

## The assessed and supported year in employment in adult services



## The critical reflection log

To be completed by the newly qualified social worker

## Completing the critical reflection log

Responsibility for the completion of the critical reflection log rests with the newly qualified social worker. It should be shared with the assessor during supervision sessions and at the review points.

Completing all sections of this template electronically will assist internal and external moderation processes.

Guidance to help you complete this log is included within text boxes. The text will disappear when you start typing your answer. The text boxes will expand as you type in them.

[Click here](#) to download a supporting document, which includes all of the relevant guidance you will need to complete this template. You are advised to read this in full before starting.

## The assessed and supported year in employment in adult services

### Critical reflection log part 1: beginning the ASYE

Part 1 should be completed by the NQSW in preparation for the support and assessment agreement meeting and presented to the assessor in advance of the meeting.

#### Consider your learning needs for the next three months and over the course of the year.

In everything I write I will be using pseudonyms to preserve people's confidentiality. While I was pleased with the report from my final placement, I realised that there would be a lot to learn during my first year in employment as a social worker. This has proved to be even more challenging as my final placement was in a children's disability team and I am now working in a locality team supporting adults in a wide range of circumstances. One thing that is still relevant, however, is the need for me to increase my confidence – particularly as I am now working much more independently than when I was a student. I need to work to develop my authoritative practice, particularly in terms of challenging carers or professionals. I know that some of the decisions we have to make regarding someone's support will not necessarily be welcome to all parties and I need to be able to deal with people in a professional way. I also need to be clearer in my decision making although this may improve with experience and increased confidence. ①

I attended a group workshop where we familiarised ourselves with the Assessed and Supported Year in Employment (ASYE) level of the Professional Capabilities Framework (PCF) and completed an initial self-assessment against the Knowledge and Skills Statement for Social Workers in Adult Services (KSS). Having done this, I feel quite overwhelmed at all there is to learn. While I am more confident with the sections relating to person centred practice and the principles of empowerment and independence. I realise that I know very little about adult safeguarding or mental capacity. I am sure that a good understanding of the Mental Capacity Act and the Code of Practice will be essential in my new role. I also realise that I will be seen as an expert in some situations and will need to be able to model understanding and good practice to others. I am pleased that through the ASYE I will be given the opportunity to have regular reflective supervision but I also understand that I need to approach this pro-actively. I am naturally very reflective but I need to explore models such as the reflective supervision model to ensure that I am developing my skills and knowledge while also enabling my supervisor to understand what is happening in my cases. This will be an essential part of becoming a fully reflective practitioner. ②

Following my first meeting with my manager it is clear that there are also many procedures that I will need to be able to manage, including support planning, funding allocations and developing safeguarding plans. I feel quite concerned about coping with all these procedures and making sure I get them right. ③

#### Consider key legislation relevant to adult services generally and your employment setting specifically.

I will need to know and understand:

- The Care Act: Familiarisation with key principles, understanding how to carry out new assessments.
- Mental Capacity Act and Code of Practice.
- Mental Health Act.
- Human Rights and Equalities legislation.
- Employer's guidelines, policies and procedures. ④

## How do you plan to obtain the practice evidence you need?

I will gain feedback from other professionals **5** and from observation of my practice, in order to see how confident I appear to others. I would particularly like to gain some feedback in situations where challenge is necessary or specialist knowledge is needed. I would like to ask for feedback from professionals who are not social workers as this would also help me develop my practice in multi-agency working. Feedback from those in need of care and support will help me to evidence the success of my support planning and the extent to which I am working in a client centred way. I have also been thinking about what I will do for my first Direct Observation (DO) and the kind of feedback I want from the observer. **6**

I hope that my supervision notes will provide evidence of my decision making and growing confidence. They should also demonstrate that I am well prepared for supervision meetings and use these as an opportunity to reflect on my practice and discuss the implications of relevant legislation on my decisions and actions. **7**

By my first review I would hope to have written some concise assessments and be able to use these as further evidence of my ability to analyse and make informed decisions. They will also show that I have an understanding of the basic principles of the Care Act. **8**

## Observations and commentary from Katherine's assessor on the completion of her critical reflection log part 1

**1** Katherine helpfully opens with an honest description of her current learning and development and shares some preliminary reservations about the scale of the task ahead.

She has begun to identify some clear learning needs i.e. to increase her knowledge and understanding of the roles, tasks and activities required in this new setting; to gain confidence in terms of communicating and engaging effectively with professional peers and colleagues; to be mindful of the use of professional authority and professional power. There should be a clear link between what Katherine has identified here in Part 1 of her CRL and what she then lists in her PDP.

One learning need touched on in her opening paragraph that would benefit from some further discussion is her 'need to be clearer in my decision making'. This would benefit from being spelled out, as it is not clear exactly what she means by this. Hopefully, this is something to be explored together in supervision and reviewed at the 3-6 month PDP.

A general observation could be made about Katherine's writing style. It is wordy and some of the points she makes might be expressed differently. This would help her assessor to work with her to make some explicit links to some of the domains in the PCF. For example, people receiving unwelcome or unexpected news do not need to be 'dealt with' – they need to be listened to and understood. If she wants to 'develop (her) authoritative practice', it would be good if she could define what she means by this, by, for example, saying something about the importance of being clear with service users about expectations and boundaries, while showing empathy and understanding.

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- 3 Worrying about procedures is a very a natural concern for someone newly-qualified but Katherine will need to ensure that her social work skills, knowledge and values don't become subsumed by completing procedures in an uncritical way. She could be encouraged to think about whether procedures are always helpful, particularly to service users and, importantly, do they concur with legislation and policy? Preston-Shoot's work, for example, would help her here.
- 4 It's not uncommon for NQSWs to supply a 'shopping list' of key legislation here (and at this early stage it is perhaps understandable) but the bullet points could be expanded to show how they relate specifically to Katherine's work setting. For example, she could write something like 'The implementation of the Care Act 2014 is having significant implications for adult social care as there is an increased emphasis on personalisation and an expectation that the team I am in provides clear information, advice and guidance to enable people to choose their own route or pathway to care and support'. It will also be important for Katherine to be more explicit about the application of relevant law, to list it accurately, i.e. with the dates, and also to list key relevant procedures.
- 5 While Katherine has summarised a range of ways she is hoping to gain practice evidence, she needs to begin thinking about how she will consider getting feedback from people in need of care and support i.e. the service users with whom she is working directly, as well as their carers. She will have had to collect feedback like this when she was doing her final placement, so one of the things the assessor would be looking for is how she might have reflected on this experience and used it to build on and develop her skills in gathering evidence in a meaningful and appropriate way. How will she ensure the feedback focuses on her practice, and not service delivery? How does she intend to chart the development and progress of this feedback over the next few months? Is she going to be designing a bespoke piece of work related to the gaining of service user and carer feedback? Katherine could make specific reference to the extensive guidance and resources on the Skills for Care website, saying what ideas she has taken from this and she could indicate that this will be something she might discuss in supervision/as part of her ASYE programme/with other NQSWs.

- 6 Again Katherine is rather vague here. What kind of situations is she thinking of for her first DO? Are there specific skills she wants to evidence? Did she receive feedback on her DOs on placement which informed her development and indicated areas where feedback would help her?
- 7 Katherine could say something here about how she will prepare for supervision.
- 8 The assessor could discuss with Katherine how she sees herself in relation to the KSS and PCF. From what she has written this seems to be:

**KSS:**

Reasonably confident 2  
 Some confidence/understanding 1, 7  
 Areas identified as needing to develop 3, 4, 5, 6

So the assessor might want to particularly discuss the areas where Katherine needs to develop but also to raise KSS 7, 8 and 9 with her in supervision.

**PCF levels:**

End of 1st placement i.e. should have progressed beyond this level already	End of 2nd placement i.e. expected level	Progressing through ASYE	ASYE completion	Beyond ASYE completion
2, 5, 6 (to some extent), 7	1, 6 (to some extent)			

So the assessor might want to particularly discuss the areas where Katherine needs to develop but also to raise KSS 7, 8 and 9 with her in supervision.

## Initial professional development plan 0 - three months

To address areas noted by assessor at the support and assessment agreement meeting (see section seven) as well as areas identified in this document.

Period covered					
Learning objective	How will you meet the objective? Development activity or action planned.	How does this link to the assessment outcomes for the ASYE?	How will you know if the objective is met? Intended outcomes for practice and people in need of care and support.	Timescales? Date for completion and/or review.	What was the impact on your practice?
To further develop my confidence. <b>1</b>	Workshop on confidence and personal effectiveness, coaching.	Aspects of KSS 1, 2, 3, 4 and 6, 8 PCF 1	I will be calm and clear when working with clients and other professionals. I will be able to explain my decisions and challenge where appropriate.		As I have learned more about the role and gained more experience of a range of situations I feel that I am better able to articulate my decisions and defend them in the face of challenge. I feel more assertive and therefore feel that I can be a more effective advocate for clients in multi-professional situations. <b>2</b>
To gain confidence in support planning. <b>3</b>	Support Planning and Brokerage workshop, Shadowing of supervisor, amending existing Support Plans to reflect changes with support from colleagues, CPD session on appropriate use of personal budgets. Working on first support plan seeking feedback and advice from colleagues.	KSS 5, 2 and 1	I will be able to complete Support Plans and Financial summaries so that I may take a more client centred approach.		I have gradually built up the required skills and now feel able to start working on more complex plans and packages. <b>4</b> I believe that this enables me to take a more client centred approach to my work as I can now decide how best to do things on a case by case basis. I have a greater understanding of the organisation's documents and procedures so that I can gather information needed about clients when they are allocated to me (or when on duty).

## Initial professional development plan 0 - three months (Continued)

<p>Familiarisation with the Care Act, its requirements and implications for my role.</p>	<p>Research in Practice for Adults (RiPFA) resources including Infographic, Implementing the Care Act briefing and Good Assessment Handbook. Skills for Care Overview and resources. Team briefings and OCC training. <b>5</b></p>	<p>PCF 5, KSS 1, 2, 5</p>	<p>My practice will be person centred <b>6</b> and carers will feel involved in the decision making process (feedback from service users?) I will have an understanding of the basic principles <b>7</b> My assessments will be of good quality and will meet the requirements of the Act (examples of assessments?). <b>8</b></p>	<p>I feel that I have a better understanding of the principles of the Care Act but will need more experience of working with it in practice. Feedback from B <b>9</b> showed that he felt that I listened well and took his views into account when working through the overview assessment so I think there has been some progress here. My assessments are more concise yet provide better information. Feedback from my supervisor and other colleagues suggests that despite this progress my assessments are taking me too long. This is because they are too 'wordy' and more descriptive than analytical. <b>10</b></p>
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## Observations and commentary from Katherine's assessor on the completion of her initial professional development plan 0 – 3 months.

- 1 Learning objectives need to be clear, specific and 'do-able' so it would be good if Katherine could say a bit more about where she wants to be more confident. For example, she could write, 'I would like to develop my confidence when working collaboratively with other professionals, especially around communicating effectively and challenging appropriately'.
- 2 Katherine might like to read through the 'impact on practice' column and underline every time she has used the expression 'I feel' or 'I felt'. It would be helpful if she could use these terms less and try to use expressions like 'I think' or 'this demonstrated' or 'I believe' and 'this showed' instead. These terms are more active and assertive, and are likely to be more accurate as Katherine is rarely ever talking about her feelings.
- 3 Gaining confidence in writing support plans was not spelled out as a learning need in the earlier section of Katherine's CRL. There should be a close 'fit' with the areas the NQSW has written about in her CRL for development and improvement, and what is then listed in the PDP.
- 4 How does Katherine know she has 'gradually built up the required skills' as she states here? Where (and what) is the evidence for this claim? This is where the NQSW should write something concrete to show the assessor/reader exactly what it is she is doing differently to demonstrate her developing knowledge, skills and understanding. This could be informal, e.g. verbal feedback from people in need of care and support, or formal e.g. supervision notes or peer observation/professional documentation
- 5 It will be helpful to encourage Katherine to avoid using abbreviations and give them in full when first used
- 6 How will this be evidenced i.e. how will Katherine know her practice is person-centred and people feel involved? How will she use supervision to help her in this (KSS 7, PCF 6)
- 7 Katherine needs to be more specific e.g. 'basic principles' of what? The whole Care Act '14? Specific issues?
- 8 This statement is rather vague and can't be measured. What will be the outcome of Katherine's assessments in terms of meeting people's needs, for example? What does Katherine mean by 'good quality'? She needs to think about how she will work with people in making assessments as well as recording, analysis, making evidenced-based decisions, applying eligibility etc. How will her work reflect her professional values and ethics? (KSS 9, PCF 2)
- 9 It will be helpful to encourage Katherine to use names for people, rather than just initials, because this personalises them

10 Last, but by no means least, Katherine has identified an important point i.e. that her assessments should be less descriptive and more analytical. A learning objective to consider working on over the next period of assessment should therefore be 'developing my critical and analytical assessment skills'. This ensures a 'feed forward' element to the PDP as well as a reflective look back.

A related point can be made about the whole of this last column, where Katherine is invited to record the impact on her practice. Interestingly, she has mirrored here in the PDP what it sounds as if she is doing in her formal assessments – i.e. written too much in the way of descriptive commentary, and been 'far too wordy'. A lot of the material she has included in the PDP would be better located in her Critical Reflective Log where she could have developed some of these points. Ideally, she needs to turn the long, discursive sentences in this column into 'outcomes' that can be supported with 'evidence' (either formal or informal) and presented in a short and concise way.

## The assessed and supported year in employment in adult services

### Critical reflection log part 2: reflection on learning in the first three months

The log, plus practice evidence, including feedback from people in need of care and support, undertaken and received in this period, to be submitted to the assessor in advance of the three month assessment review meeting.

**Taking into account all your learning to date, reflect critically on how you have progressed in your development as a professional over the last three months and consider your development areas for the forthcoming three months.**  
**(Suggested word limit 1,750 words)**

I have been working in the team for three months now. Our team works with adults over the age of 18 who have physical impairments or long-term health conditions and with older people. During this time I have had the opportunity to build up to having a full caseload, with a variety of different cases **1** of varying degrees of complexity. I now have supervision fortnightly. Sometimes I feel overwhelmed by the scale of my workload and the deadlines that I have to meet. When I feel like this I find it difficult to organise myself and value the support of my supervisor in this area. **2** My work generally involves undertaking initial assessments and following this through to the Support Planning stage. I have completed Safeguarding initial investigations and risk assessments with support from Safeguarding Managers within our team or guidance from the Safeguarding team and also completed Mental Capacity Assessments **3** and taken part in Best Interest decision processes for clients deemed to lack capacity.

Having a better understanding of the Mental Capacity legislation has certainly helped me to develop my decision making skills and ensure that I am working in a client-centred way. **4** However, there has been one such case that has been particularly challenging as my decisions were contrary to that of the GP and at times the client's family. Through good knowledge of the law and our guidelines together with reflection in supervision and working with other colleagues, I was able to explain my reasoning in a way that was eventually accepted by both the family and other professionals involved. I was very pleased by the feedback I received from the GP acknowledging the professional way in which I managed the situation. I think I found this especially encouraging as the GP and I were initially coming from very different viewpoints and I felt that she couldn't see past my inexperience and was initially dismissive of my thoughts and contributions. This has shown me how, with confidence and a secure knowledge base, I can persuade people to take me more seriously and trust my decisions. **5**

I have felt very welcome and supported in our team and have enjoyed learning about the different professionals' roles and responsibilities. Working in our team are coordinators, Occupational Therapists, Safeguarding Leads, Dementia Advisors and Stroke Reviewers and my cases have also involved joint working with professionals of other agencies. This has shown me how services can and are required to link together to support clients (and what is available in the locality we work in), in order to gain rounded views of clients' situations and also enable better Support Planning. It has also highlighted what can make joint working difficult. **6** I feel that as I have gained more experience of working alongside other professionals I am a more effective member of both actual and virtual multi-agency teams. The unsolicited feedback I received from the OT in a recent case supports this.

Initially requiring an extensive amount of supervision and guidance, I feel that my skills and knowledge have increased and I am better able to identify when I can work independently and when it is appropriate to gain advice from a Practice Supervisor or Locality Manager, depending on the complexity of the case and also ensuring that I am in line with the organisational requirements for decision-making and authorisation. 7 I approach supervision pro-actively, attending each meeting well prepared and with summaries of my cases and ideas about next steps. I find this really invaluable as it means that there is greater opportunity within the meeting to reflect on cases and explore issues and theories where appropriate.

I have demonstrated that I am able to make decisions in the moment and work with clients confidently and effectively. My first observation (residential care home visit to Mrs Brown) 8 went well and my supervisor was able to observe me doing this. Initially I understood that Mrs Brown wished to leave the care home and I was intending to undertake a mental capacity assessment. However, when I spoke to Mrs Brown it was clear that although her husband remains in their home this is where she wants to be living and no changes were needed. My supervisor gave me positive feedback on my questioning skills, ability to reflect in practice and to adapt my intervention accordingly. Mrs Brown also stated that she felt that I had listened to her views and supported her well. This makes me realise how important it is to take the time to ask the right questions, truly listen to the client and not make assumptions. 9 I think the ability to do this requires a calm approach and confidence in one's abilities.

I have gained knowledge working with clients with a variety of different health conditions and impairments, researching these alongside the actual case work. This has helped me gain an insight into particular difficulties or needs that can arise as a result of conditions, such as for example Multiple Sclerosis or Huntington's, bearing in mind that each person is individual. 10 I also feel more confident with general processes and procedures and I have developed an idea of whom in the team or in our organisation has expertise in different areas so that I am able to find the information required to move on with a case.

Becoming more confident with the general work that our team does has helped me identify more specific areas in my practice that I feel I would like to improve and develop further. For example in terms of Safeguarding work, I am still learning the correct procedures and how best to work together with the Safeguarding Manager (particularly with regards to financial abuse) and I would like to develop my risk assessment skills.

At present, I feel that my assessments in general have too much descriptive detail and insufficient analysis. This is based on feedback I have received from my supervisor. The result of this is that it takes me a long time to write assessments and I risk missing deadlines. As my caseload increases this might become a problem, so I want to improve my organisational skills 11 Working on the duty desk is another area that I would like to improve further, to ensure that I am prioritising and recording appropriately and working within the standards that are expected from the duty social worker.

I also feel that although I have gained a lot of knowledge and experience around mental capacity and best interest cases this has merely shown me how complex this work can be. I would like to continue to learn through further experience, reflection and CPD.

I have started to think about my next Direct Observation and this is likely to be to Mr. and Mrs. Evans. Mrs. Evans has Lewy Body dementia and Mr. Evans is her carer but says he is becoming exhausted and needs a break. Davies (2008) says, 'Older people present a significant challenge and opportunity for social work'. I think the challenge for me will be to think about his needs as a male carer because I mainly come across women as carers and Bornat (1997) and her colleagues say that the issues are different. I also have not come across this type of dementia so must find out some more about it before my visit. I also want to think of different ways of getting feedback. 12

13

1227 words 14

### References 15

Bornat, J., Johnson, J., Pereira, C., Pilgrim, D. and Williams, F. (eds) Community Care: a Reader, Basingstoke, Macmillan

Davies, M (2007) The Blackwell Companion to Social Work, Oxford, Blackwell

16

## Observations and commentary from Katherine's assessor on the completion of her critical reflection log part 2.

- 1 At an early stage it will be helpful to have a discussion with Katherine about her use of language and whether it is appropriate to refer to people as 'cases'. She tends to do this throughout her work.
- 2 While it is good to see that Katherine is involved in a wide range and variety of excellent learning opportunities, it sounds as if it may be necessary to check out the amount of direct work she has been allocated and whether she is indeed 'holding a full caseload' as she has stated here. Requirements and expectations will differ across teams and organisations but there are clear guidelines about NQSWs needing to have a protected caseload. As Katherine identifies that she sometimes feels overwhelmed and has difficulty in organising herself, a conversation with her about this, perhaps including the ASYE Co-ordinator and her line manager, would be in order here.
- 3 This is an example of where Katherine needs to be making specific reference to evidence of her work in her work products. Mental Capacity Assessments and Best Interest decisions will have been documented so she can easily evidence these.
- 4 It would be a helpful addition here if Katherine could offer a concrete example of her 'better understanding' of mental capacity with a reference to a specific work product. Katherine has already been advised that she needs to cite legislation accurately so she needs a reminder about giving dates both here and in her PDP. It would be helpful if she gave a specific reference to the legislation and explained how this has helped develop her decision-making skills in practice. This would help to support what she is trying to say, and ensure the opening sentence of this second paragraph is not just an empty claim.

- 5 This paragraph shows that Katherine is developing her confidence, which is positive, but it is an example of why she needs to develop her skills in critical reflection and analysis. It is very descriptive, and yet it doesn't actually tell us anything specific about the case or how and why the GP and the NQSW differed in their professional view and assessment. As Katherine is over 500 words under the limit in this CRL, there is space for her to develop her ideas in more depth and detail and tell us more about this work. She should support her discussion with references to the relevant literature, which is another good way of integrating evidence-based practice and demonstrating her developing analytical skills. Some ideas around how she might be able to do this are offered in the comments below. Additionally she could be specific about the feedback from the GP and be clearer about whether she obtained feedback from the other professionals. This feedback would be discussed in supervision with Katherine and the assessor would then note this in the record of support and progressive assessment, This is an example of how the CRL and the record of support and progressive assessment will dovetail with one another and be an integrated whole.
- 6 Katherine is rightly drawing attention to the importance of working in partnership in a multi-disciplinary setting and hinting at some of the challenges that this can entail. There is an opportunity here for her to expand and develop these points, using literature about multi-disciplinary working to demonstrate that her empirical observations have some grounding in the social work research base. This same point can be seen at 7 where Katherine is making some astute comments about her reflections on supervision but they are not being supported by the literature. She could, for example, discuss Davys and Beddoe's (2010) or Wonnacott's (2014) work and this would make this section stronger.
- 8 It is good that Katherine is now using names for people but will be helpful if she can give a short pen picture about people with whom she works. It personalises them and gives assessors a better idea of what her work involves.
- 9 Katherine is describing a range of accomplished inter-personal communication techniques and interview skills that are listed under PCF 7 (Intervention and Skills) and so she could easily have referenced, for example, Trevithick's work. She could also have reflected on how she undertook the assessment using, for example, Smale et al's work. From what she writes, there are some concerns she might be relying on using a lot of questioning, rather than empathy so these authors' work would help her here.
- 10 Katherine could evidence something she has learned from her background reading and research on either MS or Huntington's, such as a website like <http://www.mssociety.org.uk/>. She could then discuss how this knowledge has helped to inform her work and practice. Otherwise, it sounds like another empty claim about 'gaining insight' without telling the reader/assessor what this insight consists of.
- 11 Towards the end of her CRL Katherine is helpfully identifying some of her specific learning needs for the next period of assessment and there are some good ideas about how she is planning to work on these. While experience of being on duty will certainly help her develop confidence in thinking on her feet and working under pressure of time, there is a small concern in this paragraph that echoes a point made in 1 above, which is about her 'increasing caseload'. If she is already holding a full caseload, then it will be important to check out what further work she is being expected to do, and whether it is appropriate given the stage and level Katherine is at on the ASYE programme.

- 12 It is important that Katherine has already started to think about her next direct observation (DO) and to think about preparing for this by reading and finding out more about Lewy Body dementia. She does need to be encouraged to read more specialist texts, perhaps using edited books to guide her about which authors to follow up and to update her reading by using research. If Katherine can summarise what she reads, instead of just putting in quotes, she will give the assessor a much better idea that she has understood what she has read, rather than just hunted for a quote. Her first reference here is actually the chapter's opening paragraph so it's hard to know if she actually read beyond that. She could be more explicit about how she will obtain feedback.
- 13 A general point; we are not hearing anything about the societal context for Katherine's work or about issues of oppression and discrimination and these should be featuring by now. She could be encouraged to think about the forms of oppression faced by the people with whom she works and also what impact social policies, such as the 'bedroom tax' or Work Capability Assessment are having on them.
- 14 Katherine has not used the suggested word limit and, while this is only a guide, if she follows some of the advice given here she will be using the limit more beneficially.
- 15 Katherine should be commended for giving references but she has made the very common mistake of citing and listing her references by the books' editors, rather than the chapter's author. These two should be:
- Fisher, M. (1997) 'Older Male Carers and Community Care' in Bornat, J., Johnson, J., Pereira, C., Pilgrim, D. and Williams, F. (eds) Community Care: a Reader, Basingstoke, Macmillan and this would be cited as 'Fisher (1997)'.
  - Phillipson, C (2007) 'The Frailty of Old Age' in Davies, M. (ed) The Blackwell Companion to Social Work, Oxford, Blackwell and this would be cited as 'Phillipson (2007)'.
- 16 At this stage the assessor would be noting in the record of support and progressive assessment:

**Review of NQSW's progressive development:**

- Katherine's workload is increasing. Note the outcome of any discussions about this
- Katherine's confidence is increasing
- Progress is being made on support planning
- Agreement with Katherine about her identified needs.

**Progressive assessment:**

- Holistic outcomes are generally being met to some extent but with a need for Katherine to be much more specific about obtaining and using feedback and to give much clearer evidence of her work. She also needs to be citing legislation correctly and using theory and research in a critical way
- Overall Katherine's progress against the holistic outcomes is fairly steady but quite slow and her assessor has concerns about whether she will be up to the required standard by the end of the ASYE as indicated in the audit of KSS and PCF below. It is clear that, although Katherine passed her course, she was not really at a good enough standard.

**16 Areas for development and focus for the next PDP three-six months:**

- Katherine needs to build on her strengths such as reflection, interpersonal skills and knowledge of areas of the team’s work
- Areas for development would include, for example, Katherine’s considerable need to develop her knowledge base and her knowledge of the societal context for her work
- Katherine needs to be much more precise in how she writes, giving clear examples of her work, with reference to work products and to feedback received

**Audit of KSS and PCF:**

**KSS:**

Capability    None at this stage fully yet

Some capability    2, 3, 4, 5 (re practice), 6, 8, 9

Needing to develop capability    1, 5 (re. assessment), 7 (re knowledge)

**PCF levels:**

End of 1st placement i.e. should have progressed beyond this level already	End of 2nd placement i.e. expected level	Progressing through ASYE	ASYE completion	Beyond ASYE completion
3, 4 (re poverty/social exclusion), 5 (re theory/research), 6.	1, 2, 4 (re use of legislation), 5 (re practice), 7, 8			

So far there is nothing to indicate Katherine’s capabilities in domain 9 of the PCF and so this will be an area which the assessor can discuss with her, thinking together about how Katherine will develop in this area.

## Initial professional development plan three-six months

To address areas noted by assessor in the three month review as well as areas identified in this document.

Period covered	
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Learning objective	How will you meet the objective? Development activity or action planned.	How does this link to the assessment outcomes for the ASYE?	How will you know if the objective is met? Intended outcomes for practice and people in need of care and support.	Timescales? Date for completion and/or review.	What was the impact on your practice?
To develop my risk assessment skills	Reading and research – e.g. peer-reviewed journal articles. <b>1</b>	KSS 1, 3, 5. PCF 5, 7.	I will understand what might constitute risk in the lives of my clients <b>2</b> and be more accountable for my decision making.  My clients <b>2</b> will be safer but I will also be less defensive in my decisions so they will, where appropriate be more empowered to make life-choices for themselves. <b>3</b>	6m review	I have a greater understanding of the nature of risk within the lives of my clients. <b>2</b>  I understand that risk cannot be eliminated but can be managed. I am better able to work with other agencies and ensure that clients are empowered to make their own choices and decisions (see observation 2 and the subsequent assessment record). I am more confident in carrying out assessments that are fit for purpose.

## Initial professional development plan three-six months (Continued)

<p>To further develop my working knowledge of the Mental Capacity Act and its implications for my work.</p>	<p>Skills for Care and RiPFA resources. Mental Capacity Act, Adult Protection and Alternatives to Court Core e-learning training courses.  Reading: Mental Capacity Act 2005 and Safeguarding, Mental Capacity Act for Social Workers.  Shadowing more experienced colleagues, co-working and reflection in supervision.</p>	<p>KSS 3, 4, 7 PCF 4, 5, 6</p>	<p>I will feel confident in making decisions around situations in which people may not have capacity. I will be able to carry out effective assessments when required.</p>	<p>6m review.</p>	<p>I am now able to assess capacity and can apply the 5 basic principles of the Act (see feedback from client Mrs Thomas). <b>4</b></p>
<p>To develop my assessment skills and ensure that assessments are appropriate, concise, with appropriate detail and completed in a timely manner.</p>	<p>Looking at 'model' assessments created by colleagues  Gaining feedback on my own assessments from my supervisor and others – perhaps from other agencies and people who will need to use them. <b>7</b></p>	<p>KSS 5 PCF 7, 8</p>	<p>My assessments will be concise and useful. They will reflect good decision making. My supervisor will be able to see this in the assessments I produce.</p>		<p>I am able to carry out assessments in a range of contexts. <b>5</b> My assessments are more concise and so useful but require further development (See feedback from assessor on assessments for Mrs. Thomas and Angela Simpson). <b>6</b></p>

## Observations and commentary from Katherine's assessor on the completion of her initial professional development plan 3 – 6 months.

- 1 Great to see Katherine responding to the previous feedback that she needs to think about finding, using and applying evidence-based research to her direct practice and to start integrating material from her reading into what she is putting in her portfolio. The assessor will be looking for concrete examples of this in the CRL part 3 i.e. specific references to journal articles/research briefings and clear evidence that Katherine has used her reading.
- 2 It would be worth exploring at some point in supervision the use of the term 'my clients'. While, like 'cases' it is understandably a phrase practitioners often use as shorthand when discussing cases and workload with colleagues, it implies a power differential that is somewhat at odds with Katherine's stated intention of encouraging independent decision-making and promoting empowerment and the points she wants to make could just as clearly be made by dropping 'my' and by, whenever possible, referring to people as 'people'. As she particularly needs to develop domain 3 of the PCF, this will be helpful for her. It would be useful here if Katherine could be a bit more specific about what she means by 'safer'
- 3 What does Katherine mean by this? 'Empowerment' needs unpicking and is certainly more than supporting someone to do something for themselves. She needs to think in more depth about how people are truly empowered. 'Empowerment' tends to be an over-worked term that students/NQSWs often use with little analysis. Using literature from people who use services, e.g. Beresford's work, would help her here. 'Life choices' sounds a bit like Government rhetoric. This is an opportunity to see some criticality in Katherine's work e.g. does she understand how constrained and compromised people's choices may be?
- 4 This is a really good example of how a stated learning objective can be clearly linked across the table to show constructive alignment in a real and meaningful way.
- 5 Following on from 4 there is improvement here in how the NQSW is demonstrating her understanding of what is expected in the way of completing the required documentation. It looks as if Katherine is finally 'getting it' and she is to be commended for reaching this stage at the half-way point.
- 6 Along with being able to show in 4 and 5 that she is beginning to see how she can evidence and support her professional learning and development, Katherine is also flagging up an area that requires a little further work - her written assessment and report writing skills. Again, this is good to see, and shows a commitment to and engagement in the ASYE process that was perhaps not so obvious in the earlier part of her portfolio.
- 7 Here, Katherine has identified a way of collecting feedback about her direct practice from a range of other potential observers. At this stage of ASYE it's easy for an NQSW to feel rather overwhelmed and they may struggle with increasingly complex workloads as well as the demands of ASYE. It's therefore very heartening that Katherine is tackling her PDP fairly enthusiastically.

## The assessed and supported year in employment in adult services

### Critical reflection log part 3: reflection on learning, three to six months

The log, plus practice evidence, including feedback from people in need of care and support, undertaken and received in this period, to be submitted to the assessor in advance of the six month assessment review meeting.

**Taking into account all your learning to date, reflect critically on how you have progressed in your development as a professional over the last three months and consider your development areas for the forthcoming three months.**  
**(Suggested word limit 1,750 words)**

Over the past three months I have had opportunities to develop areas of my practice that I had identified in my three month review. These areas included risk assessment, gaining greater understanding of the Mental Capacity Act 2005 and improving my assessment skills. Elements of safeguarding have occurred, both on duty and with cases on my own caseload. These have sometimes required the formal safeguarding process and sometimes been manageable with risk assessments and other support options. ① This has given me the possibility to learn more about the process, in depth risk assessment and impact assessments. My reading around risk assessment, ② has been useful in reminding me of the nature of risk in the life of my clients - that it is my role to contemplate the likelihood of harm occurring and the impact, as well as considering strategies to reduce these risks or the harm that could occur, however that risks are facts of life and it is impossible to prevent the risk. Additionally, risks do not necessarily need to be negative - risk-taking can be positive and it is my role to also consider the benefits of taking the risks.

My reading and discussions with practice supervisors and other colleagues has helped me to identify different risk assessment tools ③. For example I have discovered protection from the risk of one kind of harm can often heighten the risk of other sorts of harm arising, a point that is explored in Kemshall et al (2013). I am developing an approach to risk assessment whereby I can use it as an on-going tool rather than a one-off completion of a form in response to a certain event. This means that as a practitioner I am accountable for my decision-making and that this can be better communicated with other professionals, clients and families. Ultimately, by improving my skills in this area of practice, I am working towards safeguarding my clients. ④ I believe that my knowledge and application of the Mental Capacity Act 2005 has improved and that I am better able to manage situations where capacity, or the lack of it, is an issue. For example, I recently involved an Independent Mental Capacity Advocate (IMCA) to safeguard Mrs. Edwards, who has dementia and was refusing treatment for diabetes (MCA '05, Section 35) ⑤. I have learned that it is always vital when assessing mental capacity to give all practicable help before anyone treats a person as not being able to make their own decisions.

I am now able to assess capacity and can apply the basic principles of the Act. In supervision I have discussed and reflected upon the five principles of the Mental Capacity Act 2005, which are:

- a presumption of capacity,
- maximising decision-making capacity,
- the freedom to make unwise decisions,
- best interests
- the less restrictive alternative.

The supervision session highlighted the need for me to abide by the Mental Capacity Act (2005) when working with people who lack capacity, in order to promote their human rights (Brammer, 2007). 6

I am also more confident about the use of Lasting Powers of Attorney (LPAs and the two-stage test of capacity. i.e.: is there an impairment of, or disturbance in the functioning of, the person's mind or brain and if so; is the impairment or disturbance sufficient that the person is unable to make that particular decision?). 7

I had planned that, if possible, my next observation would be of a home visit where considerations of capacity or safeguarding would be issues. While on the duty desk, I took a call from a care agency carer regarding her concerns that Mrs Jones' son, who lives with her, is physically abusing her. I visited Mrs. Jones with a view to assessing the risk and, if needed, assessing her capacity and whether it might be necessary to recommend that she moves out pending a more thorough investigation. This was the first time that I had to deal with such a case and I was fortunate that a senior colleague was able to accompany me to carry out the observation. 8 This was extremely challenging for me but I was given some excellent advice that will help me to be more confident in future. Although generally the feedback was positive it made it clear that I need to develop my understanding of safeguarding protocols if I am to be able to make decisions independently. In this case, Mrs. Jones' son had hit her when he had been drunk and with guidance I realised that I needed to not only ensure the safety of the service user but also report a crime to the police and act as an appropriate adult in support of the client. Had my observer not been there to offer support and guidance I do wonder whether I would have managed so well. 8 We achieved positive outcomes for Mrs Jones and I feel that I managed the interpersonal aspects of the intervention well. Through my questioning it soon became clear that Mrs Jones would have the capacity to make the decision as to whether she should move from her home but this was a very upsetting situation for her for many reasons. My colleague reported that I was reassuring and clear about why we were there without causing unnecessary distress to Mrs Jones 9. She also stated that I used good questioning techniques 10 to elicit the information I needed without causing confusion or anxiety. My colleague was also able to ascertain Mrs. Jones' views during the observation and she reported that although Mrs. Jones was understandably upset she had found me easy to talk to and believed that I was working with her in her best interests. However, I believe that I need to develop my knowledge and understanding further so that I will feel more confident in dealing with this kind of issue in the future. 11

I have spent a significant amount of time on duty recently, which I have enjoyed and it has helped develop my prioritisation skills and gives a good overview of the variety of different queries coming into our team. 12 I feel that through this I am also learning about the responsibilities of our team and how these complement responsibilities of other teams or organisations (Mental Health Team, Learning Disability Team, police, Health services) and I have realised that sometimes our team may not be best placed to support clients. 13 I have also noticed, when taking mental health referrals, that a disproportionate number seem to involve people from the Black and Minority Ethnic (BME) community. 14

I feel that with an increasing caseload and increasing complexity of my cases over the next three months I would like to develop further my caseload management and organisation skills, ensuring that all clients I am working with are treated equally and that whilst I am prioritising urgent work, non-urgent work is still completed within expected time-frames. 15

Feedback from my supervisor and my own reflections tell me that while my assessments are more concise I am still struggling to manage my workload and complete recording in a timely manner. As part of the ASYE programme we can access 1:1 coaching and I think this might be useful in helping me audit my current systems and develop more effective ways of working. <sup>16</sup> In terms of assessment skills, I feel that I would like to develop more creativity in terms of the ways in which assessed needs could be met. I found it very helpful to read the SCIE (2015) guidance on the Care and Support (Eligibility Criteria) Regulations 2014 because this helped me to understand more fully that there may be times when early support will delay the need for intensive intervention. <sup>17</sup> I asked for feedback from Mr and Mrs Hargreaves (Work product: assessment and case recordings) with whom I had carried out an assessment, to gain their viewpoint of how well the assessment was carried out. I was pleased that they were so positive about me, saying that I was easy to talk to and that they felt that I had a genuine interest in them and their situation. However, during the visit I was concerned to notice that Mr Hargreaves looked slightly puzzled when I asked him to tell me about what they are finding difficult and he was a little hesitant when he was telling me about Mrs. Hargreaves' loss of memory. On reflection, this would have been a good point to have stopped and checked that I had given a clear enough explanation about why I was visiting, the assessment process and their involvement. I did not think enough about their worries about why I was there (Trevithick, 2005). In future I will slow down and ensure people have fully understood why I am there. Even though I gained the information I needed and their feedback said they 'enjoyed' my visit, they may well have been unnecessarily anxious if they did not understand why I was there. <sup>18</sup>

I would also like to improve my ability to share knowledge with others in the team and set time aside for professional development more regularly. <sup>19</sup> I have a personal interest in mental health and would like to use the next few months to consolidate and develop my knowledge within the areas of safeguarding policies and procedures and the Mental Capacity Act 2005 but also to more fully understand the Mental Health Acts 1983 and 2007 and how they might impact on my work.

1572 words

## References

- Brammer, A. (2007) *Social Work Law*, Harlow, Pearson Education Ltd.
- Kemshall, H., Wilkinson, B., and Baker, K (2013) *Working With Risk: Skills for contemporary social work*. London, Polity Press
- SCIE (2015) *Care Act 2014: Eligibility determination for the Care Act 2014*, Available at: <http://www.scie.org.uk/care-act-2014/assessment-and-eligibility/eligibility/> Accessed 2/10/15
- Trevithick, P. (2005) *Social Work Skills: A practice handbook*, Maidenhead, Open University Press (2nd Ed)

<sup>20</sup>

## Observations and commentary from Katherine's assessor on the completion of her critical reflection log part 3.

- 1 This is quite a complicated opening paragraph, where Katherine is trying to explain a number of complex issues around her developing knowledge of decision-making and assessment of risk. There is a generous word count for the CRL part 3, and – as she is under the word limit– there is some space for Katherine to expand on her reflections to really show how she has gained new insights and understandings that are helping to shape and inform her professional practice. This would help to show a good grasp of what critically reflective writing is all about, and encourages a shift from mere description to reflection and analysis. She could also use her word limit better by tightening up her writing a little. For example, she could shrink her first sentence from, 'Over the past three months I have had opportunities to develop areas of my practice that I had identified in my three month review' to, 'I have developed areas of my practice identified three months ago'.
- 2 There is likely to be some variation in the sector around assessors' expectations of how many references NQSWs should include in their CRLs. However, Katherine has identified in her PDP that doing reading and research in order to deepen her knowledge and understanding has been a stated learning objective. So here – when she says she has been 'reading around risk' - is a good chance to give cite what she has read, explaining in a critically reflective way how she has evaluated her reading and used it in her work. This would be particularly relevant where Katherine says, 'Additionally, risks do not necessarily need to be negative - risk-taking can be positive and it is my role to also consider the benefits of taking the risks' and it would be very helpful if she gave an example and cross-referenced a work product.
- 3 Importantly, Katherine is giving evidence of what she has read in this instance but she could expand on this and strengthen the points she makes by giving more details about the risk assessment tools she has read about and used. As an assessor, alarm bells need to ring when NQSWs reference 'reading' which does not evidence this has been done. This is definitely an improvement, though, and there could be a helpful discussion in supervision around what Katherine has read and also how she reads. Is she reading peer-reviewed journal articles, books, material on authoritative websites such as SCIE or does she rely solely on what she read on her course, including basic textbooks? These can be a very good starting point but she now needs to be moving beyond this. Does she read actively or just look for words or phrases which seem to fit what she's writing about? The audits of the KSS and PCF seem to indicate that Katherine was not a very strong student so maybe she would benefit from re-visiting some material about study skills. This will enable her to develop lifelong skills in, for example, reading, criticality, analysis and writing.
- 4 One of the observations that had been made in Katherine's earlier CRL submission was that there needed to be more emphasis on feedback from service users and, while it would be helpful to include a cross-reference to the feedback she has collected from people in need of care and support and an analysis of what it was/means and how it will change her practice, she could also include service user led research and/or the journal articles she said in her PDP she had been planning to read. For example, 'Research involving service users' views of how professionals respond to assessing risk has highlighted their justifiable concerns that once a professional thinks they are 'at risk' the judgement can be very difficult to be reassessed and changed at a later stage (Daniel et al, 2014)'.

Katherine would reference this as: Daniel, B., Cross, B., Sherwood-Johnson, F and Paton, D (2014) Risk and Decision-making in Adult Support and Protection Practice: user views from participant research. *British Journal of Social Work* 44 (5) 1233-1250. Her references show that she is building up a credible evidence base for her practice.

- 5 Katherine has helpfully given an example here and also been specific in her reference to the appropriate Section of the MCA '05. She could strengthen what she says further by building in other evidence such as feedback and/or a work product.
- 6 Katherine is making quite a statement when she says she is 'now able to assess capacity' as assessing capacity can be quite challenging and different situations can throw up new issues for practitioners. It would be helpful if she actually gave her reflections. She doesn't need to list the MCA '05 principles. What would be preferable would be to put this list into prose and explore what each principle means, linking to examples in her work and reflecting on any issues for her in doing this. For example, she may have felt very uneasy about allowing someone to make unwise decisions. She is doing well to reference Brammer but needs to say how she is using her work otherwise it looks as if she's just popped in a reference she may not have read.
- 7 Katherine has been able to summarise how social workers working with adults need to understand how to make a capacity assessment, the decision and time-specific nature of capacity and the need to reassess capacity as and when appropriate. While compared to her earlier CRL2, there is more detail provided about her general understanding of the legal frameworks relevant to an adult setting but it is still rather basic.
- 8 It sounds as if the planned DO to Mr. and Mrs. Brown did not happen, as is often the case for all sorts of reasons, but this shows the disadvantage of undertaking an unplanned DO. Katherine indicates that her senior colleague had to intervene on a couple of occasions, so there is learning here for the observer as well as the NQSW.
- 9 We still don't see the service user and their voice, experience or perspective being at the heart of Katherine's practice. We know very little about Mrs. Jones in terms of her personal or social characteristics and there is no information about her views, wishes or feelings. A brief thumbnail sketch of Mrs. Jones and her home situation would have been helpful at the start of this discussion, and demonstrated greater understanding of the service user's perspective. For this work Katherine could refer to The Care Act 2014, the MCA '05 and theory/research about abuse of older people.
- 10 We are not told what the 'questioning techniques' are or how appropriate questioning, especially if it is extensive, is in a situation like this. Along with the comment that the observation was unplanned and the observer joined in, this feedback also raises some concerns about who was observing Katherine and whether they were aware of the guidance about DOs
- 11 Putting aside the fact that Katherine leaves us with some unresolved issues – was this an isolated incident? What was Mrs. Jones' involvement in the decision to involve the police? What exactly does she mean by achieving 'a positive outcome'? It would be good if Katherine could develop her discussion of exactly what she said and did with Mrs Jones and how she said and did it so that the assessor was then confident that the NQSW was using her interpersonal skills, practice wisdom and emotional intelligence to establish rapport and build a purposeful, effective working relationship. Again, this is all part of evidencing practice. At this point Katherine also needs to say how she will handle a situation like this in future i.e. what has she learned?

- 12 A further couple of sentences describing the range of topics and queries that have come in to her while on duty would be helpful here. Are there any work products from duty to which she could refer and/or has she had feedback from anyone – person using services or other professional – about her work? This would enable Katherine to expand on the sorts of tasks and activities in which she has been involved and to evidence the quality of her work, showing the skills she has been developing.
- 13 It is not clear what Katherine means by stating that ‘sometimes our team may not be best placed to support clients’ and this would be something the assessor could gently explore with her at the next opportunity. The earlier part of this paragraph mentions how she is beginning to grasp the different responsibilities other teams and professional colleagues have, so it sounds as if Katherine might be talking about the need to work effectively in partnership with colleagues in inter-agency, multi-disciplinary and inter-professional groups, particularly when working at the interface of health and social care. Which is the most appropriate agency to help someone and is there a risk that they fall into gaps between agencies? Alternatively, and importantly, is she trying to cope with working with increasingly reduced budgets? How is this impacting on her/her team’s work? Are there concerns that, where all agencies are facing budget cuts, there are attempts to pass work from one agency to another? This is an opportunity for Katherine to evidence her capacity for critical reflection. She would find the work of radical authors such as Ferguson helpful here.
- 14 This is a very important observation which Katherine could be encouraged to expand upon, using appropriate reference to research/press reports and drawing implications for her own and her agency’s practice because, as it stands, it comes over as rather tokenistic. To date she has not mentioned discrimination/oppression so it will be helpful to discuss these issues with her further in supervision.
- 15 As in points 13 and 14, and point 12 on her previous CRL, so far, Katherine has been surprisingly quiet about the social and political context of her practice and said very little about the impact of health and welfare reforms or how poverty, inequality and diversity can have a bearing on people’s social and economic opportunities as well as their health and well-being. Perhaps in her final CRL, Katherine will be in a better position to reflect on her understanding of the role of social workers working with adults in the current social and political climate.
- 16 This is a recurring theme, and so it is really important that the ASYE assessor picks up on what Katherine is saying here (and elsewhere) about her workload, and follows this up with her line manager, ASYE co-ordinator and/or the employer. It could well be that the NQSW does indeed need to improve how she manages and prioritises her workload and she needs to ensure her assessments are done on time. However, it could also be an issue that is part of a wider, structural problem located in the workplace rather than in the individual. No amount of ‘1-1 coaching’ is going to help Katherine to manage her workload if the workload she has been given is unmanageable. A reminder of what Tony Morrison has written about the ‘professional accommodation syndrome’ (Morrison, 1991) and more recently in Morrison and Wonnacott, (2010) might be useful reading here as would any literature which will help her to question ways of working such as looking at ‘upstream/ downstream’ approaches in Smale et al, 2000 or at what Doel, 2012, says about how social work could operate.
- 17 Katherine needs to be commended here for using the SCIE guidance and referencing it correctly. Because she will now be able to refer back to this. Perhaps in supervision the assessor could discuss with Katherine whether she could instigate a team discussion around eligibility/preventative work.

18 Katherine has provided a work product and there is some good learning and insight here as she begins to appreciate the importance of collecting service user feedback that is meaningful rather than tokenistic. Feedback from service users does not always have to be on a pro-forma or to be collected via a third party colleague. As in this instance, informal feedback based on what Katherine has observed from someone's non-verbal communication is also important to evidence. Additionally, Katherine has linked this feedback to what she has read about giving explanations so this strengthens her point. Again, this is an example of where the assessor will note the record of support and progressive assessment about her progress.

19 As for the discussion around eligibility, mentioned in point 17, above, this is something Katherine could action by way of doing a short presentation at a team meeting, away day, or taking the lead in a session with her ASYE peers and colleagues. Hopefully, we will see this as successfully completed task in her final PDP.

20 At this stage the assessor would be noting in the record of support and progressive assessment:

**Review of NQSW's progressive development:**

- Katherine is making progress on objectives identified in her PDP.
- She is submitting more evidence and feedback e.g. DO and feedback from Mrs. Jones.
- Katherine is reading a little more and integrating her reading into her work a little better.
- Her work still lacks an understanding of its societal context.

**Progressive assessment:**

- Holistic outcomes are generally being met with less concerns than at the three month stage but still with room for further development in some important areas as identified.
- Overall Katherine's progress is fairly steady and, importantly, she is picking up on most of the areas for development identified by the assessor. This will give the assessor more confidence in her ability to reach a satisfactory standard by the end of the ASYE.

**Areas for development and focus for the next PDP three-six months:**

- Again, Katherine can build on her strengths which include improvement of her knowledge of legislation and development of her skills in more complex situations.
- Her areas for development include, for example, her continuing need to develop her knowledge base and her understanding of issues of diversity and difference.

**Audit of KSS and PCF:**

**KSS:**

Capability      None at this stage fully yet  
 Some capability      1, 2, 3, 4, 5, 6, 8, 9  
 Needing to develop capability      7 (re knowledge)

**PCF levels:**

End of 1st placement i.e. should have progressed beyond this level already	End of 2nd placement i.e. expected level	Progressing through ASYE	ASYE completion	Beyond ASYE completion
	3, 5 (re. theory/research), 7, 9.	1, 2, 4, 5 (re. practice), 6, 8.		

## Initial professional development plan six-twelve months

To address areas noted by assessor at the six month review as well as areas identified in this document.

Period covered
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Learning objective	How will you meet the objective? Development activity or action planned.	How does this link to the assessment outcomes for the ASYE?	How will you know if the objective is met? Intended outcomes for practice and people in need of care and support.	Timescales? Date for completion and/or review.	What was the impact on your practice?
To further develop knowledge of safeguarding policy and procedure and its place within the Care Act 2014.	RiPFA resources, adult safeguarding training, Skills for Care research reports, SCIE resources. Discussions in team meetings.	KSS 3, 1. PCF 4, 5.	I will feel more confident about dealing with a range of safeguarding situations and will have knowledge of the correct processes and procedures. <ul style="list-style-type: none"> <li>■ Possible evidence: feedback from other professionals.</li> <li>■ Feedback from clients or their carers.</li> </ul>	To be reviewed at 11 months.	As I now understand the changes effected by the Care Act (2014), I am better able to carry out the work necessary to manage the risk for my clients. (see case notes and assessment for John Stamshaw). <span style="color: green; font-weight: bold;">1</span>

## Initial professional development plan six-twelve months (Continued)

<p>To review current workload management systems and improve efficiency and effectiveness where possible.</p>	<p>1:1 coaching, trialling different strategies, personal reflection.</p>	<p>KSS 5, 10 PCF 1</p>	<p>I will complete case recording and assessments within appropriate timescales. I will be able to find relevant information quickly and easily. I will know what is on (and be able to prioritise) my task list.</p> <ul style="list-style-type: none"> <li>■ Possible evidence: feedback from supervisor or other professionals.</li> <li>■ Task list.</li> </ul>	<p>To be reviewed and developed through monthly coaching sessions for two months.</p>	<p>Through the opportunity to have 1:1 coaching I have developed strategies for managing my work using a notebook, spreadsheet and my on-line calendar. This has helped me to make better use of my working hours. I am meeting deadlines and am able to leave work at a reasonable time (see relevant documents and feedback from Mansoor Roshan, Oliver Timpson).</p>
<p>To gain further knowledge and experience around working within the Mental Capacity Act 2005 (MCA '05), particularly when working in more complex situations.</p>	<p>Co-working more complex cases with more experienced colleagues. Having cases allocated to me where there are useful learning opportunities. Reflecting in supervision and completing a reflective case study if this is useful. 2 Attending Team MCA '05 Training . Attending MCA '05 legal update workshops with focus on Deprivation of Liberty Safeguards Undertaking MCA '05 Assessment.</p>	<p>KSS 4. PCF 3, 4, 5, 7.</p>	<p>I will have a greater understanding of how to deal with cases involving capacity – especially those that are more complex. Possible evidence: Observation by a more experienced colleague Mental Capacity Assessment.</p>	<p>By end of ASYE.</p>	<p>I understand that practical tools used for establishing capacity should be adapted to individuals abilities and simplified whenever possible, to maximise someone's ability to participate in the assessment.  I am able to apply different practical tools to assess someone's capacity (see mental capacity assessment for Miss Kelly).</p>

## Initial professional development plan six-twelve months (Continued)

<p>To begin to understand the principles of the Mental Health Acts 1983 and 2007 and to be able to apply these in my work.</p>	<p>Skills for Care resources such as the Common Core Principles and Practice Guide. SCIE materials. Shadow another NQSW form the ASYE programme who works in the Older Adults CMHT.</p>	<p>KSS 2, 5, 7. PCF 4, 5.</p>	<p>I will have an understanding of the key principles of the Mental Health Act and how to work with people who have mental health issues. Possible evidence: Feedback from a suitable client (Carol Godwin?).</p>	<p>Review at 11 months.</p>	<p>My reading and shadowing experiences have helped me identify areas of knowledge to explore to better help me comprehend the barriers individuals may be facing when coping with their mental health and social situations. I am better able to support clients who have mental illness (see feedback from Carol Godwin, a client with schizo-affective disorder).</p>
<p>Sharing knowledge within the team, social work students and other professionals - taking an active role in team meetings/CPD sessions and contributing to team resources.</p> <p>3</p> <p>4</p>	<p>Presentation with ASYE colleagues at team meeting regarding social isolation and younger clients with physical disabilities.</p> <p>Student observation placement.</p>	<p>PCF 8, 9.</p>	<p>I will have made a successful presentation to the team.</p>	<p>By end of the ASYE.</p>	<p>Supported a student on a five day shadowing placement (see feedback from student).</p> <p>Worked with other NQSWs to create an induction pack for new social workers in the team (see induction pack).</p>

## Observations and commentary from Katherine's assessor on the completion of her initial professional development plan 6 –12 months.

- 1 Katherine is now being much more precise about how she will know she has met her objectives and she is making specific reference to work products.
- 2 This sounds rather vague so perhaps Katherine could be encouraged to be clearer about how this would help her learning.
- 3 Importantly, this is a clear indication of how Katherine's confidence is developing.
- 4 Given the feedback she will have received, we could expect to see something here about her developing her understanding of current issues in social policy and their impact on the people with whom she works.

## The assessed and supported year in employment in adult services

### Critical reflection log part 4: six to twelve months (the end of the ASYE)

The log plus practice evidence, including feedback from people in need of care and support, undertaken and received in this period, to be submitted to the assessor in advance of the final review meeting.

**Critically reflect on how you have progressed in professional decision-making over the ASYE, including demonstrating reasoned judgement in relation to a practice decision. (Suggested word limit 1,500 words)**

In my first CRL I identified my need for clearer decision making. At subsequent reviews I have reflected on ways I have become more confident about thinking through then being able to defend my decisions. Key learning has been about the crucial importance of assessment - that it is impossible to exercise reasoned judgment in my decision making until I have knowledge and understanding of the situation.

When I started the ASYE, I felt under a lot of pressure to complete assessments quickly, concentrating on procedures and ensuring I asked all the questions on the forms. I thought I needed to make decisions quickly and appear professional to professionals and service users. I now appreciate how hard it is to put together accurate packages of care or exercise reasoned judgement about whether or not a placement in a residential care home is appropriate without listening to and understanding what people want and need. In summary, one of the most important things that I have learned about assessment is that it is much more than a one-off isolated event or just a means of securing services. It is an on-going, iterative process (Lymbery and Postle, 2015) requiring a lot of skill. Feedback from people with whom I have worked (Mr Hussein, Amy Evans) evidences my development in this area.

An example is a piece of long-term, complex work with Max Wilson aged 22. He had serious injuries in a road traffic accident, including an acquired brain injury (ABI). These resulted in him using a wheelchair and living in a 24 hour supported living project. He requested re-housing. Max' parents, who are generally very supportive, have a lot of concerns about his ability to make decisions for himself and they have expressed concerns that we should intervene to stop him moving.

My immediate thought was, 'Does Max have capacity to make an informed decision about where he should live?' Issues around capacity and consent are a consistent theme in adult social care since the passage of the Mental Capacity Act 2005 (Manthorpe et al, 2008) and have been a common issue for many of the people with whom I have worked during my ASYE. ①

I acknowledge that on that first visit I had a number of my own preconceptions about how things were likely to proceed based on similar situations with other people. While Finn & Jacobson (2008) have argued that practitioners' previous knowledge is helpful because it helps us to prepare for professional encounters and possible interventions, they caution that an over-reliance on this can restrict our options by not allowing for other strategies and elements to manifest themselves. For example, we might force our initial ideas to fit the situation, instead of letting the situation and the service user's needs, wants and preferences shape and modify (or completely redirect) initial strategies and suggestions.

I think this is what nearly happened here, as I realised I had jumped straight to the idea that there might be mental capacity issues because of Max' ABI. Reflecting on this, I have reached the uncomfortable conclusion that I previously thought the outcome of most brain injuries would be lack of mental capacity. From building up a fuller and more detailed profile about Max based on my own observations and, above all, listening to him it became clear that he understood the effects of his ABI. I found reading, such as Gardner, 2010 and Mantell, 2010, looking at the information for professionals on the Headway (2015) website and consulting with other professionals helped me to develop my understanding. ② By fixing on a possible lack of mental capacity, the course of my involvement with Max was nearly directed down a very unhelpful pathway.

Reflecting in supervision, I realised I may not at first have fully considered Max' wishes (Wood and Tully, 2006), and may instead have begun to direct him in a way I thought would fit his needs rather than listening and guiding him down a path constructed by his needs and wants. This reinforced the importance of building a relationship with people, of really listening and trying to understand things from the individual's perspective and taking time to come to a reasoned decision based on gathering all the available information and evidence.

It also underlined the findings from service user-led research that consistently shows that it is human qualities that are valued in social workers as well as their professional skills (Beresford, 2008). This has helped me see that a good assessment is itself an intervention as explained in the guidance for the Care Act 2014 (Local Government Association et al, 2015). It should be one that identifies accurately a person's eligibility for existing services (as in the case of Max above) but also goes on to discover other issues or problems in the person's circumstances that could be appropriately addressed. This happened with Max because I realised the extent of the tensions between him and his parents and was able to talk with them all about using a specialist local mediation service (Liebmann, 1998).

Max told me that, while he had developed some good friendships in the housing project he constantly felt 'under surveillance' and was inhibited by some of the routines. He was very keen to live independently, and while I was aware that a proper enactment of the Mental Capacity Act 2005 ③ meant that an individual who has capacity should not be barred from making unwise decisions (Manthorpe, et al., 2008) I could also see that Max would need support to ensure he could exercise his independence safely and securely. I was also mindful that, while Max' wishes are paramount here, he becomes very upset by the friction with his parents and they are very supportive to him. I was now able to take more appropriate action and have been working with Max to secure his right to live independently. I also realised I had been in danger of labelling Mr. and Mrs. Wilson as 'over protective' and this was a simplistic view which did not take account of their understandable concerns about Max.

I have become aware that my concerns about time pressures meant I was slipping into using 'procedural' approaches rather than what Smale et al (1993) championed as the 'exchange model'. This model assumes the service user is the expert about their own situation and has a range of strengths and experiences on which to draw. My task was to find a way of tapping in to these and – by building rapport and forging a more equitable relationship – helping Max and me to develop our shared understanding of what the problems actually were before agreeing the most effective responses. I think I did this and I had good feedback via Max' OT ④ which confirmed I will continue to develop this way of working. Nonetheless I still feel a lot of pressure because our workloads are increasing, we have lost some of the experienced staff in the team and there have been a lot of cutbacks. I have been reading several articles in Community Care and The Guardian about this. I realise I never thought much about the news or politics but now I realise how relevant it is to our work. To increase my understanding of professional issues I have recently joined the British Association of Social Workers (BASW). ⑤

As evidenced in my final work products, Max and I identified a list of tasks and activities that would help to demonstrate he had recovered well enough to prepare for independent living. These included budgeting, paying bills and form filling, plus completing household tasks and some individual goals that Max had around his personal, social and psychological needs. While it has taken time, patience and a lot of joint work across and between a range of professionals in the three months I have been working with Max, he will soon be moving to a semi-independent scheme with the long-term aim of moving into his own flat with outreach support in the future. His parents now feel much easier about this move and are no longer questioning it.

This case study illustrates how I have demonstrated and met the holistic assessment outcomes as mapped against the PCF and KSS. As my knowledge and understanding has deepened and I have become more familiar with the Care Act 2014 and MCA, '05 my confidence and capability have grown. This had a knock-on effect as seen in the positive feedback I received from the OT and GP. Both colleagues have commented on how impressed they were with my reasoned decision making, clear and coherent presentation of evidence based on my reading and research, and confident articulation of the social work role. Most importantly, I have been able to build an effective relationship with Max and have helped to ensure that his voice has been heard (see direct observation three).<sup>6</sup> Taken together, this provides sound evidence of my person-centred approach to practice, the development of my skills around professional decision making and positive risk taking – all aspects of my individual learning needs I had identified at the start of my ASYE.

1517 words

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**In what ways has your professional development over the course of the ASYE impacted on your professional skills, practice and the outcomes for people in need of care and support? (Suggested word limit 1,000 words)**

At the start of the ASYE I was worried about the amount of work and the need to keep a reflective log and record of learning needs. I now understand much more fully that self-awareness and professional development are on-going processes and perhaps one of the hardest lessons to really appreciate is that this is never fully accomplished (Davys and Beddoe, 2009).

One development issue identified at my first review was my inability to organise myself and complete my paperwork in a timely manner. I was frequently overwhelmed by the scale of the task and the deadlines and feedback from clients showed they were occasionally affected by this.

An example was my work with Philip Lewis, a 65 year old man living alone with no immediate family and experiencing depression and grief from the recent loss of his wife from a long-standing illness. Although it seemed unlikely he would be eligible for state-funded care or support, the Care Act 2014 obliged me <sup>8</sup> to conduct an assessment to identify Philip's needs. I undertook his assessment in a fairly procedural way and sent him information about social groups and bereavement support in his community to try to alleviate his isolation. At the time, I also had two highly complex, risky and time-consuming safeguarding cases so it was three months before I completed these actions. To his credit, and my shame, his feedback was generally very positive although he stated that he had felt slightly confused and abandoned when he heard nothing from me for so long. I realise that I identified with what Postle (2007) says about feeling under siege and seeing Phillip, whose needs were less complex, as part of the problem rather than giving him the time he needed. Looking back, I also see I had not thought enough about his role as a carer for his wife over a number of years and I had failed to fully appreciate that, for an older person, widowhood and isolation, although unfortunately more usual than for younger people, is still terribly painful and distressing. I realise this was an ageist perspective and I lacked empathy. <sup>9</sup>

This had a big impact on me, having found that effective learning very uncomfortable. I now realise that in order to move from surface to deep learning (Boud et al, 2000) I need to acquire not just an understanding of policies, procedures and practical skills of 'doing' social work, but to think about how to accomplish ethically-informed practice which identifies issues such as those I ignored with Phillip. It is also important to be mindful of the potential impact of my actions and to fully understand, as with Max, above, that an assessment is a critical intervention. While I know it was right to prioritise the safeguarding cases, I should not have allowed this to obstruct my work with Phillip. I have increasingly realised that preventive work with people with lower needs can be very beneficial and delay their situations worsening (Clark et al, 1998).

My workload was always discussed with the team manager, and I had very clear guidance about what was required to complete tasks and duties: Advice given by my ASYE supervisor means I now try and make contact with every client or with a family member, care support team or GP etc., before monthly team meetings to find out how they are and to let them know what progress I am making – even if the progress has been minimal. I think this is much clearer for people. The service users I work with know I may not always be in a position to give them good news but I will always be open with them (see Direct Observations 2 and 3). In team meetings we have discussed the need for us to contact some of the key organisations of service users in our area to explain the financial constraints we currently face so that people have a clearer picture. Some of them, such as the local coalition of disabled people, are activists and have welcomed a clear and honest approach, saying that understanding the extent of cut-backs enabled them to question the local MP about effects on services (Postle and Beresford, 2007). <sup>10</sup>

The incident with Philip coincided with my six month review and led to me receiving additional coaching to help with my time management skills. <sup>11</sup> Through further coaching and IT support I have been able to identify some more effective ways of working that have helped me in my practice. This has been a significant development during my ASYE and I think some progression can be seen here in the quality of this last CRL. Importantly, it has also had a huge impact on my professional skills, practice and the outcomes for people in need of care and support (evidenced in work products).

Throughout the year I have joined other ASYE candidates at several training events and workshops, finding the session on authoritative practice and developing assertiveness skills particularly helpful. A group of actors helped us work on the skills needed in some of the more challenging situations we might encounter in practice. As the interactive session unfolded, I found I developed increased confidence, conviction and belief in myself as well as improvement in my skills and abilities; I believe that I will consolidate this learning during my second year of practice.

The ASYE coordinator encouraged candidates to identify topics for group discussion and suggested we put together presentations that would be useful for other NQSWs and colleagues in our teams. A lot of us struggled with what critically reflective writing looked like and how to integrate theory and research – feedback I had received several times over the year – so these were added to the programme and we took turns in facilitating these sessions. We did an exercise from Lomax et al (2010) about using theory and I found this really helped me to think about integrating it into my work and thinking theoretically instead of just looking for theories to quote. <sup>12</sup> Sharing information with colleagues in this supportive group has increased my own knowledge and understanding and has helped build my confidence. I have also developed a lot of new resources. For example, several of us are working with people with autism so I found information from The National Autistic Society (<http://www.autism.org.uk/>), I gave this to the team and we discussed it. One of my colleagues fed back that she found this particularly helpful for one family she is working with.

As a result of this, our team has now set up monthly lunchtime meetings where we discuss something we have all read. This might be from Community Care or a peer-reviewed journal. Since I joined BASW I receive Professional Social Work (PSW) and so I have passed on a PSW article about dementia (Andrews, 2015). While these meetings have only just started I hope that they will continue providing a chance to share information and ideas, contribute to the positive working of the team and help nurture and sustain professional relationships. In supporting activities like this, not only will I be able to continue to grow and develop as a practitioner, I will be contributing to the learning and development of others and promoting and encouraging discussion of new ideas and best practice. <sup>13</sup>

(1206 words)

## References

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## Looking forward, how will you ensure your continuing professional development as a social worker?

I will continue to embed my new workload and time management strategies and monitor the effectiveness of this in reflective supervision. I have identified some areas I would like to improve on in relation to drawing up risk management plans using a multi-agency approach and working with other professionals to reduce the risks to people who use care and support.

As the implications of the Care Act 2014 unfold, I am aware that I need a deeper understanding of the Care and Support (Eligibility Criteria) Regulations 2014 and a better knowledge of potential alliances and partnerships with colleagues in the third sector that could be beneficial for people with whom I work. For example, I am going to spend a day at the specialist spinal injury unit to learn more about their work and the long-term impact of spinal injury. 14

I would like some time to consolidate my learning from the ASYE but have really enjoyed the last couple of months of completing this CRL because it has shown me how far I have progressed over the year. I would like to think about doing some further training, perhaps on mentoring and coaching, so that I could offer work-based support and supervision to students on their first placement next year.

Above all I have found support and supervision invaluable in helping me to develop reflection and to link theory to practice in a way I know I didn't 'get' during my course so I know I want to ensure I don't miss supervision sessions and that I prepare for them. 15

## Observations and commentary from Katherine's assessor on the completion of her critical reflection log part 3.

- 1 There is a marked improvement in how Katherine has drawn on the relevant literature, integrated theory and supported her empirical observations with evidence. Her ability to critically reflect and analyse is better, and there is a much stronger sense of her growing awareness of the complexity of the social work task and the difference good social work can make to the lives and well-being of people like Max.
- 2 Katherine has evidenced here that she is able to draw on and synthesise a range of knowledge which is a clear development.
- 3 It's encouraging that Katherine is referencing legislation more accurately now and she could just be encouraged to be consistently specific about which section of any Act she is referring to because this will stand her in good stead for writing reports.
- 4 Katherine also made some good links with the feedback she's received from service users and other professionals and been clear about where specific elements in her PDP have been met.
- 5 While she can still be a little vague about her reading, Katherine is clearly developing a critical edge in her work and a much better understanding of the societal context.
- 6 Katherine is now consistently making appropriate links to work products and other evidence. The assessor could appropriately comment to her that these developments have been noted in the record of support and progressive assessment.
- 7 This shows a huge improvement in the amount of theory/research which Katherine is reading. Importantly it evidences material she will have read on her course, so can just re-visit, and new material which she has taken trouble to locate and read.
- 8 Although she goes on to be helpfully self-critical, Katherine's tone here would merit comment and, again, she is not being precise about legislation – which Section of the care Act 2014?
- 9 There are some interesting insights and observations about her personal and professional learning and development and some open and honest reflections around when her practice was not what it should have been. This was an important example of why NQSWs need to be able to explore their mistakes and oversights in a supportive environment with a trusted colleague and/or supervisor so that they don't fear a rush to judgment and condemnation and have a chance to try and put things right. As Katherine has demonstrated, there was some very good learning here.
- 10 This is a very important development because it evidences Katherine moving from the confines of 1:1 working to seeing and working with the wider community.
- 11 While this has clearly been helpful and it is commendable that the employer provides this support, Katherine needs to be reminded that she should not take all the responsibility for completing work if workloads are increasing to unacceptable levels because this could result in dangerous practice. It might be helpful for her to look back at Thompson's (2005) work about avoiding dangerous practice.

- 12 This indicates a real shift in Katherine's learning and one which many NQSWs, if they didn't 'get' integrating theory/practice during their courses (although they clearly should have done) would be expected to make during their ASYE.
- 13 Importantly we are getting a picture of Katherine as a proactive member of her team, helping to enable others' learning.
- 14 Katherine is now giving clear, concrete examples of what she will do and how it will be of benefit. This is a great improvement on what came over as 'wish lists' in her earlier CRLs.
- 15 At this stage the assessor would be noting in the record of support and progressive assessment:

**Review of NQSW's progressive development:**

- Katherine has developed her knowledge base considerably and this gives her a much more secure base for confidence in her practice.
- Katherine's work products and feedback have evidenced an increased quality in her work.
- Learning outcomes identified in the PDP have been met.

**Final assessment:**

- Katherine has met the requirements of the holistic outcomes and the assessor will feel confident that she has passed the ASYE
- Overall we now have a picture of Katherine as a well-rounded professional who has shown progressive development and evidenced that she can reflect on and learn from her practice in a way that augurs well for her future development
- Katherine had struggled to meet PCF 9 but now shows clear evidence of doing this.

**Audit of KSS and PCF:**

**KSS:**

Capability 1, 2, 3, 4, 5, 6, 8, 10

Some capability 7, 9

Needing to develop capability

**PCF levels:**

ASYE completion	Beyond ASYE completion
1-9	

**Next steps:**

The assessor agrees with what Katherine has identified in her final PDP.

## Professional development plan end of ASYE/social worker

To address areas noted by assessor at the final review meeting as well as areas identified in this document.

Period covered

Learning objective	How will you meet the objective? Development activity or action planned.	How does this link to the assessment outcomes for the ASYE?	How will you know if the objective is met? Intended outcomes for practice and people in need of care and support.	Timescales? Date for completion and/or review.	What was the impact on your practice?
<p>To consolidate learning from the ASYE in particular:</p> <ul style="list-style-type: none"> <li>■ Risk management planning using a multi-agency approach</li> <li>■ Working with other professionals to reduce risks to clients</li> <li>■ Authoritative practice and assertiveness skills</li> </ul>	<p>In-house training on risk management planning and on assertive practice.</p> <p>Developing links with other professionals e.g. inter-agency visits.</p> <p>Reading peer-reviewed journal articles/articles in Community Care/ PSW and contributing to discussions in team meetings.</p>	<p>PCF 1,5, 8. KSS - all.</p>	<p>Quality of my decision-making in situations of risk will be consistently evidenced by outcomes and by feedback from carers, families, neighbours etc. and from other professionals.</p> <p>In relation to assertion/authoritative practice, I will be able to state my opinions clearly, supporting them with relevant theory and research.</p>	<p>Within next six months and ongoing after that.</p>	

## Professional development plan end of ASYE/social worker (Continued)

<p>To further my understanding about Care and Support (Eligibility Criteria) Regulations 2014.</p>	<p>Reading SCIE and LGA guidance and ensuring I fully understand it.  Discussions in team meetings and in supervision.</p>	<p>PCF 3, 4, 5 KSS 5, 7, 10</p>	<p>Improved quality in my decision-making, evidenced in case records. Being clear with people in explaining eligibility decisions.</p>	<p>Within next three months and ongoing after that.</p>
<p>To increase alliances and partnerships with colleagues in the third sector and with local groups of people using services.</p>	<p>I have devised a programme* of monthly visits to any agencies/ organisations which I don't otherwise encounter in my work. Attend regular multi-disciplinary meetings.</p>	<p>PCF 2,3,4,8. KSS 8.</p>	<p>I will be better informed about local agencies and this will be reflected in the quality of information I am able to give people. Contact with groups of people using services, e.g. the carers' groups, will result in me being able to more easily identify areas for support/ service development which I can bring to team discussions.</p>	<p>Ongoing per*.</p>
<p>To undertake practice supervisor training in order to support a student social worker on placement and to eventually complete practice educator training.</p>	<p>I have requested to attend the next course which starts in four months time.</p>	<p>PCF 8, 9. KSS 9, 10.</p>	<p>Extend and transfer my skills to student supervision. My abilities here will be evidenced to some extent by student performance and by feedback from students, practice educators and tutors.</p>	<p>In four months time.</p>

## **Observations from Katherine's assessor on the completion of her professional development plan at the end of the ASYE.**

Katherine is to be commended on a good, clear plan which sets out her objectives and how she will meet and measure them. She has been realistic and has covered all relevant issues. The rather vague tone of her earlier PDPs has gone and the assessor would now be confident of Katherine's ongoing development as a confident and competent practitioner.

## The assessed and supported year in employment in adult services

### Direct observation template

Three direct observations to be completed by a registered social worker (at least two of these to be completed by the assessor). These should be planned in advance to enable the NQSW to evidence progressive development in their professional practice over the course of the ASYE.

<b>Name of NQSW</b>	
<b>Name and role of observer</b>	
<b>Date and setting of observation</b>	

### Part 1: NQSW completes boxes on and two before observation

<b>1. Brief background to observed contact between yourself and those in need of care and support.</b>
<b>2. Planning for intervention</b>
<ul style="list-style-type: none"><li>■ The NQSW and observer should plan the direct observation and agree objectives based on the intervention and the identified areas for development detailed in the critical reflection log and the PDP.</li><li>■ The NQSW and observer should agree and clarify the role of the observer during the intervention - how will they be introduced and under what circumstances, if any, will they intervene.</li><li>■ The NQSW and observer should agree what happens after the observation—how and when will feedback be given, what reports/documents need to be completed by the NQSW and observer and by when.</li><li>■ The NQSW should have the opportunity to reflect and comment on the observer's report (box five). This will provide information and evidence of their progressive development for the critical reflection log.</li></ul>

**NQSW completes box three after the observation.**

**3. Reflections on the observed practice**

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**NQSW completes box four after reading the observer's report.**

**4. Critical reflection and professional development**

Bearing in mind the Knowledge and Skills Statement (Adults) 2015 capability level and the Professional Capabilities Framework have you identified any specific areas for further development? How do you intend to address these? What support do you need?

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<b>NQSW signature</b>	
<b>Date</b>	

## Part 2: Observer completes after the direct observation

### 5. Holistic assessment of the candidate's capability demonstrated in the direct observation of practice (up to 500 words)

### Observer completes after the direct observation

#### Action plan following the direct observation (if applicable)

Have areas of development/learning needs been identified that should be addressed in the NQSW's PDP? What action needs to be taken to address these? Are there any other outstanding issues?

- More detailed reference to the nine domains of the Professional Capabilities Framework will be helpful particularly where learning needs have been identified.
- This information should feed into the three, six and twelve month assessment reviews and, where appropriate, recorded in the record of support and progressive assessment.

#### Feedback from people in need of care and support (if applicable)

- Seeking feedback from the person in need of care and support in this situation should have been considered in the critical reflection log.
- The NQSW will need to show evidence of planning for how this is managed appropriately using their knowledge of or/and relationship with the person in need of care and support wherever possible to ensure that this is comfortable for all concerned. This should be discussed in advance with the observer. (Adapted from 'assessing practice at qualifying level for social work using the Professional Capabilities Framework, The College of Social Work)
- In all cases the person in need of care and support or their carer must be asked if they are willing to be part of the process.
- If they agree, it is the responsibility of the observer and the NQSW to ensure that they are given the opportunity to comment on the NQSW's capabilities, and to be offered feedback about the NQSW and assessor's own assessment. It is important that in all circumstances the NQSW considers the issues of consent and mental capacity.
- More information about gathering feedback from people who need care and support following direct observations of practice can be found as part of the Skills for Care website, please refer to tool six under [www.skillsforcare.org.uk/Gatheringfeedback](http://www.skillsforcare.org.uk/Gatheringfeedback).

<b>Observer's signature</b>	
<b>Date</b>	

## The assessed and supported year in employment in adult services

### Feedback from other professionals

This can be used by professional colleagues who provide observations of day-to-day practice. These observations may be undertaken by non- social work professionals and practitioners and can cover a range of settings, for example, multi-professional team meetings, case conferences or joint visits.

#### Professional colleague to complete following the observation of practice.

<b>NQSW</b>	
<b>Name and role of observer</b>	
<b>Date and setting of observation</b>	

#### Based on your observation of the NQSW's practice:

- Did the NQSW achieve the desired outcomes for the intervention?
- What strengths were identified?
- Can you make any suggestion about areas for further development which could be included in the NQSW's professional development planning?

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<b>Observer's signature</b>	
<b>Date</b>	

**NQSW to complete after receiving feedback from other professionals.**

**Reflections on practice**

**Critical reflection and professional development bearing in mind the Knowledge and Skills Statement (Adults) 2015, capability level and the PCF have you identified any specific areas for further development? How do you intend to address these? What support do you need?**

**NQSW's signature**

**Date**

## Professional documentation (work products)

**The assessor will be responsible for signing off the professional documentation. The primary documentation will not be presented for internal or external moderation panels.**

### Objectives

- To support the NQSW in continuing to develop high standards of professional recording.
- To provide a framework for the NQSW to demonstrate high standards of professional recording over their ASYE programme.
- To ensure the NQSW can demonstrate high standards of professional recording across a variety of requirements and contexts (e.g. assessment, analysis, recording for other settings such as court).
- To ensure, through supervision and other means, that the NQSW engages in continuous critical reflection and learning about the quality of their professional recording and implements changes as a result.
- To incorporate professional recording into the main review points for the ASYE programme (e.g. three months, six months and final assessment).
- To provide a mechanism for professional documentation to be 'signed off' by the assessor on behalf of the ASYE programme.

### Assessment criteria

In 'signing off' the documentation produced by the NQSW, the assessor confirms:

1. they have viewed a representative sample of the NQSW's work products
2. the NQSW has demonstrated progress (across the year) in their capabilities for each element below:
  - Reflecting critically about their professional recording, learning from it and implementing change.
  - Meeting agency recording standards for:
    - formats/tools used
    - timescales in completing recording.
  - Recording defensible professional decisions which:
    - distinguish between opinion and fact
    - draw on and tests multiple hypotheses, including contradictory opinions held by different professionals
    - make informed use of intuition
    - build an effective argument/justification with evidence.
  - Understanding and applying appropriate legal frameworks.
  - Integrating and communicating the perspective of those in need of care and support in all aspects of recording, building on their feedback where appropriate.
  - Producing recording that communicates effectively with a range of audiences, including other professionals and court.
  - Producing recording that is:
    - clear, concise, and purposeful
    - accurate, using correct spelling, punctuation and sentence structure.

## Professional documentation

Assessor verification of the progressive development and quality of examples of work products produced through the year.

Three month review	Professional documentation	Areas for development
Six month review	Professional documentation	Areas for development
Final assessment	Professional documentation	Areas for development
Pass/Fail		

### Guidance note

The final assessment of the NQSW should incorporate at least three examples of written reports and records, including:

- a report written for an external decision making processes, which demonstrates reasoned judgment in a legal context
- a set of case recordings.

## Appendix 1 - Optional template to support nine month review (nine - twelve months)

**Taking into account all your learning to date, reflect critically on how you have progressed in your development as a professional over the last three months and consider your development areas for the forthcoming three months. (Suggested word limit 1,750 words)**

