up multi-agency meeting to ensure all appropriate professionals are aware of Tom's needs
- talk with Tom about his needs, feelings and wishes

**Should Megan's team continue to be involved with Tom?**

Megan's team do not need to be involved with Tom anymore as they are the emergency safeguarding team. But Tom still needs support from social services, therefore it would be better for Tom and his mum to be supported by the longer-term social work team. He could be under a child protection plan and his needs monitored and looked after by a range of professionals.

## 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

With my action plan I would outline all of the different areas that Tom needs support with. The areas would include: Tom's identity, school, home, emotional health (depression) and sexual health. For each of these areas I would identify which service was responsible and which individual was responsible. For each service I would ask them to identify their goals with Tom – making sure Tom was involved with this. He is more likely to engage with the service if he is involved. Then I would ask each service to provide regular feedback on Tom's progress. I would also arrange regular meetings with all of the services to share Tom's progress and any concerns. This approach would highlight how effective the plan was, we could then change it if we needed to. The plan would be monitored regularly by me and the social work team and would look like this:

**Tom's identity** - a service specialising in identity issues (contact Sarah Chang)

Goals - explore Tom's identity issues and increase confidence

**School** - (contact Mr Weber Head of Year or Miss Leigh Safeguarding Lead)

Goals - continue to keep Tom engaged, encourage Tom to join a sports club and the writing club – Tom likes sport and English. Identify a relaxing and quiet space Tom can go to if he needs time out, someone to talk to or is feeling angry

**Home** - (contact Mum/Tom, local wellbeing centre Letitia Rosental)

Goals - support Tom and Mum in engaging in positive activities

**Emotional health** - (contact Sharon Wiley Youth Counsellor)

Goals - explore Tom's feelings about himself and relationship with mother

**Sexual health** - (contact Lewis Simpson, teenage sexual health centre)

Goals - ensure Tom is knowledgeable and safe

Monthly updates from all services would come to me so that I can oversee the progress. I would arrange a multi-agency meeting every 3 months with Tom and his Mum present to discuss the progress of the plan.

## Examiner commentary

The student was able to effectively use and apply all the resources provided. An evaluation was provided for the individuals in the case studies which identified key needs and recommendations. The student successfully identified concerns and issues relating to safeguarding with who or where they should be reported to as well as level of risk and recommended actions. In task 1 the student offered a brief evaluation of identified safeguarding concerns. Overall recommendations were robust and structured to achieve the desired outcomes of the task - including collation of information, application and follow up of information and finally evaluation of effectiveness.

The needs of children and young people were explored holistically, and the student communicated a comprehensive understanding of person-centred care, health and safety and their role within a multi-disciplinary team.

Evidence was presented in a logical and coherent way, with all information tailored to the specific case study characteristics identifying the individual's key needs, professional support required and examples of interventions to assist. Action plans were presented with detail, importance of monitoring and reviews were offered with identified timescales.

The student made use of a wide range of knowledge, especially in relation to safeguarding and multi-disciplinary work, to make well-rounded and appropriate judgements about the steps to take in each case study. Their response demonstrated an extensive understanding of how we can promote the health and wellbeing of children and young people. The student understood the importance of ensuring the voice of the young person is included when protecting their physical and mental wellbeing and overall safety and included provision to ensure support is offered to the family (mum).

## 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"> <li>• communicate the relationship between person-centred care and health and safety requirements in healthcare delivery by:                             <ul style="list-style-type: none"> <li>○ demonstrating working in a person-centred way, taking relevant and sufficient precautions to protect the safety and physical and mental wellbeing of individuals</li> <li>○ 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</li> <li>○ following standards, codes of conduct and health and safety requirements/legislation to maintain a sufficiently safe working environment</li> <li>○ 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</li> </ul> </li> <li>• 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"> <li>○ adequately following current best practice and codes of conduct across relevant boundaries, relevant to assisting with scenario specific, clinical and therapeutic interventions</li> <li>○ 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</li> <li>○ 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</li> <li>○ 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</li> </ul> </li> <li>• 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"> <li>○ working as part of a team to use relevant equipment effectively and safely and following correct monitoring processes.</li> <li>○ calculating scores, reporting and differentiation of normal and abnormal results to the relevant registered professional</li> </ul> </li> </ul>

Grade	Demonstration of attainment
	<ul style="list-style-type: none"> <li>○ applying knowledge of policy and good practice techniques when undertaking all physiological measurements, checking when uncertain and consistent with instructions and guidance</li> </ul>
Distinction	<p>A distinction grade student can:</p> <ul style="list-style-type: none"> <li>● communicate adeptly the relationship between person-centred care and health and safety requirements in healthcare delivery by:                             <ul style="list-style-type: none"> <li>○ 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</li> <li>○ 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</li> <li>○ commitment to following all required standards, codes of conduct and health and safety requirements/legislation decisively to maintain a safe, healthy working environment</li> <li>○ demonstrating proficient use of an extensive range of techniques to promote optimum levels of cleanliness and decontamination required for effective infection prevention and control</li> </ul> </li> <li>● 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"> <li>○ 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</li> <li>○ 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</li> <li>○ 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</li> <li>○ 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</li> </ul> </li> <li>● 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"> <li>○ working as part of a team to use relevant equipment accurately and safely and consistently following correct monitoring processes</li> <li>○ calculating scores, reporting and differentiation of normal and abnormal results adeptly, consistently and reliably to the relevant registered professional</li> <li>○ 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</li> </ul> </li> </ul>

\* “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

The T Level Technical Qualification is a qualification approved and managed by the Institute for Apprenticeships and Technical Education.

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Owner: Head of Assessment Design

## Change History Record

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