

Report from the chief examiner and chief moderator

**T Level Technical Qualification
in Health (Level 3)
(603/7066/X)**

**Summer 2023 – Occupational
specialism (Supporting the Care of
Children and Young People)**

Chief examiner and chief moderator report

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Assessment dates: **20 March 2023 – 16 June 2023**

Paper number: **P001999, P001989, P002000 and P002001**

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 occupational specialism element, please refer to the qualification specification.

Standard of student work

Examinable assignments

Providers have supported students well in terms of reviewing stimulus material and being able to collate this information to form professional judgements and guidance in relation to next steps. The action plans were overall well written and justified actions and goals included. Students demonstrated excellent knowledge in safeguarding and manual handling overall with excellent examples from their placement experiences.

An area to improve with students appearing to be less confident was linking mental health to safeguarding and how to escalate concerns. Many students discussed signs and symptoms; however, this was generic in

terms of mental health and could have been expanded to include self-harm indicators and the safeguarding steps to be taken once concerns are identified. A further element to improve could have been the discussion relating to the students' scope of practice and areas of development. Students recognised this in earlier themes and discussions; however, not in the final question. This could have been a time management issue or loss of concentration towards the end of the assessment; however, this is an area for improvement to earn higher marks.

In terms of evidence requirements, assignment 3 should be video and audio recorded. The worksheet was utilised to support discussion on the whole; however, this appears to be incomplete for the later questions. This also corresponds to the lower marks being awarded. Providers could encourage time management throughout the preparation time to ensure the students have some guidance to answer the questions within the assessment.

Moderated assignments

Providers appeared to have prepared students relatively well for the practical assessments of assignment 2. Some students found that they focused heavily on the task in hand and then were not able to capitalise on responses given by the simulated patients or the cues that were given. This was evident in scenario 4 (OPA3 – support risk assessments for children and/or young people, following collection of specimens and undertaking observations, and escalate where possible) where some students did not fully pick up on the cue that the child was in pain when reaching for the glass of water. Some noticed they were in pain but did not pass the glass of water to prevent the child from having to overstretch.

Students appeared the most comfortable giving health promotion advice to the children for scenarios 2 (OPA10 – support or enable children to maintain good personal hygiene) and 3 (OPA13 – promote awareness with families and carers on how to maintain and contribute to the health and wellbeing of children and/or young people). This was evident with the marks awarded by providers and the moderated marks.

Some of the providers' marks were extremely high with limited evidence in their assessment records to support why those marks had been awarded. When moderating work, the moderator considered the evidence available, the assessment record available, indicative content and the standardisation meeting discussions.

All the students attempted all the scenarios, with a range of time taken with each. Within this assignment there were a range of marks available, with all students achieving a minimum of pass. Some students found it difficult to demonstrate correct tooth brushing in scenario 2 (OPA10 – support or enable children to maintain good personal hygiene) with the range of resources listed. In one example, a student did have a model of a mouth/teeth (not on the equipment list) and demonstrated far more realistic teeth cleaning and was able to get the children to demonstrate on it how they brushed their teeth.

Evidence creation

For this occupational specialism (OS) there was the requirement to create a range of evidence. Students were video recorded during their assessments, providers assessed and should give written commentary of the students' performance, and the students' written assessment evidence is also required.

Providers need to ensure that all evidence is uploaded, as in some cases missing video evidence caused delays in the moderation process. There were issues with the types of files that the videos were uploaded on, and some video evidence would not play the sound without opening in different media. There was also some corrupted video evidence. In these cases, providers had established the corruption and had ensured that there was a detailed commentary on the student's performance, which did help with moderation. Some of the provider commentary in this session was quite brief, and this made moderation more challenging, as it was difficult to see where and why the provider had awarded marks, particularly as some students were marked very highly by providers. Provider commentary that is most helpful gives a detailed narrative of the

event with some use of descriptors from the mark scheme which would indicate why they had awarded the marks they had.

Responses to the assignments

Assignment 1

The case study included 6 pieces of completed paperwork with assessments, observations and NICE guidance for students to use to carry out the written tasks. There were 4 written tasks to be completed.

Task 1

Task 1 requested students to review the information provided in stimulus materials and collate this into a report. The report requested was to include 3 priority areas for intervention and support the management of her CFS with a summary rationale for the chosen areas. The report was to include key professionals who would be involved in Elodie's care.

Students performed well on this task, with all students choosing relevant areas of priority to focus on for Elodie. Most students justified their chosen priority areas well with discussion relating to the impact of symptoms on her daily life, or areas of significant impact. It was nice to see the structure of all students was appropriate and terminology was used really well throughout. All students had really reviewed all the available stimulus materials and used this to determine their areas of priority.

Areas to improve on this task would be to include other practitioners within the report. Not many practitioners were identified or discussed in this section. Some students introduced the name of another practitioner and briefly discussed their role but did not expand on this or continue to consider practitioners for each of the 3 priority areas. Providers could support students to gain higher grades by encouraging action plans to include the identification of the priority area or action, a summary of why this area is to be the focus, and the possible referrals or other practitioners and what they would be responsible for in relation to each area of focus.

Task 2

This task was using the same stimulus material to create a management plan for Elodie to manage her condition. The management plan should include coping with potential setbacks and demonstrate a holistic approach to health. The students were requested to complete 3 goals for Elodie to focus on, which included 2 actions for each goal to work towards. These goals were to include equipment and strategies that may support Elodie to successfully manage her condition. Again, students were requested to include professionals within the multidisciplinary team to support Elodie to achieve her goals.

Students completed the management plan, and all identified 3 goals for Elodie to focus on to manage her condition. Some students included 2 actions for each goal whilst others added 1 goal per action. The strategies included were chosen appropriately and most discussions were contextualised well. Some of the strategies were extremely effective for long-term management of CFS and students justified their goal, and actions in order to achieve the goal.

Time management appears to be an issue here as some students completed the first goals well and the final one was limited in the response, or only included 1 action per goal. This can be challenging to support students in a time-constricted assessment; however, practising time management during assessments may support students to manage this. Students could have improved their responses with greater detail to adaptive aids or equipment in this task too. Some students included equipment whereas many included strategies and included less equipment. Including other practitioners was identified as an area that could be improved to achieve greater marks in this task. Ensuring students follow all aspects of the task will improve this.

Task 3

In this task, students were requested to use the sleep and relaxation guidance and knowledge of promoting wellbeing to identify 2 strategies to manage levels of fatigue, 2 strategies to manage sleep difficulties and 2 strategies to support relaxation. Each of these strategies were requested to be explained as to how these would contribute to the overall wellbeing of Elodie. Many students discussed how their chosen strategy would alleviate stress and anxiety, in turn improving sleep and relaxation (for example). All examples were contextualised well and appropriate for the situation.

All students discussed the overall strategies for each area of focus (fatigue, sleep difficulties, relaxation) and explained how their chosen strategy would promote wellbeing. Some wrote in significant detail and provided extremely good justification for their strategies, gaining higher marks.

Some students completed all aspects of this task and as a result gained higher marks, others appeared to have written in detail to begin with and as they have progressed through the task this has reduced. Again, this could have been a time management issue. The area that appeared to have been the most challenging was identifying strategies to support a reduction in fatigue. Students seem to have struggled in this area and some chose similar strategies as they utilised for managing sleep difficulties. Students would benefit from some activities within lessons differentiating between sleep difficulties and fatigue.

Task 4

The final task requested students to evaluate the management plan and write a monitoring report from all the information they have learned in relation to Elodie. The report was to include how the student would monitor the effectiveness of the management plan written earlier in the tasks.

This appeared to be the most challenging task for students. Many included the need to manage the symptoms, or discussed the condition and how this could be managed; however, there were limited responses in which actual observations and psychological measurements were discussed. Students would benefit from case studies with changes over time and how these measurements are compared to each other to highlight any concerns. One example of a student who completed this well included BMI measurements and comparing these measurements in order to identify any changes, resulting in this student achieving higher marks. Other areas to be considered would be a decrease in feelings of anxiety, increased social interactions and improvement of sleep patterns, to name a few. Terminology including observing 'increase' or 'decrease' or 'changes' that may indicate improvement or deterioration would all identify the management plan needs to be reviewed. These phrases were not utilised as much as they could have been, resulting in this task being awarded fewer marks than others.

Overall Summation

Students performed well in this assessment. All responses were contextualised well with evidence of the stimulus material being utilised throughout. Time management for these tasks is crucial to ensure all aspects are included. Students often focused on the earlier part of the requested task, for example the actions and goals, and their response to the final aspect was limited, for example the inclusion of other professionals from the MDT. The final aspect was often represented as a final bullet point and often limited the response in this area. Students would benefit from practising similar assessments with multiple elements to be considered, supporting them to read all of the assessment questions and providing a response to all aspects requested.

Assignment 2 (a)

Scenario 1

This scenario focused on responding to an incident or emergency, and infection prevention and control. The task was completed quite well by most students. However, there were differences in approach depending on the materials made available by the provider. In some providers, bespoke spillages kits were used with everything in them, whereas in other providers all relevant equipment was provided as separate items. Where students did well, they assessed the situation, collected, and took all required equipment to the site of the spillage and used it effectively. The recordings showed students demonstrating effective handwashing procedures fully and the correct order of application and removal of required personal protective equipment (PPE) was evident. Some students though found this aspect challenging, either not demonstrating effective techniques for handwashing, often rushing through this part of the task, or stating to the camera that they had already washed their hands. Some returned repeatedly to the 'clean area' with contaminated hands and some provider assessors did not recognise basic errors in infection control techniques.

In the higher-marked evidence, there was excellent communication throughout and the task was completed with a patient-centred approach. The communication within the written documentation was also comprehensive with a dated and signed entry clearly stating what had happened and what actions had been taken. There should have been reference to the patient vomiting, that it was provoked by coughing, that it had been cleaned up following infection control procedures and that it would be reported to the senior staff in charge. The patient's comfort and wellbeing at the end of the scenario should have been addressed and commented on in the written records. This ensures the written record is useful for staff providing care later. Best practice would also be for the student to print their name after their signature and add their designation for accountability purposes.

Scenario 2

This scenario required students to assist with comfort and wellbeing, assist with clinical tasks and undertake a range of physiological measurements. The same challenges were seen as above with a minority of students not washing their hands properly or using PPE effectively. Again, this was not always picked up by provider assessors. There was a wide range of marks awarded across the cohort. Those students who typically performed better used the equipment confidently and correctly, followed appropriate procedures and maintained excellent communication with the patient throughout. They considered the patient's comfort and wellbeing, adjusted the bed, used the right arm instead of the left, provided blankets and offered a drink. Students who achieved lower marks often did some of these things but not consistently throughout the task. They also struggled to recognise the subtle signs of deterioration in physiological measurements and the implications this could have for the patient. A minority of students failed to hand over to the senior member of staff, as required in the scenario brief or did so in a way that did not demonstrate their underpinning knowledge and understanding of the measurements they had just taken. Many missed out the advice regarding nutrition, hydration, and fluid input/output. Where students scored lower, the written documentation often had multiple errors or omissions in the entries made. The section at the bottom of the form for recommendations of frequency of monitoring, whether escalation was required and initials for accountability was often left blank.

Scenario 3

This scenario involved the collection, measurement and recording of a urine sample. This task proved challenging for a lot of students. Where students scored lower, we saw the same issues as above regarding failures to demonstrate handwashing and infection prevention and control procedures. The fluid balance chart was often incomplete, patient identifiers were not filled in, no dates and incorrect measurements logged, or measurements logged against the incorrect time. Many students calculated the fluid balance totals at the bottom of the form, which was not a requirement of the task; the chart runs for 24 hours and was only

started at 01:00 according to the scenario brief. However, the students who scored higher identified that the patient was currently in a negative fluid balance, either with a mental calculation or making a calculation at the side of the chart. They then also communicated this effectively to the patient and explained how the patient should try to increase their fluid intake, and offered a drink, recording this appropriately on the chart if accepted.

Assignment 2 (b)

Scenario 1

This scenario required the students to communicate effectively with both the parent and child, supporting the parent with behavioural techniques to encourage the child to use their cream for their skin condition. The students were generally able to use appropriate language with both the parent and child. Where students scored higher marks, they were responding to the responses and non-verbal cues of both parent and child. Most students demonstrated a generally good understanding of the scenario requirements.

Students scored lower marks on their documentation/record keeping and would have scored more highly if they had been more detailed in their notes and recommended actions. It is also important for students to ensure that they complete all the documentation as there was missing evidence on reward charts as to the negotiated behaviour to be rewarded.

As part of the behavioural strategy of using the reward chart, students should be encouraging the parent to negotiate with the child the rewards and whilst most students had a suggestion of a visit to the park as a weekly reward, some suggested the longer-term reward that could be quite costly such as a theme park visit or trip to the cinema. This could put the parent in a difficult position if they are unable to provide this type of reward.

Overall, the scenario was completed generally well, with generally good knowledge shown. Underpinning skills within this scenario were evident with some demonstration of good communication and family-centred care.

Scenario 2

This was completed generally very well. This was the second best-performing scenario. The highest grades were achieved by students who used all the resources effectively and demonstrated toothbrushing for the full 2 minutes allowing the children to understand how long 2 minutes was. Encouragement of the children to also demonstrate toothbrushing demonstrated excellent practice.

Students who did not score as highly did not fully utilise the resources and, when demonstrating how to brush teeth, did not time the 2 minutes or show the timer after the demonstration. There were some examples of terminology used that may be too in-depth for children, which needed to be then explained in simpler terms.

Those students who demonstrated a generally good understanding of the needs of the scenario did not rush through the explanations, giving a step-by-step approach to oral care and taking time to ask and allow questions to be asked, demonstrating confidence.

Overall, this scenario was completed well with underpinning skills also demonstrated particularly well by some. There was no requirement for the student to provide written evidence for this scenario but use and interpretation of resources such as the handout were used when moderating. Although the majority of students did well in this scenario, marks were moderated down from provider marks, as there were factors that could be improved including timing of the toothbrushing and discussion around the other resources.

Scenario 3

This scenario required the students to demonstrate an understanding of health and wellbeing in children and young people and to promote awareness among families and carers. There was emphasis on communication skills for both the young person and the adult accompanying them. Overall, the students performed best in this scenario, although some marks were moderated down from the provider marks.

Students who performed well demonstrated a good understanding of the Eatwell plate and daily recommendations and used this knowledge to ask appropriate questions to the child and tailor their responses and recommendations to the child's likes/dislikes. They also included the adult in the discussions about family mealtimes and exercise and promoting these.

Areas that could be improved upon to gain higher marks could be exploring the possibility of being able to walk to school including distance and time available and offering other reasonable suggestions about exercise and expanding the discussion around the Eatwell plate and daily allowances to include healthy family recipes, where recipes could be found on the internet. The option of smoothies was discussed by some students as a way of getting fruit and veg into children, however the Eatwell guide does recommend that these be limited to 150ml per day.

Overall, this was generally completed well with all students demonstrating generally effective communication skills with the child and adult and using appropriate language. The discussions were positive, and students demonstrated a good understanding.

Scenario 4

This scenario required the student to demonstrate the use of pain assessment tools and to report their findings to the nurse in charge therefore supporting risk assessments, undertaking assessments and escalating where appropriate (OPA3). This was completed to a satisfactory level for most students with some doing very well.

The students that did well in this scenario were reassuring to the child, picked up on their verbal and non-verbal cues about pain and distress and responded to them. These students also used the two pain assessment tools effectively and explained the use of the faces pain rating scale to the child. The written evidence that was to be produced included correct completion of the patient record form.

Students who scored less well did not pick up on some of the non-verbal cues the child was displaying including whimpering in pain when trying to reach the glass of water and did not appear to fully understand the use of the FLACC tool, including uncovering of the legs and then covering again afterwards. The lower-scoring students also appeared to find it difficult to engage with the child. Generally, the students reported their findings to the nurse in charge reasonably well with pain scores given and some justification for the scores. In some videos it was difficult to hear the handover.

Overall summation

OSA Supporting the Care of Children and Young People assignment 2 part 2 was generally completed well. The students appeared adequately prepared in their demonstration of practical skills. Some students lost marks with their recording of evidence (where appropriate) and providers might like to consider further opportunities to complete diverse types of documentation. Throughout the assessment there were some effective uses of resources, and students generally appeared confident using them. Most students demonstrated effective communication with children, accompanying adults and professional colleagues, using appropriate terminology for their audience.

Assignment 3

This assignment included students discussing their learning or placement experiences in relation to themes provided as part of the assessment.

Theme 1: using effective communication

Question 1

During this theme, students performed really well. All students related this to a placement experience, which was really nice to hear, and many discussed adapting their communication to younger children in order to convey messages relating to improving their wellbeing. Some good examples included oral hygiene and how the key messages were delivered using child-friendly language and examples. Most students discussed their choice of terminology and some students discussed examples that demonstrated their knowledge extremely well.

An area to improve on this theme could be including more discussion relating to non-verbal communication such as lowering themselves to be eye level with the children, making eye contact and using their facial expressions or body language to support the discussion. This was often limited or not included in the examples; however, I am sure this was a natural action conducted by the students during the sessions they discussed.

Question 2

Some students discussed physiological measurements well in this task, whilst others were limited in their response. Whilst the questions were related to PEWS, not many students discussed physiological measurements; however, most scenarios were relevant, and marks were awarded with the 'accept other appropriate responses' in the mark scheme. Some discussed other areas of observation and were awarded marks to suit due to the appropriateness of their discussion and the recognition everyone may not experience this within placement.

An area to improve for this question would be ensuring they refer back to the theme. Some students discussed how they used child-friendly language to explain how blood pressure was going to be measured and this was one really good example during this assessment period. Another way to gain more marks in this area would be recognition of their own limitations. Some students did recognise they were not able to complete measurements and discussed shadowing, practising in college and asking questions; however, not many discussed additional training, being observed performing the measurements or continuing their practice to ensure they were competent.

Theme 2: safeguarding children and young people and mental health

Question 3

Students performed well in this question, with many quoting principles of safeguarding and discussing relevant examples of their chosen principle in action. This was really good demonstration of their theoretical knowledge being put into practice in placement. Again, many students discussed experiences from placement, which was extremely positive to hear. Many students discussed their escalation of concerns to lead practitioners, mentors or nurses in charge during their placement, which demonstrated their duty of care extremely well and knowledge of their scope of practice.

An area to improve could be the inclusion of risk assessments in relation to safeguarding. Many of the chosen scenarios could have included the creation of risk assessments and although students may not be involved in the assessment and writing of these, they would be following risk assessments based on safeguarding aspects of care or promoting wellbeing.

Question 4

Students had a good level of knowledge of the signs and symptoms of mental health and often discussed the use of leaflets and signposting to other agencies. Knowledge of low mood, anxiety and stress were areas of strength during this question.

An area of improvement would be to include the links to safeguarding in relation to mental health. Not many students made this link or discussed the need to escalate concerns, which could be due to not completing these tasks within the placement scenarios discussed; however, lessons could be included here to expand discussion points. Identification of other professionals was another area to improve on. Some students briefly discussed this and related their discussion to children and adolescent mental health services resulting in higher marks but, overall, this was not the norm.

Theme 3: understanding own scope and role

Question 5

Moving and handling was an area of strength in this assessment overall. All students used excellent examples of moving and handling of patients, discussing relevant methods and aids they have utilised during placements. Often students discussed the correct ratios of staff for their moving and handling technique, their scope of practice and how involved they were during these situations. Students were confident in their discussions and demonstrated their level of knowledge well.

An area to improve would be the inclusion of infection control and preparation of the environment prior to the moving and handling technique. I am sure students completed this during their scenarios discussed; however, they did not portray this during the discussion. Assessment nerves could be the reason for this or not acknowledging the relevance during the assessment as the theme is moving and handling, but these factors are always attended to prior to the actual move. This is a small improvement to be considered however valid in terms of achieving a few extra marks.

Question 6

This question seemed to be the one most students struggled with the most. Some students discussed observing others performing tasks as they were not competent in the clinical task being performed. Many students discussed infection control and health and safety during this question and following policies and procedures; although not always directly stated, it was evident in the discussion.

Students struggled with their own reflections in terms of linking their knowledge to practical performance and their scope of practice. An area to improve on could be considering their own scope of practice in terms of competency to carry out the tasks required, assessing risks and working as part of a team. Further to this, exploring further developmental needs in terms of training, seeking feedback from mentors or colleagues and researching other opportunities could have been discussed in greater detail, resulting in greater points being awarded. Students discussed this in other questions such as the manual handling question: discussions included observing others first then supporting the manual handling or practising in college then performing the moving and handling technique in placement; however, this was not carried through to this question. Many students did not discuss gaining consent, listening to the child or young person or the recording of information during this question either and maintaining confidentiality, which could be a further area to improve on.

Overall Summation

This assessment was performed well by most students. The discussions were really positive with students reflecting on their 2-year course and the distance travelled during this qualification was evident throughout. The areas to improve for some are small factors that may support students to increase their marks awarded. Well done to all of your students and I would like to wish them well in their future studies or employment.

Administering the external assessment

The external assessment is invigilated and must be conducted in line with our [Regulations for the Conduct of External Assessment](#).

Students must be given the resources to complete the assessment, and these are highlighted within the [Qualification Specific Instructions for Delivery](#) (QSID).