

Tutor support material

BTEC Short Courses

Edexcel Level 3 and 4 BTEC Award and Certificate in Working with Substance Misuse

For first teaching November 2007

Level 3 Award in Working with Substance Misuse
Level 4 Award in Working with Substance Misuse
Level 3 Certificate in Working with Substance Misuse
Level 4 Certificate in Working with Substance Misuse
QCF Test and Trials Project — 2007/8

May 2008

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An employer's guide to awards and certificates in working with substance misuse

If you are an employer providing a specialist substance misuse service to adults or children and young people or if your part of your workforce has regular contact with substance misusers then you will want to know about these brand new qualifications. They have been especially designed for those who work with substance misusers, either as:

- Continuous Professional Development for those who already hold a relevant professional qualification, eg nursing, social work, teaching, police, probation
- Continuous Professional Development for those who already hold a relevant Level 3 NVQ, eg Health and Social Care, Working with Offending Behaviour
- a specialist qualification for those working in the field but who cannot undertake a full Level 3 NVQ due to the nature of their work ie part time or voluntary workers.

As an employer within a statutory service such as probation, police, social services, NHS, education or youth service your workforce may have regular contact with substance misusers. You and your workers will want to increase their level of skills and competence around working with substance misusers.

You may provide a specialist substance misuse service for adults or children and young people and have a Service Level Agreements with the local Drug Action Teams (DATs), Community Safety Partnerships (CSPs) or Crime and Disorder Reduction Partnerships (CDRPs). If so, then demonstrating an investment in the training and skills of your workforce will enhance this.

These qualifications are approved by QCA for use in England, Wales and Northern Ireland and are recognised by regulators and workforce development organisations as the benchmark for the sector. The development of these qualifications has also had the full support of the Home Office, Department of Health and the National Treatment Agency (NTA) and the Welsh Assembly Government.

What qualifications are available?

Four qualifications are available in this suite:

- Level 3 Award in Working with Substance Misuse
- Level 3 Certificate in Working with Substance Misuse
- Level 4 Award in Working with Substance Misuse
- Level 4 Certificate in Working with Substance Misuse.

The final qualification gained is based on the selection of units relevant to the learner's work role. Each unit has been assigned a level and credit value. Learners will usually select about four units from a choice of 33 available. Most units are generic substance misuse units but there is also a group of Justice specific units and a group of Health specific units.

The Award is gained through the achievement of a minimum of 10 Credits and the Certificate through the achievement of a minimum of 18 Credits.

Each unit of credit equates to 10 hours of learning.

Some examples of the Level 3 units available are:

- ASM1: Recognise indications of substance misuse and refer individuals to specialists (4 Credits)
- ASM2: Enable individuals who misuse substances to identify and use health and social care services and facilities (4 Credits)
- ASM3: Support individuals who are substance users (7 Credits)
- ASM4: Identify and act upon immediate risk of danger to substance misusers (4 Credits)
- ASM5: Provide services to those affected by someone else's substance use (4 Credits).

Some examples of the Level 4 units are:

- ASM13: Develop, implement and review care plans for individuals who misuse substances (6 Credits)
- ASM16: Analyse agency processes to retain individuals in contact with substance misuse services (6 Credits)
- ASM25: Assist children and young people to be supported by substance use services (7 Credits)
- ASM21: Contribute to the development of organisational policy and practice (6 Credits)
- ASM27: Enable children and young people to address their substance use (6 Credits).

There are also some Health specific and Justice specific units available for example:

- ASM34: Administer medication to individuals and monitor the effects (Level 3; 5 Credits) – Health specific
- ASM31: Enable individuals who misuse substances to change their offending behaviour (Level 4; 8 Credits) – Justice specific.

Units from Levels 3 and 4 can be used in the same qualification. However for the qualification to be given a Level 4 at least 60% of the total credits must be from Level 4 units. A complete list of the units available is shown in the *Guidance and units* documents for these qualifications.

Are there any entry requirements and how is the qualification assessed?

The qualifications are suitable for a wide range of substance misuse workers in different contexts. They can be used by workers already holding a relevant Level 3 NVQ such as Health and Social Care/Working with Offending Behaviour, or a professional qualification in a related field such as social work, nursing, youth work, teaching and probation. They can also be used by workers who cannot access the full Level 3 qualification because of the particular nature of their working context or role.

Because these qualifications are based on the demonstration of competence in working with people who are substance misusers the learner must be working directly within a service provision. The assessment will take place whilst they are in their normal work role and context and their portfolio of evidence will contain examples of their real work with substance misusers.

Do the qualifications form part of a recognised framework?

The qualifications are part of QCA's new Qualifications and Credit Framework which means that units within the qualifications have been assigned a clear Level and Credit value and can be used to progress to further qualifications in the Justice, Health and Social Care sectors.

The qualifications are formed from the agreed National Occupational Standards for the sector (including DANOS, Youth Justice, Health and Social Care and Community Justice) and have the full endorsement of Skills for Health and Skills for Justice and the support of Skills for Care and Development. Achievement of these qualifications will demonstrate competence in the NOS linked to the units chosen.

As these qualifications are derived from the National Occupational Standards relevant to the drug and alcohol sector, units achieved within these qualifications are directly equivalent and can be used as direct transfers within the relevant NVQs in the Health and Social Care and Justice sectors.

Are there any learning materials available?

All assessment centres and learners are automatically supplied with the qualifications documents. These can also be accessed via the Edexcel website (www.edexcel.org.uk).

Edexcel www.edexcel.org.uk

You can also obtain a range of information materials from QCA including:

Simplifying Qualifications: a guide for employers

The Qualifications and Credit Framework: an introduction

www.qca.org.uk.

Are there any other qualifications that may be of interest?

You might also be interested in these qualifications:

- NVQ in Health and Social Care
- NVQ Health
- NVQ in Working with Offending Behaviour.

KEY points:

- Designed for people working within the full range of substance misuse settings
- Provide a framework for workforce development and career progression
- Can be used as specialist qualifications for continuing professional development
- Accredited by QCA on the new Credit and Qualifications Framework
- Uses the same assessment methods and evidence as NVQs.

A learner's guide to awards and certificates in working with substance misuse

If you work in a specialist substance misuse service with adults or children and young people or in another type of service where you have regular contact with substance misusers then one of these brand new qualifications may be right for you.

They can be used by workers who work with substance misusers, either as:

- Continuous Professional Development if you already hold a relevant professional qualification, eg nursing, social work, teaching, police, probation
- Continuous Professional Development if you already hold a relevant Level 3 NVQ, eg Health and Social Care, Working with Offending Behaviour
- a specialist qualification if you are working in the field but cannot undertake a full Level 3 NVQ due to the nature of your work eg you are a part time or voluntary worker.

The qualifications are relevant if you work in statutory services and have regular contact with substance misusers, eg probation, social services, health services, teachers, police and want to increase your skills in working with substance misusers.

It is also relevant if you are working within a statutory or voluntary specialist substance misuse service either with adults or children and young people.

These qualifications have the support of the Home Office, Department of Health and the National Treatment Agency (NTA) and Welsh Assembly Government and are part of QCA's new Qualifications and Credit Framework. This means that units within the qualifications have been assigned a clear Level and Credit value and you can use them as a basis to progress to further qualifications in the Justice, Health and Social Care sectors.

Which qualification is right for me?

There are four qualifications available. These are:

- Level 3 Award in Working with Substance Misuse
- Level 3 Certificate in Working with Substance Misuse
- Level 4 Award in Working with Substance Misuse
- Level 4 Certificate in Working with Substance Misuse.

The final qualification you gain is based on the selection of units relevant to your work role. Each unit has been assigned a level and credit value. You will usually select about four units from a choice of the 33 available.

The Award is gained through the achievement of a minimum of 10 Credits and the Certificate through the achievement of a minimum of 18 Credits.

Each unit of credit equates to 10 hours of learning.

Some examples of the Level 3 units available are:

- ASM1: Recognise indications of drug, alcohol or substance misuse and refer individuals to specialists (4 Credits)
- ASM2: Enable individuals who misuse substances to identify and use health and social care services and facilities (4 Credits)
- ASM3: Support individuals who are substance users (7 Credits)
- ASM4: Identify and act upon immediate risk of danger to substance misusers (4 Credits)
- ASM5: Provide services to those affected by someone else's substance use (4 Credits).

Some examples of the Level 4 units are:

- ASM13: Develop, implement and review care plans for individuals who misuse substances (6 Credits)
- ASM16: Analyse agency processes to retain individuals in contact with substance misuse services (6 Credits)
- ASM25: Assist children and young people to be supported by substance use services (7 Credits)
- ASM21: Contribute to the development of organisational policy and practice (6 Credits)
- ASM27: Enable children and young people to address their substance use (6 Credits).

Depending on the particular service in which you work, there are also some Health specific and Justice specific units available for example:

- ASM34: Administer medication to individuals and monitor the effects (Level 3; 5 Credits) Health specific
- ASM33: Enable individuals who misuse substances to change their offending behaviour (Level 4; 8 Credits) Justice specific.

A mix of units from Levels 3 and 4 can be used in the same qualification. However for the qualification to be given a Level 4 at least 60% of your total credits must be from Level 4 units. For a full list of units refer to the *Guidance and units* document for these qualifications.

What are the entry requirements and how will I be assessed?

You need to be working in a service where you have regular contact with substance misusers.

You need to be already holding a relevant Level 3 NVQ such as Health and Social Care/Working with Offending Behaviour or a professional qualification in a related field such as social work, nursing, youth work, teaching and probation.

However if you do not hold such a qualification you may still be able to take the qualifications if you cannot access a full Level 3 qualification because of the particular nature of your working context or role ie you are a part time or voluntary worker.

NB: if it is possible for you to take a relevant Level 3 NVQ this should be the first qualification before moving onto the Award or Certificate in Substance Abuse.

Your work will be assessed by an assessor who will support and help you gather a portfolio of evidence that demonstrates your skills and knowledge in each of the units. You will be assessed in your workplace whilst you are working directly with people who misuse substances. The assessment will relate directly to your competence in the workplace.

Do the qualifications form part of a recognised framework?

The qualifications have the full endorsement of Skills for Health and Skills for Justice and the support of Skills for Care and Development.

These qualifications are NOS accredited by QCA and they are based on the National Occupational Standards agreed by the Sector Skills Councils and represent agreed best practice. This means that they will be recognised by most UK employers. These NOS include the Drug and Alcohol National Occupational Standards, Youth Justice, Health and Social Care and Community Justice.

The qualifications are part of the new Qualifications and Credit Framework (QCF). The QCF is a new system for awarding qualifications and credit based on the content of the individual units.

Because these qualifications are derived from the National Occupational Standards (NOS) relevant to the drug and alcohol sector, units achieved within these qualifications are directly equivalent and can be used as direct transfers within the relevant NVQs in the Health and Social Care and Justice sectors.

Are there any learning materials available?

When you enrol, your centre will provide you with all the materials and documents you need.

Are there any other qualifications that may be of interest to me?

You might also be interested in these qualifications:

- Edexcel Level 2 NVQ in Health and Social Care
- Edexcel Level 3 NVQ in Health and Social Care (Adults)
- Edexcel Level 3 NVQ in Health and Social Care (Children and Young People)
- Edexcel Level 4 NVQ in Health and Social Care (Adults)
- Edexcel Level 4 NVQ in Health and Social Care (Children and Young People)
- NVQ in Working with Offending Behaviour.

KEY points:

- Designed for people working with in the full range of substance misuse settings.
- Endorsed by the Sector Skills Councils and recognised by employers across the UK.
- Can be used as specialist qualifications for continuing professional development.
- Accredited by QCA on the new Credit and Qualifications Framework.
- Uses the same assessment methods and evidence as NVQs.

Assessment methodologies

Holistic assessment

Holistic assessment is an assessment method whose focus is on the whole of the work role being assessed and not on isolated tasks or skills. By using this method there is more rigorous cover of the standards, more efficient use of assessment time, it relates the job to the standards and not the standards to the job, prevents repetition and provides a more accurate assessment of **how** people do their jobs.

Holistic assessment can be used with any evidence that is produced for the qualification and maximises the use of naturally occurring evidence in the work place. This also motivates learners as the qualification can be achieved more quickly.

Any evidence produced for assessment whether it is an observation report or a reflective account should be referenced to as many units as possible. Units are not achieved in isolation and all activities can cover more than one unit. Whilst observing or reflecting on an activity or scenario you will find that other areas have been covered to a greater or lesser extent. For example, when observing how a learner has carried out the Unit Assessment to prioritise needs (ASM11) they will also cover the units. Develop, implement and review care plans for individuals (ASM13) and support individuals who are substance misusers (ASM3).

Direct observation by the assessor

Performance and knowledge evidence – will be the prime source of observed evidence; the assessor must record their observations, link them to the standards, and make a judgment on the performance seen. It is not acceptable for learners to record assessor observations as this would be deemed a reflection on their own performance.

Work products

Performance evidence – can be a valuable source of additional evidence, depending upon job role. Care must be taken that the learner produced the evidence presented, and that any claims made against it can be identified by the IV, EV and others.

Reflective accounts

Performance and knowledge evidence – these may be written accounts or records of discussions of work-related matters with assessors or expert witnesses. This useful method of evidence gathering will vary according to the level of the award and the plan agreed between the learner and assessor. Reflection may also take the form of a case study describing the work of the learner. A case study in this context is a description of the care of an actual individual, not an academic exercise developed for training purposes. These should be a true reflection of what was done, why it was done how it was done, what went well what did not go so well and how the learners may change things if the same event recurred.

Written/oral questions

Knowledge or confirmation of performance – if oral questions are used then there must be an audit trail, these types of question are usually used to clarify issues from performance following an observation but may also be used to determine knowledge. Written question must be recorded as must the answers, these must also be authenticated as the learners own answers.

Witness testimony

Performance evidence – critical incident or character reference. They can be provided by other people in the workplace, including the individuals being cared for and key people in their lives.

The assessor may use this type of testimony to provide evidence of consistency to support direct observations, or it may also provide evidence toward competence in unexpected occurrences.

Witnesses are those who happen to be there at the time of an activity, they usually do not have any knowledge of the standards they just see what the learner did and make a report of it.

A witness can be:

- colleagues
- other staff members
- visitors
- service users
- customers
- managers statements.

Expert witness evidence

Performance and knowledge evidence – the expert witness evidence is different to the witness testimony.

The expert witness can only be used where the assessor is not occupationally competent to assess specific units.

The expert witness cannot be used because the assessor is not available.

They must be occupationally competent people with current expertise in specific units they are contributing to.

They must be persons whose experience is credible, current and clearly demonstrable with evidence of their continuing learning and development.

Their professional role must involve evaluating the everyday practice of staff.

They give a professional opinion as to the competence of a learner.

And have a working knowledge of the applicable National Occupational Standards (NOS).

Simulation – only where the standards specify (Units ASM4 and ASM22 only).

Simulation must emulate real work and must be agreed with the IV, this is usually undertaken where:

- evidence is critical to prove competence but occur infrequently and would demotivate the learner if they had to wait for the occurrence
- evidence holds a degree of risk or harm to the learner or the individual.

Due to the nature of work in this sector, simulation could take the following format:

- *Role play* – (usually) interactive and interpersonal skills involving realistic working situations but conducted in a non-work environment. The process mirrors what is likely to happen in reality and it should be observed and recorded. An example of this would be dealing with aggressive or abusive situations, or practicing interview skills such as working with an individual or others who may be affected by their substance use.

APL – the assessor must be able to have APL confidence that the learner still performs to the standards being APL'd and still retains the knowledge.

Professional discussion – Professional discussion can be defined as ‘a succession of prepared, in depth discussions between the assessor and learner on a one-to-one basis, which are recorded on audio/video tape or paper based. These discussions (together with the performance evidence required for an award), substantiate the learners consistent competence and knowledge for the assessor to make a judgement against the national standards.’

This approach is intended to complement and provide increased alternatives to traditional methods of assessment rather than to replace them.

Professional discussion should be combined with other methods of assessment to allow effective assessment of learners.

It can be used:

- to identify and explain sources of evidence in the workplace during assessment planning
- to provide an explanation of process and knowledge evidence through in depth discussion with the assessor recorded on audio or videotape
- to identify significant people who the assessor can contact to authenticate evidence and confirm competence
- when product evidence must be left at source and this is an essential part of the evidence (records that require confidentiality)
- as a means of recognising when a learner is already competent and has workplace evidence to prove this
- to provide a means of evidence gathering for the learner who is less confident with written evidence.

Other assessment methodologies that can be used as evidence:

Distance or e-learning – usually can only cover knowledge – there must be an audit trail for this

Projects and assignments – for knowledge evidence only

Walk and talk – performance evidence, shadowing a learner with the learner explaining what they are doing

Audio/video tape performance evidence – can be used but confidentiality must be maintained

Electronic capture – *may confirm performance and/or knowledge* – emails, screen shots, web pages

Video conferencing – *may confirm performance and/or knowledge* – group discussion or professional reviews are occasionally done through this method

Assessment panels – *may confirm performance and/or knowledge* not used much but can be a good source of evidence

Presentations – *this can confirm performance and knowledge* – eg develop and disseminate information and advice materials (ASM 33)

A word about knowledge evidence/content:

- It is best collected from the learners work practices (observation), and can be further evidenced through questioning and discussion following direct observations.
- Whichever method is used, there must be an explicit record available for the IV, EV and others to follow.

It is the responsibility of the assessor to decide upon the validity, safety and reliability of any evidence included in the portfolio. The examples above are not exhaustive or exclusive, and other methods may be used in discussion with your IV and EV.

It is the responsibility of the assessor to ensure that the referencing of the evidence to the assessment criteria is covered and proves consistency (*this does not necessarily mean that the assessor has to do this, as in many cases the learner will have the confidence to do this themselves as they know how they perform their role, however the assessor does have the responsibility to ensure that the referencing is correct*).

Authenticity of evidence

It is essential that all evidence produced is authenticated whether this is from the assessor or the learner.

Unit evidence requirements

The following format has been used for all evidence requirement sections in all units of the Edexcel Level 3 Award in Working with Substance Misuse, the Edexcel Level 4 Award in Working with Substance Misuse, the Edexcel Level 3 Certificate in Working with Substance Misuse and the Edexcel Level 4 Certificate in Working with Substance Misuse.

Evidence requirements for this unit

Special considerations

Preferred sources of performance and knowledge evidence

Direct observation by your assessor/or expert witness testimony is the preferred

Other sources of performance and knowledge evidence

Your assessor will identify other sources of evidence from the list below. This will ensure that all learning outcomes and assessment criteria are met and that the consistency of your performance can be established.

- Work products.
- Confidential records.
- Questioning.
- Professional discussion.
- Original certificates.
- Case studies, projects, assignments and learner/reflective accounts of your work.
- Witness testimony.

The above list is not exhaustive and your assessor may use other sources of evidence that suit your own style of assessment.

Forms

- **Form 1: Portfolio title page**
- **Form 2: Personal profile**
- **Form 3: Contents checklist**
- **Form 4: Index of evidence**
- **Form 5: Unit summary sheet**
- **Form 6: Qualification assessment plan**
- **Form 7: Continuous review/feedback and further planning**
- **Form 8: Evidence record form**
- **Form 9: Assessment record**

Blank examples of forms

Collecting your evidence

This section contains examples of the forms you, your assessor and the internal verifier may like to use while you are undertaking your Edexcel QCF Working with Substance Misuse Units.

The forms are:

- Form 1: Portfolio title page
- Form 2: Personal profile
- Form 3: Contents checklist
- Form 4: Index of evidence
- Form 5: Unit summary sheet
- Form 6: Qualification assessment plan
- Form 7: Continuous review/feedback and further planning
- Form 8: Evidence record form
- Form 9: Assessment record

Sample documents have been completed for reference.

You should ask your assessor for further advice and support if you are still unsure about how to use the forms and who should complete them.

Example form 1 – Portfolio title page

Name:	
Job title:	
Name of employer/training provider/college:	
Their address:	
Postcode:	
Telephone number (Home):	(Work):
Email address:	Fax number:
QCF:	
Level:	
Credit value:	
Units submitted for assessment:	
Mentor: (Please provide details of mentor's experience):	
Assessor:	Date:

Example form 2 – Personal profile

Name:	
Address:	
Postcode:	
Telephone number (Home):	(Work):
Email address:	Fax number:
Job title:	
Relevant experience	
Previous work experience or attach copy of a current CV:	
Qualifications and training and/or attach copy of a current CV:	
Voluntary work/interests:	
Name of employer/training provider/college:	
Address:	
Postcode:	
Telephone number (work):	Fax number:
Email address:	
Type of business, if employer:	
Number of staff:	
Structure of organisation (including chart or diagram if available):	

Example form 3 – Contents checklist

Qualification title: BTEC Level 3 Award in Working with Substance Misuse		
Learner: John White		
	Completed	Page/section number
Title page for the portfolio		
Personal profile <ul style="list-style-type: none"> • your own personal details • a brief CV or career profile • description of your job • information about your employer/training provider/college 		
Index of evidence		
Unit summary sheet (signed by assessor/verifier)		
Qualification/unit assessment plan		
Continuous review/feedback/further planning		
Evidence record form(s) <ul style="list-style-type: none"> • signed by yourself, your assessor and the internal verifier (where relevant) • referenced to learning outcomes and assessment criteria 		
Assessment (records/evidence)		

Example form 4 – Index of evidence

Evidence number	Description of evidence	Included in portfolio (Yes/No) If No, state location
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		

Example form 6

Qualification/unit assessment plan

Evidence number

LEARNER NAME: _____ LAR: _____

ASSESSOR NAME: _____

START DATE: _____ EXPECTED COMPLETION DATE: _____

DATE QUALIFICATION DISCUSSED AND PLANNED WITH ASSESSOR: _____

Please discuss with your assessor any previous learning/qualifications/experience, which you feel, can be used towards your qualification. Please list this evidence below.

Evidence number	Description of evidence

Evidence methods to be used for this qualification

Method	Tick
1 Direct observation by assessor	
2 Expert witness evidence	
3 Witness testimony	
4 Product evidence	
5 Projects/assignments/case studies	
6 Oral and or written questions	
7 Simulation	
8 Learners explanation/reflective accounts	
9 Audio Visual/CCTV	
10 Professional discussion	

Agreed assessment, planning and review dates

Agreed date	Actual date	Assessor signature	Learner signature

LEARNER SIGNATURE: _____ DATE: _____

ASSESSOR SIGNATURE: _____ DATE: _____

Example form 7 – Continuous review/feedback/further planning

<p>DATE:</p> <p>INITIAL ASSESSMENT to determine – level of qualification, certificate/diploma, units, APL</p> <p>PLANNING</p> <p>ASSESSOR SIGNATURE: LEARNER SIGNATURE:</p>
--

<p>DATE:</p> <p>WHAT WAS REVIEWED</p> <p>FEEDBACK</p> <p>PLANNING</p> <p>ASSESSOR SIGNATURE: LEARNER SIGNATURE:</p>

<p>DATE:</p> <p>WHAT WAS REVIEWED</p> <p>FEEDBACK</p> <p>PLANNING</p> <p>ASSESSOR SIGNATURE: LEARNER SIGNATURE:</p>

DATE:

WHAT WAS REVIEWED

FEEDBACK

PLANNING

ASSESSOR SIGNATURE:LEARNER SIGNATURE:

DATE:

WHAT WAS REVIEWED

FEEDBACK

PLANNING

ASSESSOR SIGNATURE:LEARNER SIGNATURE:

DATE:

WHAT WAS REVIEWED

FEEDBACK

PLANNING

ASSESSOR SIGNATURE:LEARNER SIGNATURE:

Example form 8 – Evidence record form

Learner name
Centre name

Learner LAR
Centre number

Unit title	Possible sources of evidence	Reference to assessment criteria	Evidence location
	<ul style="list-style-type: none"> • Direct observation by your assessor • Professional discussion • Expert witness evidence • Reflective account • Witness testimony • Case study/assignment/project • Oral/written questions • Product evidence • Simulation • Audio/video/CCTV 		

Signatures (please sign and date where appropriate)	
Learner signature:	Date:
Co-ordinating assessor signature:	Date:
Internal verifier signature:	Date:

Example form 9 – Assessment record

ASSESSMENT RECORD

LEARNER NAME: _____ LAR: _____

ASSESSOR NAME: _____

QUALIFICATION TITLE: _____

TICK

O		EW		WT		P		CS		Q		S		RA		AV		PD	
---	--	----	--	----	--	---	--	----	--	---	--	---	--	----	--	----	--	----	--

LEARNER/WITNESS SIGNATURE: _____ DATE: _____

(DELETE AS APPROPRIATE)

I confirm that I have validated this evidence

ASSESSOR SIGNATURE: _____ DATE: _____

Key

O = Observation by your assessor.

EW = Expert witness.

WT = Witness testimony

P = Product

CS = Case study/assignment/project

Q = Oral or written questions

S = Simulation

RA = Reflective account

AV = Audio/Video/CCTV

PD = Professional discussion

Sample – completed forms A

Worked examples of forms – A

This section should be read alongside the *Edexcel guidance for centre and learners*, which you should get from your assessor. This publication provides a full explanation about:

- QCF qualifications and how they are assessed
- what evidence is and how you can collect it
- how to build your portfolio
- how to use each recording form.

This is also available on the Edexcel website at:

- www.edexcel.org.uk/quals

Collecting your evidence

This section contains completed examples of the forms you, your assessor and the internal verifier may like to use while you are undertaking your Edexcel QCF Level 3 and 4 BTEC Award and Certificate in Working with Substance Misuse.

The forms are:

- Form 1: Portfolio title page
- Form 2: Personal profile
- Form 3: Contents checklist
- Form 4: Index of evidence
- Form 5: Unit summary sheet
- Form 6: Qualification assessment plan
- Form 7: Continuous review/feedback and further planning
- Form 8: Evidence record form
- Form 9: Assessment record.

You should ask your assessor for further advice and support if you are still unsure about how to use the forms and who should complete them.

Example form 1 – Portfolio title page

Name: John White	
Job title: Staff Nurse – Substance Misuse – Prison service	
Name of employer/training provider/college: Tempest prison	
Their address: Cell Lane Bar Hill Lockington Postcode: LK2 3JG	
Telephone number (Home): 123798765	(Work): 123456789
Email address: john@white.com	Fax number:
QCF: Working with Substance Misuse Level: 3 Credit value: 3	
Units submitted for assessment: ASM 6: Test for drug, alcohol or substance use	
Mentor: John Jackson (Please provide details of mentor's experience): Healthcentre Manager	
Assessor: Gareth Davies	Date: 01/09/2007

Example form 2 – Personal profile

Name: John White	
Address: 11 Cuffed Road Bar Hill Lockington Postcode: LK2 5FD	
Telephone number (Home): 123798765	(Work): 123456789
Email address: john@white.com	Fax number:
Job title: Staff Nurse – Substance misuse – Prison service	
Relevant experience	
I am working in a custodial setting in the health centre. My main role is to test those in Custodial Care for substance misuse. This role incorporates testing all those being received into Custodial care and the mandatory monthly random drugs testing.	
Previous work experience or attach copy of a current CV: Staff nurse in Accident and Emergency at Holby City General hospital.	
Qualifications and training and/or attach copy of a current CV: RGN, RMN, PREP up to date.	
Voluntary work/interests: Skiing	
Name of employer/training provider/college: Tempest Prison	
Address: Cell lane Bar Hill Lockington Postcode: LK2 3JD	

Telephone number (Work): 123456789	Fax number: 123456780
Email address: prison@tempst.com	
Type of business, if employer: Category B Prison	
Number of staff: 324	
Structure of organisation (including chart or diagram if available): In order of seniority there are: Governor Wing Managers Senior Prison Officers Prison Officers In Health care Healthcentre Manager Staff Nurses Healthcare assistants	

Example form 3 – Contents checklist

QCF title: Level 3 Award in Working with Substance Misuse		
Learner: John White		
	Completed?	Page/section number
Title page for the portfolio	y	1
Personal profile <ul style="list-style-type: none"> • your own personal details • a brief CV or career profile • description of your job • information about your employer/training provider/college 	y y y y y	2 2 2 2 2
Index of evidence	y	4
Unit summary sheet (signed by assessor/verifier)	y	5
Qualification/unit assessment plan	y	6
Continuous review/feedback/further planning	y	7
Evidence record form(s) <ul style="list-style-type: none"> • signed by yourself, your assessor and the internal verifier (where relevant) • referenced to learning outcomes and assessment criteria 	y y	8 8
Assessment records/evidence	y	9, 10, 11 12, 13

Example form 4 – Index of evidence

Evidence number	Description of evidence	Included in portfolio (Yes/No) If No, state location
1	Portfolio title page	Y
2	Personal profile	Y
3	Contents checklist	Y
4	Index of evidence	Y
5	Unit summary sheet	Y
6	Qualification assessment plan	Y
7	Continuous review/feedback/further planning	Y
8	Evidence record	Y
9	Observation	Y
10	Witness testimony	Y
11	Reflective account	Y
12	Professional discussion	Y
13	Product evidence	N Individual Prisoner personal files
14		

Example form 6

Evidence number

Qualification/unit assessment plan

Learner name: John White LAR: Z123456

Assessor name: Gareth Davies

Start date: 01/09/2007 Expected completion date: 24/09/2007

Date qualification discussed and planned with assessor: 01/09/2007

Please discuss with your assessor any previous learning/qualifications/experience, which you feel, can be used towards your qualification. Please list this evidence below.

Evidence number	Description of evidence
	Although John has previous experience in testing for substance use this has never been formally assessed.

Evidence methods to be used for this qualification

Method	Tick
1 Direct observation by assessor	✓
2 Expert witness evidence	
3 Witness testimony	✓
4 Product evidence	✓
5 Projects/assignments/case studies	
6 Oral and or written questions	
7 Simulation	
8 Learners explanation/reflective accounts	✓
9 Audio Visual/CCTV	
10 Professional discussion	✓

Agreed assessment, planning and review dates

Agreed date	Actual date	Assessor signature	Learner signature
01/09/2007	01/09/2007	Gareth Davies	John White
07/09/2007	08/09/2007	Gareth Davies	John White
14/09/2007	14/09/2007	Gareth Davies	John White
21/09/2007	19/09/2007	Gareth Davies	John White

Learner signature: John White Date: 01/09/2007

Assessor signature: Gareth Davies Date: 01/09/2007

Example form 7 – Continuous review/feedback/further planning

Date: 01/09/2007

INITIAL ASSESSMENT to determine level of qualification, award/certificate, units, APL.

We met John today to discuss the unit you wish to take to confirm your competence in testing for substance use. We have agreed that this is part of your job role and that you could achieve this fairly quickly. We have agreed the assessment methods and the dates of review.

Planning

I will observe you undertaking the random mandatory monthly testing for substance use on 07/09/2007. I would like you to write an account of your testing of newly received persons into care. This should take the form of stating what you do, how you do it, what went well, what did not go so well and what you may change in the future. You will need to make sure that confidentiality is maintained when writing this account. All documentation will need to be reviewed by me and signposted to its location in your portfolio.

Assessor signature: *Gareth Davies*

Learner signature: *John White*

Date: 08/09/2007

What was reviewed

I observed you undertaking the random mandatory testing for substance use with five individuals, I have also reviewed your reflective account.

Feedback

You demonstrated competency in your skills and showed a level of compassion when dealing with the younger individuals. Your explanations to the individuals were comprehensive without being condescending. You have shown a good understating and empathy with the individuals. Well done, these occasions are never easy even when you are not being assessed.

Planning

I will visit you next week on 14/09/2007 this will be an afternoon visit. I would like you to think about the following so that we can have a professional discussion about these

- Possible causes for false readings and how this would be dealt with
- How the legal requirements relating to testing for substance use impacts on this community
- How consent can be gained.

If possible you could try to get a witness testimony from your manager relating to giving the outcomes of the tests.

Assessor signature: *Gareth Davies*

Learner signature: *John White*

Date: 14/09/2007

What was reviewed

We had a professional discussion on the aspects you were asked to think about last week.

Feedback

You have shown a good understand of the forms of consent, the legal requirements and the possible causes of false readings. Good work

Planning

John we are nearing the end of this unit, you will need to get a witness testimony from your manager regarding how you explain the results of the tests you carried out. I will also need to review the documentation you complete, please could you get the permission for this from the relevant manager. Please re-assure the manager that I am only looking for accuracy and will maintain confidentiality.

Assessor signature: *Gareth Davies*

Learner signature: *John White*

Date: 19/09/2007

What was reviewed

I have reviewed your documentation over two months John and reviewed and referenced the Witness testimony.

Feedback

Your documentation is accurate and complete. John the witness testimony from your manager confirms your competence. I now believe this unit to be complete. I will pass it on to the Internal Verifier whom I understand saw you last week.

Planning

As long as the IV is satisfied with the evidence for this unit, this will be my last visit, however I will phone you on 28/09/2007 to let you know the IVs decision.

Assessor signature: *Gareth Davies*

Learner signature: *John White*

Date:

What was reviewed

Feedback

Planning

Assessor signature: _____ Learner signature: _____

Date:

What was reviewed

Feedback

Planning

Assessor signature: _____ Learner signature: _____

Example form 8 – Evidence record form

Learner name
John White
Centre name
The Whey centre

Learner LAR
Z123456
Centre number
12345

Signatures (please sign and date where appropriate)		
Learner signature:	John White	Date: 19/09/2007
Co-ordinating assessor signature:	Gareth Davies	Date: 19/09/2007
Internal verifier signature:	Fred Gray	Date: 21/09/2007

Unit title	Possible sources of evidence	Reference to assessment criteria	Evidence location
ASM 9	• Direct observation by your assessor	1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 2.1, 2.3, 2.5, 3.3	Portfolio
	• Professional discussion	1.2, 1.3, 2.5	Portfolios
	• Expert witness evidence		
	• Reflective account	1.1,1.2,1.3, 1.4,1.5, 1.6, 2.1, 2.2, 2.3, 2.4, 2.5, 3.1, 3.2, 3.3	Portfolio
	• Witness testimony	1.3 1.5 2.1 2.2, 2.5, 3.1, 3.2, 3.3	Portfolio
	• Case Study/assignment/project		
	• Oral/written questions		
	• Product evidence	1.5, 3.3	Administration office individuals case notes.
	• Simulation		
	• Audio/video/CCTV		

Example form 9 – Assessment record

ASSESSMENT RECORD

LEARNER NAME: JOHN WHITE LAR: Z123456

ASSESSOR NAME: GARETH DAVIES

QUALIFICATION TITLE: WORKING WITH SUBSTANCE MISUSE UNIT ASM9

TICK

O	✓	EW		WT		P		CS		Q		S		RA		AV		PD	
---	---	----	--	----	--	---	--	----	--	---	--	---	--	----	--	----	--	----	--

I observed John undertaking the random testing for use of substances with 5 individuals. The list of individuals was provided by the Prison governor. John correctly identified the individuals and gained their consent for the test to take place. This was witnessed by an accompanying care assistant and consent forms were signed by all three. John escorted each individual to the treatment room that had been prepared before hand. John clearly explained the purpose of the testing and of the test to be carried out. These tests were all venous blood tests. Two of the individuals were young and appeared quite apprehensive, John's positive calm and knowledgeable manner clearly put them at ease. John wore the correct protective clothing in the form of gloves and apron, and carried out the procedure correctly and skilfully. John recorded the individuals information on the documentation correctly and placed the samples in the correct envelopes. John used the vacuum method to obtain the venous blood following procedures. John treated each individual with respect and gave them all the opportunity to ask questions relating to the tests including the outcome of testing positive. John behaved very professionally despite being provoked by one individual. John showed great empathy to the young persons who had been selected for sampling.

LEARNER/~~WITNESS~~ SIGNATURE: JOHN WHITE
(DELETE AS APPROPRIATE)

DATE: 08/09/2007

I confirm that I have validated this evidence

ASSESSOR SIGNATURE: GARETH DAVIES

DATE: 08/09/2007

Key

O = Observation by your assessor.
P = Product
S = Simulation
PD = Professional discussion

EW = Expert witness.
CS = Case study/assignment/project
RA = Reflective account

WT = Witness testimony
Q = Oral or written questions
AV = Audio/Video/CCTV

ASSESSMENT RECORD

LEARNER NAME: JOHN WHITE LAR: X123456

ASSESSOR NAME: GARETH DAVIES

QUALIFICATION TITLE: WORKING WITH SUBSTANCE MISUSE UNIT ASM9

Tick

O		EW		WT		P	✓	CS		Q		S		RA		AV		PD	
---	--	----	--	----	--	---	---	----	--	---	--	---	--	----	--	----	--	----	--

I have reviewed the documentation which is confidential for the individuals that John has used for this unit, there were five tested for the random mandatory testing for substance use and 9 new individuals placed into Custodial Care. The age ranges were from 17-48. All documentation was completed correctly and accurately.

The documents are held in the individuals personal files within the administration area of the prison.

LEARNER/~~WITNESS~~ SIGNATURE: JOHN WHITE
(DELETE AS APPROPRIATE)

DATE: 17/09/2007

I confirm that I have validated this evidence

ASSESSOR SIGNATURE: GARETH DAVIES

DATE: 17/09/2007

Key

O = Observation by your assessor.
 P = Product
 S = Simulation
 PD = Professional discussion

EW = Expert witness.
 CS = Case study/assignment/project
 RA = Reflective account

WT = Witness testimony
 Q = Oral or written questions
 AV = Audio/Video/CCTV

ASSESSMENT RECORD

LEARNER NAME: JOHN WHITE LAR: X123456

ASSESSOR NAME: GARETH DAVIES

QUALIFICATION TITLE: WORKING WITH SUBSTANCE MISUSE UNIT ASM9

TICK

O		EW		WT		P		CS		Q		S		RA	✓	AV		PD	
---	--	----	--	----	--	---	--	----	--	---	--	---	--	----	---	----	--	----	--

Part of my role within the Health centre at this prison is to receive all new individuals that have been placed in custodial care. They are all given a health check which takes the form of general examination of the body for anomalies such as bruising, tattoos, unusual marks or abrasions, spots and infestation. All individuals are also tested for substance use, this takes the form of urine testing and venous blood testing. During this week we had 9 new individuals that needed testing for substance use. All were male, there was one 17-year-old, five in their early 20's, two in their late 20's and one in his late 40's. All arrived following court hearings.

When we are informed of the arrival of a new individual I always prepare the treatment room. This has to be cleaned with antibacterial scrub both prior and after the procedure. I instruct the care assistant detailed to help me to do this and inspect the environment to comply with health, safety and security. This is always an issue in this environment. Every thing must be locked away and there must be a witness for every procedure that is carried out. All the equipment required is prepared and kept in another locked area and not brought out until the individual has been fully identified and has given consent to the test.

The 17-year-old was very apprehensive and needed a great deal of reassurance that this was a requirement. I explained that the urine sample would be tested on site but that the venous blood sample would be sent away for analysis and that the results would take three days to come back and that I would discuss the results with him when they came through. Having formally identified him I then asked for consent to conduct the tests. He readily agreed and signed the consent form. I gave him the paper cup for the urine sample and instructed him to go with the prison officer accompanying him to the toilet. Following this I tested the sample with dip sticks, which proved negative. I disposed of the sample and the paper cup. I explained the result to him and proceeded to take the venous blood. I washed my hands and put on disposable gloves as protection for myself. I applied a tourniquet to his arm to allow vein engorgement, inserted the needle and applied the vacuum contained as I released the tourniquet, this allowed the venous blood to flow freely into the sample bottle. After this I removed the needle, covered the site with

cotton wool and asked him to hold it until I had finished writing the labels and envelope information. I took the cotton wool to ensure that any bleeding had stopped and disposed of it in the clinical waste bag. I then removed my gloves and apron and put them in the clinical waste bag. Whilst the care assistant cleared away the tray I explained again that I would discuss the results with him. He was then taken by the prison officer to his wing. The 40 yr old was reluctant to have the samples taken for testing a refused outright to have this done, I explained that this was routine but he resisted and was become upset about having the tests I asked the prison officer to take him away to discuss this with him as it was beginning to have an effect on the others who were waiting to be tested. The prison officer took him away to discuss this with him and came back after an hour. I discussed this individuals reluctance to take a blood test and it transpired that he had undertaken a blood test at another establishment and it had come back positive, this had alarmed him and it was later found out that he was on medication that altered his blood screening.

I was pleased with the way the 17-year-old responded to having to have the testing for substance use especially as he had been so apprehensive, and I feel that I had put him at ease and this had given him some confidence in me.

For the individual in his 40's I know that I could have handled this better. I could have tried to find out why he was so reluctant and could have allayed his fears by explaining about false results. Following the tests I discussed all the results with the individuals concerned, there was always a witness present and in only one case was a sample positive. This was from one of the individuals in their early 20's who was a confessed substance user.

All documentation can be reviewed in the case notes of each of the individuals along with my reports.

LEARNER/~~WITNESS~~ SIGNATURE: JOHN WHITE
(DELETE AS APPROPRIATE)

DATE: 07/09/2007

I confirm that I have validated this evidence

ASSESSOR SIGNATURE: GARETH DAVIES

DATE: 08/09/2007

Key

O = Observation by your assessor.
P = Product
S = Simulation
PD = Professional discussion

EW = Expert witness.
CS = Case study/assignment/project
RA = Reflective account

WT = Witness testimony
Q = Oral or written questions
AV = Audio/Video/CCTV

ASSESSMENT RECORD

LEARNER NAME: JOHN WHITE LAR: X123456

ASSESSOR NAME: GARETH DAVIES

QUALIFICATION TITLE: WORKING WITH SUBSTANCE MISUSE UNIT ASM9

Tick

O		EW		WT	✓	P		CS		Q		S		RA		AV		PD	
---	--	----	--	----	---	---	--	----	--	---	--	---	--	----	--	----	--	----	--

I am the Health centre manager. Over the past two months since John has been working in the prison health centre I have observed him taking test samples correctly for new arrivals and for the random mandatory testing carried out by this prison. His skills demonstrate consistent competence. He gives feedback to the individuals on their test results professionally, when required to give feedback of positive testing he explains carefully to the individual that there could be a need for further testing to ensure the correct result. He always explains the consequences of testing positive and allows the individual to ask question and discuss the findings. John show a greater empathy with the younger individuals. John always ensure that he is not alone when giving results of the tests and explains the necessity of sharing the results with others in the custodial environment. John's record keeping is accurate.

LEARNER/WITNESS SIGNATURE: JOHN JACKSON
(DELETE AS APPROPRIATE)

DATE: 17/09/2007

I confirm that I have validated this evidence

ASSESSOR SIGNATURE: GARETH DAVIES

DATE: 18/09/2007

Key

O = Observation by your assessor.
P = Product
S = Simulation
PD = Professional discussion

EW = Expert witness.
CS = Case study/assignment/project
RA = Reflective account

WT = Witness testimony
Q = Oral or written questions
AV = Audio/Video/CCTV

Worked examples of forms – B

This section should be read alongside the *Edexcel guidance for centre and learners*, which you should get from your assessor. This publication provides a full explanation about:

- QCF qualifications and how they are assessed
- what evidence is and how you can collect it
- how to build your portfolio
- how to use each recording form.

This is also available on the Edexcel website at:

- www.edexcel.org.uk/quals

Collecting your evidence

This section contains completed examples of the forms you, your assessor and the internal verifier may like to use while you are undertaking your Edexcel Level 3 and 4 BTEC Award and Certificate in Working with Substance Misuse.

The forms are:

- Form 1: Portfolio title page
- Form 2: Personal profile
- Form 3: Contents checklist
- Form 4: Index of evidence
- Form 5: Unit summary sheet
- Form 6: Qualification assessment plan
- Form 7: Continuous review/feedback and further planning
- Form 8: Evidence record form
- Form 9: Assessment record.

You will find a detailed description on how to use these forms in the *Edexcel QCF guidance for learners*.

You should ask your assessor for further advice and support if you are still unsure about how to use the forms and who should complete them.

Example form 1 – Portfolio title page

Name: Jane White	
Job title: Nurse Practitioner rural GP Surgery	
Name of employer/training provider/college: The Surgery	
Their address: Far Lane Bar Hill Lockington	
Postcode: LK2 3JG	
Telephone number (Home): 123798765	(Work): 123456789
Email address: jane@white.com	Fax number:
QCF: Working with Substance Misuse Level: 3 Credit value 3	
Units submitted for assessment: ASM 35: Supply and exchange injecting equipment for individuals	
Mentor: Janet Jackson (Please provide details of mentor's experience): Practice Manager	
Assessor: Gareth Davies	Date: 01/09/2007

Example form 2 – Personal profile

Name: Jane White	
Address: 11 Cuffed Road Bar Hill Lockington	
Postcode: LK2 5FD	
Telephone number (Home): 123798765	(Work): 123456789
Email address: jane@white.com	Fax number:
Job title: Nurse Practitioner, rural GP Surgery	
Relevant experience	
I am working in a rural GP surgery part of my role is to supply and exchange injecting materials for individuals. This entails providing the equipment and maintaining stock controls.	
Previous work experience or attach copy of a current CV: Staff nurse in Accident and Emergency at Holby City General hospital.	
Qualifications and training and/or attach copy of a current CV: RGN, RMN, PREP up to date.	
Voluntary work/interests: Breeding Dogs.	
Name of employer/training provider/college: The surgery	
Address: Far lane Bar Hill Lockington	
Postcode: LK2 3JD	
Telephone number (work): 123456789	Fax number: 123456780
Email address: prison@tempst.com	
Type of business, if employer: Rural GP surgery	
Number of staff: 15	

Structure of organisation (including chart or diagram if available):

3 GPs

1 Nurse Practitioner

3 Practice Nurses

1 Practice manager

1 District Nurse

1 Health visitor

1 Midwife

3 receptionists part-time

1 domestic cleaner

Example form 3 – Contents checklist

QCF title: Level 3 Working with Substance Misuse		
Learner: Jane White		
	Completed?	Page/section number
Title page for the portfolio	y	1
Personal profile		
• your own personal details	y	2
• a brief CV or career profile	y	2
• description of your job	y	2
• information about your employer/training provider/college	y	2
	y	2
Index of evidence	y	4
Unit summary sheet (signed by assessor/verifier)	y	5
Qualification/unit assessment plan	y	6
Continuous review/feedback/further planning	y	7
Evidence record form(s)		
• signed by yourself, your assessor and the internal verifier (where relevant)	y	8
• referenced to learning outcomes and assessment criteria	y	8
Assessment records/evidence	y	9, 10, 11 12, 13

Example form 4 – Index of evidence

Evidence number	Description of evidence	Included in portfolio (Yes/No) If No, state location
1	Portfolio title page	Y
2	Personal profile	Y
3	Contents checklist	Y
4	Index of evidence	Y
5	Unit summary sheet	Y
6	Qualification assessment plan	Y
7	Continuous review/feedback/further planning	Y
8	Evidence record	Y
9	Observation	Y
10	Written questions	Y
11	Reflective account	Y
12	Professional discussion	Y
13	Product evidence	N Individual Prisoner personal files
14		

Example form 6

Evidence number

Qualification/unit assessment plan

Learner name: Jane White LAR: Z123456

Assessor name: Gareth Davies

Start date: 01/09/2007 Expected completion date: 24/09/2007

Date qualification discussed and planned with assessor: 01/09/2007

Please discuss with your assessor any previous learning/qualifications/experience, which you feel, can be used towards your qualification. Please list this evidence below

Evidence number	Description of evidence
	None.

Evidence methods to be used for this qualification

Method	Tick
1 Direct observation by assessor	✓
2 Expert witness evidence	
3 Witness testimony	
4 Product evidence	✓
5 Projects/assignments/case studies	
6 Oral and or written questions	✓
7 Simulation	
8 Learners explanation/reflective accounts	✓
9 Audio Visual/CCTV	
10 Professional discussion	✓

Agreed assessment, planning and review dates

Agreed date	Actual date	Assessor signature	Learner signature
01/09/2007	01/09/2007	Gareth Davies	Jane White
07/09/2007	08/09/2007	Gareth Davies	Jane White
14/09/2007	14/09/2007	Gareth Davies	Jane White
21/09/2007	19/09/2007	Gareth Davies	Jane White

Learner signature: Jane White Date: 01/09/2007

Assessor signature: Gareth Davies Date: 01/09/2007

Example form 7

Continuous review/feedback/further planning

Date: 01/09/2007

Initial assessment to determine – level of qualification, certificate/diploma, units, APL

Jane we met today to discuss the unit you wish to take to confirm your competence in supply and exchange of injecting equipment for individuals. We have agreed that this is part of your job role and that you could achieve this fairly quickly. We have agreed the assessment methods and the dates of review. Due to the confidential nature of this work and the contents of the unit I will observe your practice of stock control, dispensing of equipment and recording mechanisms.

Planning

I will observe you undertaking the stock control, ordering of stock, maintenance of security and documentation recording on 07/09/2007. I would like you to write an account of your initial assessment of substance users and the advice given this should take the form of stating what you do how you do it what went well what did not go so well and what you may change in the future. You will need to make sure that confidentiality is maintained when writing this account. All documentation will need to be reviewed by me and signposted to its location in your portfolio.

Assessor signature: *Gareth Davies*

Learner signature: *Jane White*

Date: 08/09/2007

What was reviewed

I observed you undertaking the stock control, dispensing of equipment and your records, I have also reviewed your reflective account.

Feedback

You demonstrated competency in your skills and showed a level of compassion when dealing with the individuals you have been dealing with. Your advice to the individuals is comprehensive without being condescending. You have shown a good understanding and empathy with the individuals. Well done.

Planning

I will visit you next week on 14/09/2007. This will be an afternoon visit. I would like you to think about the following so that we can have a professional discussion about these

- The range of behaviours that can be expected from substance users and how these can be dealt with and how to recognise and deal with immediate risk.
- The local and National services available to substance users

Assessor signature: *Gareth Davies*

Learner signature: *Jane White*

Date: 14/09/2007

What was reviewed

We had a professional discussion on the aspects you were asked to think about last week.

Feedback

You have shown a good understanding of the local and national services available and are able to recognise when behaviour changes are imminent, the risks they impose and how best to deal with them. Good work

Planning

Jane we are nearing the end of this unit, you will need to answer the questions comprehensively. I have listed them on a separate sheet for you to answer.

Assessor signature: *Gareth Davies*

Learner signature: *Jane White*

Date: 19/09/2007

What was reviewed

I have reviewed your documentation over two months Jane and reviewed the answers to your questions.

Feedback

Your documentation is accurate and complete. The answers to your questions is comprehensive. I will pass it on to the Internal Verifier whom I understand saw you last week

Planning

As long as the IV is satisfied with the evidence for this unit, this will be my last visit, however I will phone you on 28/09/2007 to let you know the IVs decision

Assessor signature: *Gareth Davies*

Learner signature: *Jane White*

Date:

What was reviewed

Feedback

Planning

Assessor signature: _____ **Learner signature:** _____

Date:

What was reviewed

Feedback

Planning

Assessor signature: _____ **Learner signature:** _____

Example form 8

Evidence record form

Learner name
Jane White
Centre name
The Whey centre

Learner LAR
Z123456
Centre number
12345

Unit title	Possible sources of evidence	Reference to assessment criteria	Evidence location
ASM35	• Direct observation by your assessor	3.1, 3.2, 3.3, 3.4, 3.5, 3.6	Portfolio
	• Professional discussion	1.4, 1.5, 1.8	Portfolios
	• Expert witness evidence		
	• Reflective account	2.1, 2.2, 2.3, 2.4, 2.5	Portfolio
	• Witness testimony		Portfolio
	• Case study/assignment/project		
	• Oral/written questions	1.1, 1.2, 1.3, 1.6, 1.7, 1.8, 1.9	
	• Product evidence	2.2, 2.5, 3.6	Medical files individuals case notes
	• Simulation		
• Audio/video/CCTV			

Signatures (please sign and date where appropriate)			
Learner signature:	<i>Jane White</i>	Date	<i>19/09/2007</i>
Coordinating assessor signature:	<i>Gareth Davies</i>	Date	<i>19/09/2007</i>
Internal verifier signature:	<i>Fred Gray</i>	Date	<i>21/09/2007</i>

Example form 9

ASSESSMENT RECORD

LEARNER NAME: JANE WHITE LAR: Z123456

ASSESSOR NAME: GARETH DAVIES

QUALIFICATION TITLE: WORKING WITH SUBSTANCE MISUSE UNIT ASM35

TICK

O	✓	EW		WT		P		CS		Q		S		RA		AV		PD	
---	---	----	--	----	--	---	--	----	--	---	--	---	--	----	--	----	--	----	--

I observed Jane undertaking the supply and exchange of injecting equipment. Jane checked the existing stock and put through an order for stock that would be running short. She ensured that all sterile equipment had unbroken seals, had autoclave marking and were in date. She ensured that the injecting equipment was stored according to organisational protocols and that it was safe and that security was maintained.

Jane exchanged equipment with five of the 17 users in her caseload the exchanges were accurate, all used equipment was disposed of correctly. Jane directed the individuals to dispose of the used equipment in the sharps box themselves. Jane changed the sharps box as it was becoming full and ensured that the lid was secured.

Jane had previously assessed the users needs with regard to their usage in the privacy of her office, the actual exchange was made via the pharmacy counter discreetly during the lunch time closure of the pharmacy. The pharmacist was present as a security measure.

Jane ensured that all records following the assessment of needs and of the equipment exchange was accurately recorded.

Following the observation I asked Jane how she would manage any spillages.

She explained the organisational policy and procedure for this and showed me the equipment and solution she would use for spillages.

LEARNER/~~WITNESS~~ SIGNATURE: JANE WHITE DATE: 08/09/2007
(DELETE AS APPROPRIATE)

I confirm that I have validated this evidence

ASSESSOR SIGNATURE: GARETH DAVIES DATE: 08/09/2007

Key

O = Observation by your assessor.
P = Product
S = Simulation
PD = Professional discussion

EW = Expert witness.
CS = Case study/assignment/project
RA = Reflective account

WT = Witness testimony
Q = Oral or written questions
AV = Audio/Video/CCTV

ASSESSMENT RECORD

LEARNER NAME: JANE WHITE LAR: X123456

ASSESSOR NAME: GARETH DAVIES

QUALIFICATION TITLE: WORKING WITH SUBSTANCE MISUSE UNIT ASM35

TICK

O		EW		WT		P	✓	CS		Q		S		RA		AV		PD	
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I have reviewed the documentation which is confidential for the individuals that Jane has used for this unit, Jane has a case load of 17 substance misusers, all records and reports were accurate and up to date. Jane's Stock control, ordering and dispensing systems are appropriate and kept up to date.

The personal reports are held in the individuals medical files.

Stock control and dispensing documents are held in the filing cabinet and on the med-link computers.

LEARNER/~~WITNESS~~ SIGNATURE: JANE WHITE DATE: 17/09/2007
(DELETE AS APPROPRIATE)

I confirm that I have validated this evidence

ASSESSOR SIGNATURE: GARETH DAVIES DATE: 17/09/2007

Key

O = Observation by your assessor.

P = Product

S = Simulation

PD = Professional discussion

EW = Expert witness.

CS = Case study/assignment/project

RA = Reflective account

WT = Witness testimony

Q = Oral or written questions

AV = Audio/Video/CCTV

ASSESSMENT RECORD

LEARNER NAME: JANE WHITE LAR: X123456

ASSESSOR NAME: GARETH DAVIES

QUALIFICATION TITLE: WORKING WITH SUBSTANCE MISUSE UNIT ASM35

TICK

O		EW		WT		P		CS		Q		S		RA		AV		PD	✓
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This professional discussion was carried out on 14/09/2007

Jane was asked to describe the different types of behaviours that can be expected from substance users, how they can be dealt with and how to recognise and assess the imminent risk.

Jane explained these through relating them back to users who she has dealt with in the past, Jane has a sound knowledge of the behaviours and how they will manifest themselves.

Jane is aware of all the National services available to substance users and is also part of the newly formed local service called 'Do Not Tempt Me' this is a network of local people who have been users or relatives of users that give support.

LEARNER/~~WITNESS~~ SIGNATURE: JANE WHITE DATE: 14/09/2007
(DELETE AS APPROPRIATE)

I confirm that I have validated this evidence

ASSESSOR SIGNATURE: GARETH DAVIES DATE: 14/09/2007

Key

O = Observation by your assessor.

P = Product

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PD = Professional discussion

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AV = Audio/Video/CCTV

ASSESSMENT RECORD

LEARNER NAME: JANE WHITE LAR: X123456

ASSESSOR NAME: GARETH DAVIES

QUALIFICATION TITLE: WORKING WITH SUBSTANCE MISUSE UNIT ASM35

TICK

O		EW		WT		P		CS		Q	✓	S		RA		AV		PD	
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1 Explain the organisational policy and guidelines for supply and exchange of injecting equipment and the legislation around children, young people and those with learning disabilities.

Answered appropriately

2 Identify the benefits of brief intervention

Answered appropriately

3 Explain blood borne viruses and how to deal with a needle stick injury

Answered appropriately

4 Explain the legal and organisational requirements regarding the recording, storage and sharing of information relating to the individuals you are supplying and exchanging equipment for . .

Answered appropriately

LEARNER/~~WITNESS~~ SIGNATURE: JANE WHITE
(DELETE AS APPROPRIATE)

DATE: 17/09/2007

I confirm that I have validated this evidence

ASSESSOR SIGNATURE: GARETH DAVIES

DATE: 18/09/2007

Key

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ASSESSMENT RECORD

LEARNER NAME: JANE WHITE LAR: X123456

ASSESSOR NAME: GARETH DAVIES

QUALIFICATION TITLE: SUBSTANCE MISUSE UNIT ASM9

TICK

O		EW		WT		P		CS		Q		S		RA	✓	AV		PD	
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As Nurse Practitioner in the Rural GP Practice part of my role is to manage the provision of injecting equipment for substance users within the surgery's catchment area. QuAds protocols and standards are adhered to. I have a case load of 17 substance users that need to exchange equipment. My clients are generally referred from other agencies such as the probation or prison services and sometimes from A and E. There is a lower incidence of injecting substance users in this rural area. All of my clients are in the 20-30 year old age group. Seven are female and ten are male. Unless there are problems I see them initially weekly for the first three months then on a monthly basis.

Initially they come to my office a warm and comfortable environment I always prepare this initial interview by having pen paper care plans examples of injecting equipments and a range of learning materials as well as hand outs prepared by myself for safer injecting and harm reduction. I introduce myself and explain that the purpose of the session is to advise on safe practice and harm reduction I allow the client to explain their history and their frequency of injecting. It is fair to state that most substance user who are injecting that have been referred are quite open about this. Basic health assessments are carried out so that this does not constitute a barrier to the service and to ensure that they do return especially for those in hard to reach areas. However at subsequent sessions fuller assessment are made and care plans drawn up that identify goals and milestones for change in risk behaviours and harm reduction. At the initial visit I usually concentrate on the clients riskiest behaviour. This ensures that if the interview/assessment does end prematurely at least some of my message will have got across to the client. If my client is already practising any part of the safer techniques they are always praised for this. At this initial session I try to instil the six golden rules of self injecting which are

- Only use your own injecting equipment
- Don't lend or borrow used injecting equipment
- Use your own spoon, water, filter
- Use the smallest needle appropriate
- Don't inject alone. Try to do it with other people around and make sure that you all know what to do in an emergency
- Use your own equipment only once.

(Continued on next page)

At this visit the client is given sufficient equipment for one week with advice and guidance relating to safer preparation, safer administration of injecting substances, advice on what to do when injecting by their preferred route either intravenously, intramuscularly or subcutaneously.

This is all recorded on their care plan which is reviewed at subsequent visits my clients review what I have written in their care plan and sign to say they agree with the information goals and milestones. Clients are assured that all the information is stored confidentially and ensured that no information would be shared unless their permission is gained. Where possible I refer clients to other services in the community and nationally that may be of some service to them with their permission.

At the end of each session I tell my clients that there is always the potential risk and harm from their behaviour.

Clients are informed that the exchange is on a one for one basis and that at exchange they must dispose of the equipment themselves in the sharps bin provided.

Providing this service is a vital element in preventing blood borne virus transmission amongst substance users.

I have made this account very generic to preserve the anonymity of my clients.

In my local area we have recently set up a new support network of which I am part of. It is made up from ex-users, relatives and carers of users and three voluntary workers, we also have two business men who are willing to help in the employment of those who are trying to reach their goals and milestones, this group has had a great influence on my clients who realise that the habit is as much a mental outlook as well as an addiction. Two of my clients have been employed now for three months and their employers (the business men) are pleased with their commitment to their jobs, they are paid a realistic wage on a weekly cash basis, this has also been an encouragement for some of my other clients.

All documentation can be reviewed in the case notes of each of the individuals along with my reports.

All my handouts and learning materials are available to view at the Surgery.

LEARNER/~~WITNESS~~ SIGNATURE: JANE WHITE
(DELETE AS APPROPRIATE)

DATE: 07/09/2007

I confirm that I have validated this evidence

ASSESSOR SIGNATURE: GARETH DAVIES

DATE: 08/09/2007

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Holistic assessment

Completed forms

Worked examples of forms

This section should be read alongside the Edexcel guidance for centre and learners, which you should get from your assessor. This publication provides a full explanation about:

- QCF qualifications and how they are assessed
- what evidence is and how you can collect it
- how to build your portfolio
- how to use each recording form.

This is also available on the Edexcel website at:

- www.edexcel.org.uk/quals

Collecting your evidence

This section contains completed examples of the forms you, your assessor and the internal verifier may like to use while you are undertaking your Edexcel Level 3 and 4 BTEC Award and Certificate in Working with Substance Misuse.

The forms are:

- Form 1: Portfolio title page
- Form 2: Personal profile
- Form 3: Contents checklist
- Form 4: Index of evidence
- Form 5: Unit summary sheet
- Form 6: Qualification assessment plan
- Form 7: Continuous review/feedback and further planning
- Form 8: Evidence record form
- Form 9: Assessment record.

You will find a detailed description on how to use these forms in the *Edexcel QCF guidance for learners*.

You should ask your assessor for further advice and support if you are still unsure about how to use the forms and who should complete them.

Example form 1 – Portfolio title page

Name: John White	
Job title: Community Psychiatric Nurse – Lockington PCT	
Name of employer/training provider/college: Lockington PCT	
Their address: Cell Lane Bar Hill Lockington	
Postcode: LK2 3JG	
Telephone number (Home): 123798765	(Work): 123456789
Email address: john@white.com	Fax number:
QCF: Working with Substance Misuse Certificate Level: 3 Credit value 17	
Units submitted for assessment: ASM2: Enable individuals to identify and use health and social care services and facilities ASM3: Support individuals who are drug alcohol or substance users ASM5: Provide services to those affected by someone else's drug alcohol or substance use ASM34: Administer medication to individuals, and monitor the affects	
Mentor: John Jackson (Please provide details of mentor's experience): Community Care Manager	
Assessor: Gareth Davies	Date: 01/09/2007

Example form 2 – Personal profile

Name: John White	
Address: 11 Cuffed Road Bar Hill Lockington	
Postcode: LK2 5FD	
Telephone number (Home): 123798765	(Work): 123456789
Email address: john@white.com	Fax number:
Job title: Community Psychiatric Nurse	
Relevant experience	
My role is as a community psychiatric nurse. Part of my role is to attend a day centre to support people who have had mental health problems that have been associated with substance use. My role is to give advice and support and to counsel these clients. I am also part of the crisis intervention team.	
Previous work experience or attach copy of a current CV: Charge Nurse Steadfast Mental Health Trust.	
Qualifications and training and/or attach copy of a current CV: RMN, Degree in Nursing, Nurse tutor	
Voluntary work/interests: Child line volunteer	
Name of employer/training provider/college: Lockington Primary Care trust	
Address: Cell lane Bar Hill Lockington	
Postcode: LK2 3JD	
Telephone number (work): 123456789	Fax number: 123456780
Email address: whiteJ@LPCT.nhs.uk	
Type of business, if employer: NHS Trust	
Number of staff: 2034	
Structure of organisation (including chart or diagram if available): See organ.gram	

Example form 3 – Contents checklist

QCF title: BTEC Level 3 Certificate – Working with Substance Misuse		
Learner: John White		
	Completed?	Page/section number
Title page for the portfolio	y	1
Personal profile		
• your own personal details	y	2
• a brief CV or career profile	y	2
• description of your job	y	2
• information about your employer/training provider/college	y	2
	y	2
Index of evidence	y	4
Unit summary sheet (signed by assessor/verifier)	y	5
Qualification/unit assessment plan	y	6
Continuous review/feedback/further planning	y	7
Evidence record form(s)		
• signed by yourself, your assessor and the internal verifier (where relevant)	y	8
• referenced to learning outcomes and assessment criteria	y	8
Assessment records/evidence	y	9, 10, 11 12, 13,14, 15, 16, 17, 18, 19

Example form 4 – Index of evidence

Evidence number	Description of evidence	Included in portfolio (Yes/No) If No, state location
1	Portfolio title page	Y
2	Personal profile	Y
3	Contents checklist	Y
4	Index of evidence	Y
5	Unit summary sheet	Y
6	Qualification assessment plan	Y
7	Continuous review/feedback/further planning	Y
8	Evidence record	Y
9	Observation	Y
10	Witness testimony	Y
11	Reflective account	Y
12	Professional discussion	Y
13	Product evidence	N Individual Prisoner personal files
14	Observation	Y
15	Case Study A	Y
16	Case Study B	Y
17	Written assignment	Y
18	APL Certificate	Y
19	Case study C	Y

Example form 5

Unit summary sheet

Qualification title: BTEC Level 3 Certificate in working with Substance Misuse

Unit title	Assessor signature	Date	Internal verifier signature	Date	Credit value
ASM 34 (APL)	G. Davies	19/09/07			4
ASM2					4
ASM3	G Davies		F Gray	21/09/07	5
ASM5					4
					17

Total credit value:

Example form 6

Qualification/unit assessment plan

Evidence number

Learner name: John White LAR: Z123456

Assessor name: Gareth Davies

Start date: 01/09/2007 Expected completion date: 01/06/2007

Date qualification discussed and planned with assessor: 01/06/2007

Please discuss with your assessor any previous learning/qualifications/experience, which you feel, can be used towards your qualification. Please list this evidence below.

Evidence number	Description of evidence
1	Certificate of Extended Independent and Supplementary prescribing for nurses, Anglia Ruskin University

Evidence methods to be used for this qualification

Method	Tick
11 Direct observation by assessor	✓
12 Expert witness evidence	
13 Witness testimony	✓
14 Product evidence	✓
15 Projects/assignments/case studies	✓
16 Oral and or written questions	
17 Simulation	
18 Learners explanation/reflective accounts	✓
19 Audio Visual/CCTV	
20 Professional discussion	✓

Agreed assessment, planning and review dates

Agreed date	Actual date	Assessor signature	Learner signature
01/09/2007	01/09/2007	Gareth Davies	John White
02/10/2007	05/10/2007	Gareth Davies	John White
10/11/2007			
01/12/2007			
10/01/2008			
12/02/2008			
05/03/2008			
01/04/2008			
01/05/2008			
01/06/2008			

Learner signature: John White

Date: 01/09/2007

Assessor signature: Gareth Davies

Date: 01/09/2007

Example form 7

Continuous review/feedback/further planning

Date: 01/09/2007

Initial assessment to determine – level of qualification, certificate/diploma, units, APL

John we met today to discuss the units you wish to take to complete the Substance Misuse Certificate. The units chosen are ASM2, ASM3, ASM5 and ASM34. We have agreed that all these form part of your job role and that you could achieve this fairly quickly. We have agreed that your experience and qualifications regarding administering medications can be directly APL'd so there will be no further work required for ASM34. We have agreed the assessment methods and the dates of review. Due to the confidential nature of your work I would not expect that you would be able to get a witness testimony however you may be able to get these from other agencies that you refer your client to.

Planning

I will observe you at the day centre whilst you undertake your normal role there on 02/10/2007. I would expect that we would cover several Assessment criteria from the three remaining units. We have agreed that you will produce three case studies of your clients, we could discuss the format of these and how they will cover the assessment criteria at the next meeting however you could be looking at your case load and deciding on those you think would be most appropriate. I will also give you the requirements of the written assignment

Assessor signature: *Gareth Davies*

Learner signature: *John White*

Date: 05/10/2007

What was reviewed

I observed you today at the day centre working with 4 clients. I have also reviewed the witness testimony from the social worker you referred one of your clients to and a reflective account on one of your clients.

Feedback

John you have dealt with four clients today regarding their substance misuse giving the appropriate advice and guidance and safe practice, available support services, the observation will cover a number assessment criteria for ASM2 ASM3 and ASM5. Your witness testimony will be additional evidence for ASM5 1.2 ASM2 2.1

Planning

We have discussed the three case studies and the clients you have chosen to use. You will need to maintain their confidentiality when you do these case studies. Each case study will involve the individual who is a substance user, it will also cover those affected by the substance user, Case Study A will cover the parents Case Study B will cover the young children of the user and Case Study C will cover the siblings and friends of the user. All will also cover how you have enabled each of the substance users to use local health and social care facilities. The assignment for this qualification will be in the form of short answer question of which I have given you a copy each of the questions refers to one or more assessment criteria and will be used as evidence or additional evidence if you have already covered it in your case studies. For my next visit I would like you to write a reflective account about one of your clients that we have seen today, this should state what you did, how you did it why you did it what went well what did not go so well and what you might change in the future. I will see you again on 10/11/2007. I will observe you again during February 08.

Assessor signature: *Gareth Davies*

Learner signature: *John White*

Date:

What was reviewed

Feedback

Planning

Assessor signature: _____ Learner signature: _____

Date:

What was reviewed

Feedback

Planning

Assessor signature: _____ **Learner signature:** _____

Date:

What was reviewed

Feedback

Planning

Assessor signature: _____ **Learner signature:** _____

Date:

What was reviewed

Feedback

Planning

Assessor signature: _____ **Learner signature:** _____

Example form 8

Evidence record form

Learner name
John White
Centre name
The Whey centre

Learner LAR
Z123456
Centre number
12345

Unit title	Possible sources of evidence	Reference to assessment criteria	Evidence location
ASM2	• Direct observation by your assessor	1.1, 1.3, 2.1, 2.2	Portfolio
ASM3		2.2, 2.3, 2.4, 3.2, 3.6, 4.1, 4.2, 4.3, 4.5	
ASM5		1.1, 1.2, 2.1, 2.2, 3.2, 3.3, 3.4, 4.2, 4.3	
	• Professional discussion		Portfolios
	• Expert witness evidence		
ASM3	• Reflective account	2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 3.2, 3.3	Portfolio
ASM5		1.1, 1.2, 3.2, 3.3, 3.4, 4.2	Portfolio
ASM3	• Witness testimony	3.5, 4.5, 1.2, 4.3	
ASM5	• Case study/assignment/project		Administration office individuals case notes
	• Oral/written questions		
	• Product evidence		
	• Simulation		
	• Audio/video/CCTV		

Signatures (please sign and date where appropriate) when all units achieved.

Learner signature:

Date:

Co-ordinating assessor signature:

Date:

Internal verifier signature:

Date:

Example form 9

ASSESSMENT RECORD

LEARNER NAME: JOHN WHITE LAR: Z123456

ASSESSOR NAME: GARETH DAVIES

QUALIFICATION TITLE: WORKING WITH SUBSTANCE MISUSE UNIT ASM9

TICK

O	✓	EW		WT		P		CS		Q		S		RA		AV		PD	
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I observed John at this session at the day centre today, he worked with four clients. Two in the morning and two in the afternoon.

Client 1 aged 27. Client 1 was a new client to the day centre, he had been referred to the centre by the probation service (dual diagnosis), he has a mental disorder and is also a substance user. John ensured that the environment was safe clean and comfortable, he encouraged the client to talk about his substance use and how he had begun to use substances, the client was happy to tell John and gave a brief history of his childhood and teenage years. John wanted to make sure that his practice of substance use was safe and went through and reinforced the importance of safe practice. John explained the effects both long term and short terms of the substance used and received acknowledgment that this was understood. John encouraged the client to explore his reasons for substance use and also discussed the help and services that were available to him. John gave the clients several phone numbers and leaflets to take away. John explained to me that this would be as much as the client would be able to take in at the first session, but at subsequent session other areas would be explored.

Client 2 aged 16 accompanied by mother. This young girl had been a substance user for two years and had originally been referred to the day centre by the social workers when she had categorically refused to have anything to do with them. John began the session by encouraging the girl to talk about her substance use, the frequency and the substances used, unfortunately the Mother was only willing to speak for her daughter, John dealt with this very diplomatically and gradually the client began to talk. John reinforced the advice he gives at all sessions regarding safe practice. He encouraged the client to look at the care plan they had made at the previous visit and to see if any of the goals or milestones had been reached, it was apparent that all the goals and milestones had been met so they talked together to set further goals. At this point the mother again intervened. John explained to both the mother and the client that that family dynamics could be one of the influences in the clients substance use and gave appropriate examples of how these could affect users. The mother thought this through and agreed that this

(Continued on next page)

could be the case. John asked about their financial situation and finding that they were in financial difficulties gave them advice as to how they could access services for this. John set another date for the clients counselling session.

Client 3 aged 44. This client was not happy for me to be present at this session so I retired to the common room

Client 4 aged 38. This client also had a dual diagnosis of mental illness and was a substance user however over the past 6 months had weaned himself off them with the help of Johns care planning, setting short attainable goals and milestones. This client was now ready to reduce the number of times he attended the day centre. John assisted the client to review his own progress and gave reassuring comments.

John suggested that he would now benefit from attending a self help group and gave him the information of the local services. John had also been told by the client that he felt that now he was on the road to recovery he would accept help from others so John referred this client to a social worker. John also explored all the other health and social services that would be available to this client. John made a further appointment with this client for one months time when he would review the progress with the other services and facilities that the client had accessed.

John completed case note reports at the end of every keywork session. These were accurate and reflected the session.

LEARNER/~~WITNESS~~ SIGNATURE: JOHN WHITE
(DELETE AS APPROPRIATE)

DATE: 05/10/2007

I confirm that I have validated this evidence

ASSESSOR SIGNATURE: GARETH DAVIES

DATE: 05/10/2007

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RA = Reflective account

WT = Witness testimony
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ASSESSMENT RECORD

LEARNER NAME: JOHN WHITE LAR: X123456

ASSESSOR NAME: GARETH DAVIES

QUALIFICATION TITLE: SUBSTANCE MISUSE UNITS ASM2, ASM3 AND ASM5

TICK

O		EW		WT		P		CS		Q	✓	S		RA		AV		PD	
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1 Describe the different substances which individuals might use, how they are used and their likely affects (ASM3 1.1)

2 Explain the risks involved with substance use, both in the short and long term to include overdose, dependency and associated health risks (ASM31.2)

3 Explain the relevant policies and guidelines on the use, storage and support of individuals who have used substances this should include relevant policies and legislation when working with children, young people and families (ASM3 1.3, 3.1 ASM5 3.4)

4 Explain the factors that influence individuals to use substances and the reasons why individuals decide to reduce or cease to use (ASM3 3.1)

LEARNER/WITNESS SIGNATURE: _____
(DELETE AS APPROPRIATE)

DATE: _____

I confirm that I have validated this evidence

ASSESSOR SIGNATURE: _____

DATE: _____

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ASSESSMENT RECORD

LEARNER NAME: JOHN WHITE LAR: X123456

ASSESSOR NAME: GARETH DAVIES

QUALIFICATION TITLE: WORKING WITH SUBSTANCE MISUSE

TICK

O		EW		WT		P		CS		Q		S		RA	✓	AV		PD	
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My client Eddie (pseudonym) has been attending the day centre voluntarily for two years, he has bi-polar disorder and is a substance user. I don't feel that the drug needs to be mentioned as this is only an example and not his case notes. He attends on a weekly basis for discussions to reinforce safe practice in his substance use, Eddie is married with two children and the centre and I have been supporting the family discreetly over the time that Eddie has been coming to the day centre. Eddie started misusing substances as a teenager before he was diagnosed with the bi-polar illness. He has had several long periods where he has been clean, this last episode of substance use started after particularly severe hypo manic episode two years ago and he is on long term medication for this. Due to Eddie's disorder and his substance use he is not employed.

About a month ago I noticed that he had become a little distant at times during the keywork session but I did not follow this up, in hind sight I should have then he would have been able to get help earlier but due to the nature of his disorder I was more aware of changes to this. At the keywork session this week I went through the safe practice guidance and encouraged him to talk about the amount and type of substance he was using I was quite pleased with his progress and he was reducing his intake and was quite proud of himself, I congratulated him and asked how his family had been since we had last spoken of then which had been three months earlier, I had interviewed both the daughters and his wife, all appeared to be coping well with the situation. Eddie's wife works as a night care assistant in an elderly care home five night per week so Eddie tends to be the person who looks after the girls during the day. One daughter is seven and still at primary school, the older daughter is 14 and going through puberty. We discussed how his wife was coping with work and Eddie said how much she loved it and that her employers were putting her through her NVQ qualification. Eddie is very proud of his family despite his own problems he tries to put them first this is one of Eddie's strengths and I always emphasise this at the keywork session. Eddie was telling me of some of the recent exploits of his 7-year-old daughter and began laughing uncontrollably at these, this was strange in itself as Eddie will normally just smile thoughtfully at these funny situations.

(Continued on the next page)

I began to ask Eddie about the progress that his elder daughter was making at school but he kept avoiding answering anything about her.

I felt the situation was becoming strained so asked Eddie if he had anything worrying him regarding his substance use, he explained that he had always managed to hide the fact of his substance use from his daughters but that 10 weeks ago his elder daughter found out, apparently according to Eddie she was distraught, (all the family knew about his illness but not the substance use) and would not speak to him for a week. Following this he noticed that his daughter was losing weight, at first he thought it was due to her exercising more and puberty growing into a woman as Eddie put it, however over the past month she has begun to look gaunt.

Eddie is the main carer during the day and he has been trying to monitor the food that his eldest girl has been eating, and although he tries to do this discreetly he knows that his daughter is watching him keeping an eye on her.

Eddie has been to the school and spoken with his daughter's teacher who according to Eddie was not very helpful. At this point he began to be tearful saying that he felt that she had an eating disorder and that it was all his fault. I asked Eddie if he would allow me to refer him to a social worker who works at the Fletcher Gate Clinic. I explained that it could be that this clinic could help both him and his daughter as it gives detox and stabilization facilities for the people with mental health problems who are substance users and also give a service for people with eating disorders.

Eddie said that he was prepared to try anything and gave permission to contact the social worker. Having explained the situation to the social worker, he then spoke at length to Eddie, Eddie was able to explain more fully over the phone to the social worker. Eddie and the social worker agreed a date to meet and I agreed to hand over Eddie's case to this social worker. Copies of Eddie's case notes have been given to the social worker who will be looking after him now and will support the family.

I feel that this case was handled very well Eddie's trust in me allowed me to suggest that he should move on to this clinic and have his family supported to a greater extent than I could, however I do think I could have been more proactive during the previous weeks when Eddie was displaying a distance at counselling.

All documentation can be reviewed in the case notes of the individuals along with my reports.

LEARNER/~~WITNESS~~ SIGNATURE: JOHN WHITE
(DELETE AS APPROPRIATE)

DATE: 07/09/2007

I confirm that I have validated this evidence

ASSESSOR SIGNATURE: GARETH DAVIES

DATE: 05/10/2007

Key

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S = Simulation
PD = Professional discussion

EW = Expert witness.
CS = Case study/assignment/project
RA = Reflective account

WT = Witness testimony
Q = Oral or written questions
AV = Audio/Video/CCTV

ASSESSMENT RECORD

LEARNER NAME: JOHN WHITE LAR: X123456

ASSESSOR NAME: GARETH DAVIES

QUALIFICATION TITLE: WORKING WITH SUBSTANCE MISUSE

TICK

O		EW		WT	<input checked="" type="checkbox"/>	P		CS		Q		S		RA		AV		PD	
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I am a registered Social Worker, working in a centre that deals with clients who need a facility for patients with eating disorders. John referred a client to me today as he was not able to deal with the problems this client had himself. The client's problems are that he suffers from a chronic mental illness and is a substance user, however the client is worried about the effects this is having on his daughter who he suspects of having an eating disorder. Prior to the referral John gained the clients permission to share the information with me. I interviewed the client over the phone within John's hearing and the information John gave mirrored the information the client told me. I have agreed a date to meet with the client. John has passed his comprehensive case notes over to me.

LEARNER/WITNESS SIGNATURE: JERRY WEEKS
(DELETE AS APPROPRIATE)

DATE: 07/09/2007

I confirm that I have validated this evidence

ASSESSOR SIGNATURE: GARETH DAVIES

DATE: 05/10/2007

Key

O = Observation by your assessor.
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May 2008

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