**Assessed and Supported Year in Employment (ASYE)**

**Record of support and progressive assessment**

**Final review (for six to twelve month period)**

**(including recommendation of assessment decision)**

**To be completed by the ASYE assessor**

**Part 1: Attendees**

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| **Date of review** |  |
| **Name 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**Since the interim/six-month review and taking into account the nine-month progressive development meeting:* Have there been any changes that may 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:*** Have there been any issues that have impacted on the delivery of the ASYE programme – if so, please comment?
* How is the NQSW’s well-being 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*** Has supervision taken place according to the frequency outlined by the ASYE framework and the Standards for Employers for Social Workers. If not, what are the reasons? (Note, supervision should be a minimum of monthly between month six and the end of the ASYE).
* 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 six-month midway review/interim assessment 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 protected time they were due and are you confident that they have used it constructively – please comment?
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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 your writing to the PQS (KSS) and PCF whenever relevant.**Word guide: 1,500** |
| 1. Consistently used supervision appropriately to seek support, exercise initiative and evaluate their own practice
2. Developed confidence and earned the confidence and respect of others (people who draw on care and support, colleagues, and other professionals)
3. Demonstrated progressive development in their knowledge, skills, and practice in this particular setting
4. Consistently reflected critically about themselves in practice
5. Applied critical thinking and analysis in their decision making
6. Integrated the perspectives of people who draw on care and support, building on their feedback where appropriate
7. Recognised equality, diversity, and inclusion, and challenged issues when/where appropriate.
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**Section 4: Demonstration of progressive development**

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| **Has the NQSW demonstrated progressive development and met the PQS (KSS) through the following assessment evidence:** |
|  | **Yes** | **No** |
| **Critical reflection as demonstrated through their two critical reflection logs** |  |  |
| **Work products (professional documentation)** |  |  |
| **If answered ‘No’ to any of the two statements above, please give more details in the box below:** |
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**Section 5: Quality assuring the portfolio evidence**

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| **These are the minimum evidence requirements to meet the ASYE portfolio standards:** |
|  | **Yes** | **No** |
| **Have at least three observations of practice been completed, with at least two of these by the ASYE assessor?** |  |  |
| **Does the portfolio contain at least three observations/feedback from other professionals?** |  |  |
| **Does the portfolio contain at least three pieces of feedback from people who draw on care and support?** |  |  |
| **Has the NQSW completed their final PDP for the next stage of their professional development (post ASYE)?** |  |  |
| **If you answered ‘No’ to any of the above four questions, please give more information in the box below:** |
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**Section 6: Next steps**

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| **Next steps****What do you assess as the NQSW’s developmental needs post ASYE and how could these be addressed?****Please note: the evidence in any part of the portfolio can be used by the NQSW to complete their CPD log for Social Work England.** |
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**Section 7: Additional comments**

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| **Additional comments to inform this final review from line manager, ASYE co-ordinator or any other involved professional (if applicable, e.g. principal social worker)** |
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**Section 8: Summary of support (optional)**

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| **Summary of support****This section is optional because the 2:RSPA and 3:RSPA and section 2 of this document record the support the NQSW has received. Only complete if your ASYE co-ordinator/lead advises it will be helpful to the panel to record/narrate the issues relating to the NQSW’s support.****Have there been any issues in the provision of support and reflective supervision that may have impacted on the NQSWs’ final assessment and recommendation?**Consider your response in relation to the support and assessment agreement, the initial professional development meeting (at 3 months), the interim review (at 6 months) and the progressive development meeting at 9 months.Please comment on whether or not the 10% caseload/workload relief for the NQSW was maintained throughout their ASYE and, if not, why not?Please comment on whether or not the 10% professional development/protected time was effectively used by the NQSW throughout their ASYE and, if not, why not? |
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**Section 9: Performance management of NQSW**

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| **Performance management****Have there been any performance management concerns during the ASYE, and if so, have they been successfully addressed or are there on-going concerns? If there are on-going concerns, please explicitly detail what these are and how/if they are going to be addressed before the end of the ASYE.** |
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**Section 10: Final recommendation by the ASYE assessor**

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| **Final recommendation** (note: this should be considered and agreed/rejected by the internal final moderation panel) |
|  | **Yes** | **No** |
| **Has the NQSW passed their ASYE?** |  |  |
| **If ‘No,’ are concerns being addressed and by whom (e.g. HR - capability procedures), senior managers (e.g. principal social worker, director), others (Social Work England – Fitness to Practice)** |  |  |

**Section 11: NQSW final comments**

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| **NQSW comments on this final review and final recommendation** |
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**Section 12: Declarations and signatures**

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| **NQSW name** |  |
| **I agree/disagree (delete as appropriate) with this final review report and final recommendation (add comments in section 11)** |
| **NQSW signature** |  |
| **Date** |  |

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| **ASYE assessor name** |  |
| **I confirm my assessment in this final review** |
| **ASYE assessor signature** |  |
| **Date** |  |

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| **ASYE co-ordinator name** |  |
| **I have read this final review and endorse it** |
| **ASYE co-ordinator signature** |  |
| **Date** |  |

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| **Line manager name (if applicable)** |  |
| **I have read this final review and endorse it** |
| **Line manager signature** |  |
| **Date** |  |

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| **Other (if applicable – please give name and job title, e.g. principal social worker)** |  |
| **I have read this final review and endorse it** |
| **‘Other’ signature** |  |
| **Date** |  |