**The record of support and progressive assessment**

**To be completed by the ASYE assessor**

**Completing the record of support and progressive assessment**

Responsibility for the overview of the whole assessment process and completion of this template lies with the assessor.

It is recommended that, for consistency in the internal moderation process, highlighted sections in Part 1 of the record, and also appendix 1 are pre-populated by the organisation. If this is not the case, the assessor should check organisational guidelines before completion.

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](http://www.skillsforcare.org.uk/Document-library/Social-work/ASYE-framework-2015/Record-of-support-and-progressive-assessment-online-version.pdf) to download supporting guidance to help you complete this template. You are advised to read this in full before start to complete this template.

**The assessed and supported year in employment in children’s services**

**Record of support and progressive assessment**

**Part 1: Beginning the ASYE**

**Support and assessment agreement**

The NQSW should submit part one of the critical reflection log for scrutiny before the support and assessment agreement meeting. It may be helpful to agree a date for this submission when setting the date for the meeting.

|  |  |
| --- | --- |
| **Name of newly qualified social worker** |  |
| **HCPC registration number** |  |
| **Employer** | Shropshire Council |
| **Name of line manager/supervisor** |  |
| **Name of assessor**  **(if different from line manager)** |  |
| **Name of ASYE programme co-ordinator (if appropriate)** | Donna Chapman Ext: 4241 |
| **Name and role of others present at the support and assessment** |  |
| **Date of support and assessment agreement meeting** |  |
| **Date ASYE commenced** |  |
| **Date set for three month review** |  |
| **Date set for six month review** |  |
| **Date for final review** |  |
| **Date set if additional nine month review is required** |  |
| **Date of the internal moderation panel when the final assessment outcome will be confirmed** | January / October |
| **NQSW background and context** | This text will disappear once you start typing. Please refer to the guidance document for more information This section to be completed at the initial meeting to provide further information relevant to the NQSW:1. previous experience2. previous work/placement in agency3. final placement report/HEI transcript4. any special needs and circumstances5. any special organisational circumstances that may affect the ASYE year6. contracted working hours |

**1. Supervision**

The supervision section may be pre-populated in line with the employer’s ASYE scheme.

|  |  |
| --- | --- |
| **Supervision will be provided by** |  |
| **Supervision sessions will be as follows:** | |
| **Duration** |  |
| **First six weeks of employment** | Weekly |
| **Week seven – six month review** | Fortnightly |
| **Following six month review** | Monthly |
| **What will supervision include?** | * Wellbeing & personal issues * Cases * Case allocation * Learning & Development opportunities / CPD * Reflection related to evidence for ASYE programme against the domains of PCF & KSS * Progress with ASYE evidence * General staff issues (leave, TOIL, Stress etc), * Achievements of individual and or team * Team issues |
| **Supervision agreement** | This text will disappear once you start typing. Please refer to the guidance document for more information If there is an additional supervision agreement between the assessor and NQSW, this can be inserted here. If there are both an assessor and line manager/ supervisor, the roles and responsibilities should be clearly outlined here. Arrangements for deputising in the event of the assessor or supervisor’s absence |

**2. Workload management**

Expectations of workload management may be pre-populated in line with the employer’s ASYE

scheme although some assessors / supervisors may wish to input this.

|  |  |
| --- | --- |
| **How will workload be agreed and   allocated?** | This text will disappear once you start typing. Please refer to the guidance document for more information This section is likely to include:how work will be selected and allocated1. what level and type of work is suitable for NQSW2. how workload will be monitored and reviewed etc.3. how decisions will be taken about the allocation of increasingly complex work. |

**3. Protected development time**

Expectations of protected development time may be pre-populated in line with the employer’s

ASYE scheme.

|  |  |
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| **How will the 10% professional development time be allocated and utilised? (10% equates to 0.5 day per week or 2 days per month).** | This text will disappear once you start typing. Please refer to the guidance document for more information This section is likely to include:1. Details of any mandatory courses or workshopsthat are part of the scheme (note dates/learning objectives here)2. Whether time for completing the critical reflectionlog is included in the 10%.3. Expectations of how time is recorded.4. Other expectations of how the time will be used. |

**4. Requirements and responsibilities**

Requirements and responsibilities may be pre-populated in line with ASYE scheme:

|  |  |
| --- | --- |
| **The NQSW is required to** | 1. To undertake ASYE and participate fully in the review/assessment process 2. To work as a member of the team under the direction of the team manager and/or delegated assessor 3. To take full advantage of the support offered via ASYE to develop practice e.g attend training 4. To take joint responsibility for ensuring registration on the ASYE programme 5. To collate all necessary evidence as part of the assessment process 6. To commit to all supervision sessions and prepare for sessions accordingly 7. To attend the monthly NQSW group workshops |
| **The assessor is required to** | 1. To ensure the NQSW has received the correct contract of employment for ASYE 2. To ensure that the NQSW is inducted on ASYE within the first two weeks of employment 3. To be responsible for the assessment of the NQSW 4. To ensure the NQSW is registered on ASYE with the Learning and Development Team. 5. To ensure the NQSW, has a protected caseload (90%) and 10% development time 6. Discuss the NQSW’s caseload and have responsibility for work allocation 7. Have ultimate responsibility for the quality of the NQSW’s work and performance and retain responsibility for absence management 8. To facilitate the additional supervision afforded to the NQSW on ASYE 9. To facilitate the time and support for the ASYE Assessor to undertake the role adequately 10. To carry out timely reviews as stated in the Learning Agreement and raise any concerns as early as possible. 11. To facilitate and/or participate in any additional support that is required for a NQSW failing to make satisfactory progress 12. To participate, as required, in any appeal process that might occur in the event of failure of the ASYE   To liaise with the Learning and Development Lead as required to update on progress |
| **If different, the line manager/**  **supervisor is required to** | This text will disappear once you start typing. Please refer to the guidance document for more information This section is likely to include:1. oversee management of NQSW’s workload and integration into team2. as appropriate, liaison with assessor regarding workload and selection of cases3. contribute to holistic assessment of NQSW4. contribute to progressive feedback andassessment etc. |
| **The ASYE programme coordinator is required to** | 1. To ensure Support and Assessment Agreement is completed and signed with the NQSW at the beginning of ASYE 2. To provide quality assurance of the ASYE assessment process by arranging scrutiny panels. 3. To liaise with Team Managers/Supervisors to request updates on the progress of NQSWs 4. To offer support /training sessions for Assessors prior to Review Meetings at 3, 6 and 9 months if required. 5. To provide monthly NQSW group support and action learning sessions over the year 6. To Register NQSW’s ( Children’s ) with Skills for Care to facilitate funding provision. |

**5. Assessment, review and quality assurance**

This section may be pre-populated to address questions in line with the employer’s ASYE scheme.

|  |  |
| --- | --- |
| **How will ASYE reviews and assessment be linked to employer’s probation and appraisal processes?** | Team Manager will email HR to inform them of them outcome of the 6 month review |
| **What are the contractual implications of failure to complete, or failure of,**  **the ASYE year?** | If final assessment outcome is failure to reach the required capability, your post as a qualified social worker will cease and the HCPC registration body will be notified. |
| **What arrangement does the employer use internally and externally (e.g. in partnerships etc.) to quality assure assessment?** | At the end of the ASYE , Internal Standardisation Panel’s will scrutinize every NQSW portfolio to agree whether the assessment decision is reasonable and should be upheld . |
| **How will the employer and NQSW deal with any disagreements over decisions?** | There is an appeals procedure. |
| **How is successful completion of**  **ASYE recognised by the employer?** | Certificates are presented to successful candidates , either by Team managers at team meetings or by Heads of service. They will also receive a pay increment. |

**6. Additional considerations**

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| --- | --- |
| **Have any reasonable adjustments been agreed to the arrangements due to the NQSW having a medical condition, disability, or specific learning need?** | This text will disappear once you start typing. Please refer to the guidance document for more information If the NQSW agrees it may be appropriate to view relevant assessment reports, in order to ensure that the available support is reflective of the NQSW’s needs. |
| **Have any other factors been identified that may affect the progress of the NQSW?** | This text will disappear once you start typing. Please refer to the guidance document for more information For example:A delay in starting the ASYE or carer responsibilities. |

**7. Record of discussions re expectations of NQSW**

|  |  |
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| **Taking into account the NQSW’s context, previous experience and the information provided in the KSS Self Assessment, what areas should the NQSW address in their initial PDP?** | This text will disappear once you start typing. Please refer to the guidance document for more information The PDP is confirmed as a result of the discussion relating to this section. |
| **Have you discussed the expectations**  **of the critical reflection log?** | This text will disappear once you start typing. Please refer to the guidance document for more information Any comments, issues or concerns should be recorded here. |
| **Deadlines agreed for you to receive the NQSW’s critical reflection log, in advance of the review meetings** | |
| **Three month review** |  |
| **Six month review** |  |
| **Final review** |  |

**Declarations and signatures**

|  |  |  |
| --- | --- | --- |
| **NQSW name** |  | |
| I have read and understood my role and responsibilities and commit to fulfilling them. I confirm  the arrangements set out in this agreement. | | |
| **Signature** | |  |
| **Date** | |  |

|  |  |  |
| --- | --- | --- |
| **ASYE assessor name** |  | |
| I understand my role and responsibilities as an assessor and commit to fulfilling these. I confirm  the arrangements set out in this agreement. | | |
| **Signature** | |  |
| **Date** | |  |

|  |  |  |
| --- | --- | --- |
| **NQSWs line manager** | If applicable. | |
| I have read the support and assessment agreement and will support the assessor with their role and provide any supporting documents for the review meetings to inform the holistic | | |
| **Signature** | |  |
| **Date** | |  |

|  |  |
| --- | --- |
| **ASYE coordinator name** | If appropriate. |
| I have read the support and assessment agreement and will support the assessor with their role. I will provide supporting documents for the review meetings to inform the holistic assessment. | |
| **Signature** |  |
| **Date** |  |

**Part 2: The first three months (review of progress and interim assessment at**

**three months)**

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| --- | --- |
| **Date of review** |  |
| **Name of attendees** | |
| **Assessor** |  |
| **NQSW** |  |
| **Line manager (if applicable)** |  |
| **Other e.g. HR, ASYE coordinator**  **(if applicable)** |  |
| **Context**  Since the beginning of the programme, have there been any changes that may have impacted on the NQSW’s progress? | |
| This text will disappear once you start typing. Please refer to the guidance document for more information This section is likely to include:1. organisational or individual issues that might impact on the ASYE year2. changes or updates needed to the support and assessment agreement3. changes to the arrangements for supervision, workload relief or professional development time that were agreed in the support and assessment agreement 4. dates needed to the support and assessment agreement5. changes to the arrangements for supervision, workload relief or professional development | |
| **Review of NQSW’s progressive development** | |
| This text will disappear once you start typing. Please refer to the guidance document for more information Refer to the evidence submitted by the NQSW in part 2 of their critical reflection log anddiscussions in supervision. | |
| **Progressive assessment** | |
| This text will disappear once you start typing. Please refer to the guidance document for more information This involves an overall professional judgement of capability at ASYE level, taking into account the PCF and Knowledge and Skills Statement (statement 10 -level of capability). Identify strengths and progression.1. Check overall progress against the holistic assessment outcomes page 1.2. Refer to the PDP, how far have the identified learning outcomes been realised and is this reflected in the log.3. Refer to practice evidence to support your interim assessment judgements.4. The assessor should be mindful that their assessment judgment is accurate, valid robust and sufficient - refer to Critical reflection and holistic assessment. | |
| **Areas for development and focus for next PDP three - six months** | |
| This text will disappear once you start typing. Please refer to the guidance document for more information Identify areas for further development. Use the Knowledge and Skills statement to audit knowledge and skills, use the PCF to identify gaps, areas for development and detail of the level required. | |

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| **Additional comments to inform the three month review from line manager and/or ASYE**  **coordinator if applicable.** | | | |
| This text will disappear once you start typing. Please refer to the guidance document for more information Please comment on:1. the NQSW’s overall progress2. any issues relating to support and supervision3. any performance issues. | | | |
|  | **Yes** | **No** | **N/A** |
| **Is the NQSW’s progress satisfactory at this stage?** |  |  |  |
| **If no, have concerns been addressed in the next PDP and/or action 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?** |  |  |  |
| **NQSW’s comments on the three month review** | | | |
|  | | | |

**Declarations and signatures**

|  |  |  |
| --- | --- | --- |
| **NQSW name** |  | |
| I have read and understood this review. | | |
| **Signature** | |  |
| **Date** | |  |

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| **ASYE assessor name** |  |
| I confirm my assessment at this review | |
| **Signature** |  |
| **Date** |  |

|  |  |
| --- | --- |
| **Line manager (if applicable)** | |
| **Name** |  |
| I have read this assessment and endorse it. | |
| **Signature** |  |
| **Date** |  |

**Part 3: Three – six months (Review of progress and interim assessment at six months)**

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| **Date of review** |  |
| **Name of attendees** | |
| **Assessor** |  |
| **NQSW** |  |
| **Line manager (if applicable)** |  |
| **Other e.g. HR, ASYE coordinator** **(if applicable)** |  |
| **Context**  Since the last review have there been any changes that may have impacted on the NQSW’s progress? | |
| This text will disappear once you start typing. Please refer to the guidance document for more information This is likely to include:1. organisational or individual issues that might impact on the ASYE year2. changes or updates needed to the support and assessment agreement3. changes to the arrangements for supervision, workload relief or professional development time that were agreed in the support and assessment agreement 4. dates needed to the support and assessment agreement5. changes to the arrangements for supervision, workload relief or professional development. | |
| **Review of NQSW’s progressive development** | |
| This text will disappear once you start typing. Please refer to the guidance document for more information Refer to the evidence submitted by the NQSW in part 2 of their critical reflection log anddiscussions in supervision. | |
| **Progressive assessment** | |
| This text will disappear once you start typing. Please refer to the guidance document for more information This involves an overall professional judgement of capability at ASYE level, taking into account the PCF and Knowledge and Skills Statement (statement 10 -level of capability). Identify strengths and progression.1. Check overall progress against the holistic assessment outcomes page 1.2. Refer to the PDP, how far have the identified learning outcomes been realised and is this reflected in the log.3. Refer to practice evidence to support your interim assessment judgements.4. The assessor should be mindful that their assessment judgment is accurate, valid robust and sufficient - refer to Critical reflection and holistic assessment. | |
| **Areas for development and focus for next PDP six-twelve months** | |
| This text will disappear once you start typing. Please refer to the guidance document for more information Identify areas for further development. Use the Knowledge and Skills statement to audit knowledge and skills, use the PCF to identify gaps, areas for development and detail of the level required. | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Additional comments to inform the six month review from line manager and/or ASYE coordinator if applicable.** | | | |
| This text will disappear once you start typing. Please refer to the guidance document for more information Please comment on:1. the NQSW’s overall progress2. any issues relating to support and supervision3. any performance issues. | | | |
|  | **Yes** | **No** | **N/A** |
| **Is the NQSW’s progress satisfactory at this stage?** |  |  |  |
| **If no, have concerns been addressed in the next PDP and/or action 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?** |  |  |  |
| **NQSW’s comments on six month review** | | | |
|  | | | |

**Declarations and signatures**

|  |  |  |
| --- | --- | --- |
| **NQSW name** |  | |
| I have read and understood this review. | | |
| **Signature** | |  |
| **Date** | |  |

|  |  |
| --- | --- |
| **ASYE assessor name** |  |
| I confirm my assessment at this review | |
| **Signature** |  |
| **Date** |  |

|  |  |
| --- | --- |
| **Line manager (if applicable)** | |
| **Name** |  |
| I have read this assessment and endorse it. | |
| **Signature** |  |
| **Date** |  |

**Part 4: Six – twelve months (final review and assessment including**

**recommendation of assessment decision)**

|  |  |
| --- | --- |
| **Date of review** |  |
| **Name of attendees** | |
| **Assessor** |  |
| **NQSW** |  |
| **Line manager (if applicable)** |  |
| **Other is applicable** **(HR, ASYE coordinator)** |  |
| **Context**  Since the last review have there been any changes that may have impacted on the NQSW’s progress? | |
| This text will disappear once you start typing. Please refer to the guidance document for more information This may include:1. any organisational or personal issues that might have impacted on the ASYE year?2. any changes or updates needed to the support and assessment agreement? | |
| **Review of NQSW’s progressive development** | |
| This text will disappear once you start typing. Please refer to the guidance document for more information Refer to the evidence submitted by the NQSW in part 4 of their critical reflection log and discussions in supervision1. Check overall progress against the holistic assessment outcomes page 1.2. Refer to the PDP, how far have the identified learning outcomes been realised and is this reflected in the log.3. Refer to practice evidence to support your interim assessment judgements.4. The assessor should be mindful that their assessment judgment is accurate, valid, robust and sufficient - refer to the critical reflection and holistic assessment. | |

|  |  |  |
| --- | --- | --- |
| **Has NQSW demonstrated progression and met the Knowledge and Skills Statement standards through the following assessment evidence?** | **Yes** | **No** |
| Critical reflection, as demonstrated through the written piece of work in their critical reflection log |  |  |
| Professional documentation |  |  |
| **In addition has the NQSW:** | | |
| Completed three direct observations? |  |  |
| Obtained at least three pieces of feedback from people in need of care and support? |  |  |
| Obtained at least three pieces of feedback from other professionals? |  |  |
| Completed a PDP for the next stage of their professional development? |  |  |

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| **Final assessment**  Refer to the holistic assessment outcomes in appendix 1, the knowledge and skills statement for social workers in children’s and families services and the Professional Capabilities Framework at ASYE level. (Minimum 500 words) |
| This text will disappear once you start typing. Please refer to the guidance document for more information NQSWs should show progression across the course of the ASYE. Refer to further levels of the PCF where the NQSW is demonstrating capability beyond the ASYE. This should also be evidenced in the critical reflection log |
| **Next steps**  What, do you assess are the NQSW’s development needs in the next stage of their professional  development and future career? How do you consider these should be addressed in next PDP  and organisation’s appraisal cycle? How should they be incorporated into the timescales for  meeting HCPC re-registration requirements? |
| This text will disappear once you start typing. Please refer to the guidance document for more information The NQSW should incorporate these areas for development in their PDP within part 4 of thecritical reflection log. |
| **Line manager/supervisor’s assessment report**  Overall assessment - Please comment on the NQSW’s overall professional capability   – with reference to the holistic assessment outcomes in appendix 1 |
| This text will disappear once you start typing. Please refer to the guidance document for more information This should be completed when the line manager has not been responsible for providingreflective supervision or final professional assessment. |
| **Summary of support**  Have there been any issues in the provision of support and reflective supervision, workload relief or professional development time (as identified in the support and assessment agreement and the reviews at three and six months) that may have impacted on the outcome recommendation? |
| This text will disappear once you start typing. Please refer to the guidance document for more information No / Yes – if yes provide detail. |
| **Performance management**  Have there been any performance management concerns during the ASYE? |
| This text will disappear once you start typing. Please refer to the guidance document for more information No / Yes – if yes please summarise |

**Declarations and signatures**

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| --- | --- | --- |
| **NQSW name** |  | |
| I have read and understood this assessment. | | |
| **Signature** | |  |
| **Date** | |  |

|  |  |  |
| --- | --- | --- |
| **ASYE assessor name** |  | |
| I confirm this assessment. | | |
| **Signature** | |  |
| **Date** | |  |

|  |  |  |
| --- | --- | --- |
| **Line manager/ supervisor name (if applicable):** |  | |
| I have read this assessment and endorse it | | |
| **Signature** | |  |
| **Date** | |  |

|  |  |  |
| --- | --- | --- |
| **ASYE coordinator name:** |  | |
| I have read this assessment and endorse it. | | |
| **Signature** | |  |
| **Date** | |  |

|  |  |  |
| --- | --- | --- |
| **Recommendation by the assessor**  This is confirmed through the internal moderation  process | **Yes** | **No** |
| Has the NQSW has passed the ASYE? |  |  |
| If no, are concerns being addressed via HR/capability procedures? |  |  |
| **NQSW’s comments on final assessment** | | |
|  | | |

**Appendix 1 - Internal moderation process**

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| The internal moderation process confirms the assessment outcome on behalf of the employer through reviewing and scrutinizing the assessment decisions of individual assessors. This space is provided for the employer to include a statement about the organisation’s internal moderation process. |
|  |

**Appendix 2 - Optional template to support nine month review (nine - twelve months)**

**Review of progress and interim assessment at nine – twelve months (optional)**

|  |  |
| --- | --- |
| **Date of review** |  |
| **Name of attendees** | |
| **Assessor** |  |
| **NQSW** |  |
| **Line manager (if applicable)** |  |
| **Other e.g. HR, ASYE coordinator**  **(if applicable)** |  |
| **Context**  Since the last review have there been any changes that may have impacted on the NQSW’s progress? | |
|  | |
| **Review of NQSW’s progressive development** | |
|  | |
| **Progressive assessment** | |
|  | |
| **Areas for development and focus for next PDP nine-twelve months** | |
|  | |

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| --- | --- | --- | --- |
| **Additional comments to inform the nine month review from line manager and/or ASYE**  **coordinator if applicable.** | | | |
|  | | | |
|  | **Yes** | **No** | **N/A** |
| **Is the NQSW’s progress satisfactory at this stage?** |  |  |  |
| **If no, have concerns been addressed in the next PDP and/or action 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?** |  |  |  |
| **NQSW’s comments on nine month review** | | | |
|  | | | |

**Declarations and signatures**

|  |  |  |
| --- | --- | --- |
| **NQSW name** |  | |
| I have read and understood this review. | | |
| **Signature** | |  |
| **Date** | |  |

|  |  |
| --- | --- |
| **ASYE assessor name** |  |
| I confirm my assessment at this review | |
| **Signature** |  |
| **Date** |  |

|  |  |
| --- | --- |
| **Line manager (if applicable)** | |
| **Name** |  |
| I have read this assessment and endorse it. | |
| **Signature** |  |