Logo, company name

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

**Record of support and progressive assessment for interim/six month review**

**(covering month three to month six of ASYE)**

**To be completed by the ASYE assessor**

**Section 1: Attendees**

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| **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**  Since the ‘first three months foundational review’:   * 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**:   * Have there been any issues that have impacted on the delivery of the ASYE programme – if so, please comment? * 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**   * + 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 a minimum of fortnightly up to this six-month interim 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 0-3 months foundational review 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), taking into account 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? * 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? |

**Section 3: Assessment of progressive development**

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| **Assessment of progressive development**  Please link your writing to the PQS (KSS) and PCF whenever relevant.  **Word guide: 1,250** |
| Please consider the headings below:    **Consistently using supervision appropriately to seek support, exercise initiative and evaluate their own practice:**   * **If Yes**, you may want to make a brief comment * **If No:** briefly explain the specific difficulty and what change you want to see     **Is the NQSW: gaining experience and skills in this particular setting and user group:**   * **If Yes,** you may want to make a brief comment * **If No:** briefly explain the specific difficulty and what change you want to see   **You might choose to use the following additional headings to structure your report, but it is not essential:**  1) Integrating the perspective of people who draw on care and support, building on their feedback where appropriate  2) Consistently reflecting critically about themselves in practice  3) Applying critical thinking and critical analysis in their decision-making  4) Demonstrating more proficient and progressive practice across the range of tasks and roles they undertake  5) Recognising equality, diversity, and inclusion and challenging issues when/where appropriate |

**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 (six to nine 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 the 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** |
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**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’s comments**

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| **NQSW’s comments on the interim assessment/six-month review** |
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**Section 9: Declarations and signatures**

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| **NQSW name** |  |
| **I have read this review**  **I agree/disagree (delete as appropriate) with the comments and assessment made in this midway review report (add comments in section 8)** | |
| **NQSW signature** |  |
| **Date** |  |

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

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

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