Logo, company name

Description automatically generated**Assessed and Supported Year in Employment (ASYE)**

**Record of support and progressive assessment**

**(for first three months, foundational review)**

**This template should be used in conjunction with template two: SI (completed by the NQSW) to inform the foundational review.**

**To be completed by the ASYE assessor**

**(please also refer to the Supporting Information template, 2: SI, completed by the NQSW)**

**Section 1: Attendees**

|  |  |
| --- | --- |
| **Date of review** |  |
| **Names of attendees:** | |
| **NQSW** |  |
| **ASYE assessor** |  |
| **Line manager (if applicable)**  **State if line manager is also the assessor** |  |
| **ASYE co-ordinator (if applicable)** |  |
| **Others (if applicable, e.g. HR)** |  |

**Section 2: Context**

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| **Context**   * Have there been any changes that have impacted on the NQSW’s progress (whether they relate to the NQSW, the organisation or other factors)? * Provide information about the NQSW’s support arrangements.   To help you complete this section we have provided some guidance below, which should **not** be included in your final report: |
| **Organisational or individual issues**:   * Since the ASYE started, have there been any issues that have impacted on the delivery of the ASYE programme – if so, please comment? * In reference to part 1, how is the NQSW’s wellbeing continuing to be supported - if there are issues, what is the plan to promote their wellbeing?   **Assessor and/or line manager**   * Has there been a change of assessor and/or line manager in the last three months. * If there has, please record: * the date of the change(s) * whether there has been an impact on the NQSW’s experience of the support and/or assessment arrangements (including the timing of the submission of evidence for the review).   **Supervision arrangements**   * + In reference to Support and Assessment Agreement, has supervision taken place according to the frequency outlined by the ASYE framework and by the Standard for Employers for Social Workers. If not, what are the reasons? (Note: supervision should be weekly for the first six weeks then fortnightly up to the six month midway review)   + Where the NQSW has not received the required supervision, what were the reasons for this and what is the agreed action plan to improve the situation?   + Who has delivered the professional/case supervision (e.g. line manager, ASYE assessor, other) – have there been any difficulties in providing this?   + Who has delivered the critical reflective supervision (e.g. ASYE assessor, line manager, other) – have there been any difficulties in providing this?   **Workload management and reduced caseload**   * Record the number of cases the NQSW currently holds. Give an overview of how the level of complexity and the number of cases has changed since the ASYE started and confirm if it is at least 10% less than an experienced social worker’s caseload. * State whether you think the NQSW’s current caseload is appropriate for this stage of their development (less cases/more cases or less complexity/more complexity), considering their confidence and practice capability. If it’s not, what is the agreed action plan to change it?   **Professional development/protected time**   * Has the NQSW taken all the professional development/protected time they were due and are you confident that they have used it constructively – please comment? * If the NQSW has not been able to take all their protected time, what is the plan to ensure it’s taken and used constructively in the future? |
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**Section 3: Assessment of progressive development**

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| **Assessment of progressive development**  When completing this section you may choose to use the headings below in structuring your evaluation.  Please link what you write to the PQS (KSS) and PCF whenever relevant.  **Word guide: 1,250** |
| 1. How well did the NQSW transition from being a social work student or their previous role to this NQSW role – including the development of professional confidence and working along-side others? 2. Has the NQSW consistently used formal and informal supervision appropriately to seek support, exercise initiative and evaluate their own performance? 3. Has the NQSW gained knowledge, skills, and experience in this particular setting and with this particular service user group, and demonstrated more progressive and proficient practice? 4. Has the NQSW integrated the perspective of people who draw on care and support, building on their feedback where appropriate? 5. Has the NQSW consistently reflected critically about themselves in practice and their growing professional knowledge? |

**Section 4: Areas of development for NQSW’s next PDP**

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| **Areas for development and focus for the NQSW’s next PDP (three to six months)** |
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**Section 5: Additional comments from line manager (if applicable)**

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| **Additional comments to inform this review from line manager** |
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**Section 6: Additional comments from ASYE co-ordinator (if applicable)**

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| **Additional comments to inform this review from ASYE co-ordinator** |
|  |

**Section 7: NQSW’s progress and probation**

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| --- | --- | --- | --- |
|  | **Yes** | **No** | **Comments** |
| **Is the NQSW’s progress satisfactory at this stage of their ASYE?** |  |  |  |
| **If no, have concerns been addressed in the next PDP and/or is there an organisational support plan?** |  |  |  |
|  | | | |
| **Are there any issues that affect the probation of the NQSW? (i.e. conduct, attendance, ability to fulfill role?)** |  |  |  |
| **If yes, has HR been notified?** |  |  |  |

**Section 8: NQSW additional comments**

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| **Do you have any comments on this three-month foundational review? If yes, please complete the box below.** |
|  |

**Section 9: Declarations and signatures**

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| **NQSW name** |  |
| **I have read this review** | |
| **NQSW signature** |  |
| **Date** |  |

|  |  |
| --- | --- |
| **ASYE assessor name** |  |
| **I confirm my assessment in this first three months foundational review** | |
| **ASYE assessor signature** |  |
| **Date** |  |

|  |  |
| --- | --- |
| **ASYE co-ordinator name** |  |
| **I have read this first three months foundational review and endorse it** | |
| **ASYE co-ordinator signature** |  |
| **Date** |  |

|  |  |
| --- | --- |
| **Line manager name (if applicable)** |  |
| **I have read this first three months foundational review and endorse it** | |
| **Line manager signature** |  |
| **Date** |  |