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Learning for Living and Work Framework

Version 1.5

10 May 2011

The following version reflects feedback received during the test phase (October 2010 - April 2011)

Key Changes to note:

The Framework is now designed as a tool to capture all information required to help and support the learner and to make informed decisions. This means that the framework itself is no longer a form that has to be completed but instead provides a structure for collecting and collating the information required

Part 2 (RAS) removed whilst modelling work is carried out on the test results

Part 4 – no longer called the S139a but instead provides the space for decision making

FOR THOSE THAT WISH TO USE THE FRAMEWORK AS THE TEMPLATE:

Contents page added with hyperlinks to relevant section

Learner name boxes removed as the learner name is contained within the header which repeats across all pages

Young Person's		Date of	
Name		Birth	
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LEARNING FOR LIVING AND WORK FRAMEWORK

A framework to support young people with special educational needs and disabilities (SEND¹) in their transition to adult life.

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requirements and transport	
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¹ SEND includes young people with special educational needs and young people with learning difficulties and/or disabilities

Young Person's		Date of	
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LEARNING FOR LIVING AND WORK FRAMEWORK

A framework to support young people with special educational needs and disabilities (SEND³) in their transition to adult life.

Part 1:

- The young person's person centred plan
- A report of parent(s)/carer(s)' views
- Reports from professionals

PART 1, SECTIONS A and B: THE YOUNG PERSON AND PARENT(S)/CARER(S)' VIEWS

PERSON C (name of yo		PLAN complete on):	ed by				
Signature:			·				
Date:							
SUPPORTE	D BY:						
Role/Relation	nship to y	oung person:					
Email:					Phone no:		
PARENT/C	ARERS RI	EPORT comple	eted by:				
Signature:							
Date:							
SECOND P	ARENT/C	ARERS REPOR	RT comple	eted I	oy:		
Signature:							
Date:							

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³ SEND includes young people with special educational needs and young people with learning difficulties and/or disabilities

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PART 1, SECTION B: THE PARENT(S)'/CARER(S)' VIEWS

B.1 PARENT(S)'/CARER(S)' PERSPECTIVE
Please describe your hopes and expectations for the future life of your son, daughter or young
person you are caring for. Please take account of the kind of provision you would like when they
leave school, short breaks, leisure and housing and anything else that is important to you.
· · · · · · · · · · · · · · · · · · ·
Name of parent/carer completing form
and relationship to young person:
and relationship to young person.
B.2. SECOND PARENT(S)'/CARER(S)' PERSPECTIVE (where a separate record is desired)
Please describe your hopes and expectations for the future life of your son, daughter or young
person you are caring for. Please take account of the kind of provision you would like when they
leave school, short breaks, leisure and housing and anything else that is important to you.
leave school, short breaks, leisure and hodsing and anything else that is important to you.
Name of parent/corer completing form
Name of parent/carer completing form
and relationship to young person:
B.3. Parents'/carers' signatures are included at the beginning of Part 1. Where the form
has been completed electronically, please state where the signature(s) are held.
B.4. If those with parental responsibility were not able to contribute to the review please
give reasons why, if known

Young Person's		Date of	
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PART 1, SECTIONS C AND D: BACKGROUND INFORMATION AND SCHOOL REPORTS

'	'he	school is	s re	esponsible fo	completi	ng these sections.
REPOR	T C	ompleted by	y:			
Signatu	re:					
Date:						
Role:						
Email:					Phone no:	
In cor	nsult	ation with:				
Name a	and o	organisation	า	Role/Relationshi	to learner	Contact details
<u> </u>						
	P	ART 1, SI	EC.	TION C: BAC	KGROUNI	INFORMATION
C.1 Pe	rson	al details				
		nal details				
Name o	of you	ung person				
Name of Date of	of you	ung person				
Name of Date of Gender	of you	ung person				
Name of Date of Gender Address	of you birth	ung person				
Name of Date of Gender Address	of you birth	ung person				
Name of Date of Gender Address Telephote Email	birth	ung person	earr	ning provision		
Name of Date of Gender Address Telephote Email	of you birth	ung person	earr	ning provision		
Name of Date of Gender Address Telephote Email Current	birth s one scho	ung person	earr	ning provision		
Name of Date of Gender Address Telephole Email Current Admiss Year gr	school oup	ool or other I	vith ر	parental responsibil	ity	
Name of Date of Gender Address Telephot Email Current Admiss Year gr Names and relations	schoolion Coup	ool or other I	vith p	parental responsibil g person	ity	
Name of Date of Gender Address Telephot Email Current Admiss Year gr Names and relation Name of Name of Name of Control of the Admiss of the A	school of Soof lea	ool or other I Date f person(s) w	vith pound	parental responsibil g person pplicable	ity	
Name of Date of Gender Address Telephot Email Current Admiss Year gr Names and relation Name of Name of Name of Control of the Admiss of the A	school sc	ool or other I Date f person(s) w ship to the your cial Worker, wing care or	vith pound	parental responsibil g person pplicable	ity	
Name of Gender Address Telephole Email Current Admiss Year gr Names and relations Name of Worker, Unique National	school of Soor	ool or other I Date f person(s) w ship to the your cial Worker, wing care or	vith poungif apother	parental responsibility person oplicable er support (normally	ity	

Young Person's		Date of	
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C.2 Details of previous secondary schools/learning provision (if any)						
Name	Address Dates Contact name, phone no. and email, if known					

C.3. Please describe the young person's holistic qualities and strengths as others see them:

C.4. Special Educational Needs and Disabilities (SEND)				
Describe the nature of the young person's SEND and the impact this has on learning.	Sources of evidence			

C.5. Agreed Targets of Last Annual Review of Statement				
Date Statement was originally issued				
Date of this Annual Review				
Current Funding Level	£			
Targets set at last review:				
Educational				
Social / Behavioural				
Physical				
Other				

C.6. Pupils progress towards meeting the objectives and agreed targets over the past twelve months. Please comment on the strategies employed, their appropriateness and the progress of the pupil in these areas:
Educational

Social Behavioural

Physical

Other

C.7. Please indicate whether or not there are any significant changes in the pupil's special needs since the last Annual Review. If YES please give details.

Educational

Social Behavioural

Physical
Other

C.8. If the young person does not have a Statement of SEN, please describe their targets for the last twelve months and progress made towards meeting them

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PART 1, SECTION D: SCHOOL REPORTS

This sect	ion shou	ıld be de	veloped	l by the sch	nool thr	ough the	transiti	on planni	ng process.
D.1 Education, Training and Employment: learning for living and work: This should be									
completed for all young people. It may not be possible to complete some sections in Year 9,									
e.g. on experiences of work. Complete these in subsequent years, in accordance with the									
experien	experiences of the individual young person.								
D.1 Curre	D.1 Current educational provision:								
D 1.0 List	any qua	alification	ns/accre	editation the	at the y	oung per	rson has	already a	achieved:
D 1.0 List any qualifications/accreditation that the young person has already achieved:									
D1.1 Tick	() the $($	course le	vel the	young pers	on is s	tudying a	and the p	oredicted	outcome
Working	Primarily	y to:							
Entry 1		Entry 2		Entry 3		Level 1		Level 2	
Level 3 (A			Leve	el 4 (degree))		Other		
Predicted	Outcon	ne:		· •					
Foundation	n Learnii	ng Award			Found	ation Lea	rning Cei	rtificate	
Foundatio	n Learnii	ng Diplon	na		GCSE				
Apprentic	eship								
Other Dip		ease spec	cify)						
Non-accre				e specify)					
Other (ple									
D1.2 Give	a brief	descripti	on of th	e course/c	urriculu	ım			
D1.3 List	any plar	ned out	comes r	not include	d above	e – includ	ing those	relating to	0
independe	ence and	daily livir	ng skills,	work exper	ience a	nd (suppo	orted) em	ployment?	?
				_					
			on requ	i <mark>ire any spe</mark>	cial ex	aminatio	<mark>n arrang</mark>	ements?	Yes/No
If yes, ple	ease des	cribe							
D1.5 Wha	at are the	young	<mark>person's</mark>	s strengths	and sk	ills in an	education	onal settii	ng?
D 4 0 110									
D 1.6 What are his/her support needs in an educational setting? How they are being met?									
Please indicate needs such as support between classes, note takers, group sizes, adaptation of materials, specialist teachers. Wherever possible please indicate the level of support required.									
specialist	eacriers.	vvrierever	possible	piease indica	te trie ie	vei oi supp	ort requir	ea.	
D 1 7 Wh	at acciet	ive tech	nology	adantation	e or en	ocialist o	auinma	nt does th	A VOLING
D 1.7 What assistive technology, adaptations or specialist equipment does the young									
person use to access education? What help does he/she require to use the technology/equipment?									
tecilion)	gyr c quip	IIICIII (

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D1.8 Travel training: What independent travel training has the young person taken part in, is planned or required? (see also section D5)

D1.9 Work experience: What experiences of work, including school based work experience, work related activities and part-time jobs, has the young person had?

D1.10 What does the young person feel his/her strengths are in a work related setting? What are the young person's strengths and skills in a work related setting from the employer's perspective?

D1.11 Support needs in a work/work experience setting: What support needs does the young person have, which are different from those required in education, and how are they being met? Wherever possible please indicate the level of support required.

D1.12 Goals and targets: What are the young person's goals for education, independence and employment in their next placement and, if known, in the longer term? If these are fully covered in Section A, please simply refer to this. Describe any specific targets and changes in support for the next twelve months that will help the young person achieve their longer term goals.

Educational

Social/Behavioural

Physical

Other

D1.13 Future support needs: What support needs do you anticipate the young person will have in the next placement that are new, or different from those described above? Wherever possible please indicate the level of support required.

Modifications in terms of programmes of study, attainment targets and assessment

Exceptions in terms of subject, programmes of study, attainment targets and assessment arrangements

Replacement programmes to ensure a broad and balanced curriculum

D.2 Mobility, travel and transport See also D1.8

This section should be completed for all young people. It should be completed by the school in consultation with the young person and parent(s) and/or carers

D2.2 Is the young person an independent traveller?

Yes/No

If yes, indicate whether bus, train or own transport e.g. bike or car

D2.3 If the young person is not an independent traveller, what are his/her current transport arrangements? Wherever possible please indicate the level of support required

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D2.4 Will transport be required in the next placement?	Yes/No
If yes, is the young person likely to meet any criteria for transport?	Yes/No
If no, what action is required to address this?	
D2.5 If the young person is not an independent traveller, what are his/her	goals in terms of
travel?	
D2.6 Does the young person have any mobility training needs in a new	Yes/No
environment?	
If yes, please describe, including level of need	

D.3 Communication skills and support needs

D3.1 Does the young person have any support needs in terms of communication?

Yes/No

If yes, please complete this section, or attach a communication passport. If you attach a communication passport please also complete the section below on future support needs

If no, please go to section D.4

D3.2 Current situation including detailed information about:

- o any specialist communication equipment used,
- signing support for deaf learners,
- Speech and language therapy
- Social communication/interaction support
- o other strategies to support communication

(wherever possible please indicate the level of support needed).

Please note the individual's first language, where this is not English.

D3.3 What are the young person's strengths, skills and preferred method of communication?

D3.4 What are the young person's current communication support needs and how are they being met? Wherever possible please indicate the level of support required.

D3.5 What are the young person's goals and targets in terms of communication?

D3.6 Future support needs: What communication support needs do you anticipate the young person will have in their next placement, that are new or different from those described above or in the communication passport? Wherever possible please indicate the level of support required.

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D.4 Social skills, relationships and behaviour

D4.1 Are there any concerns/issues to address in relation to the young person's social skills, relationships or behaviour?

Yes/No

If yes, please complete the following section. If no, go to D.5

D4.2 Current situation – Describe:

- significant issues relating to relationships, behaviour and social skills with peers, professionals and other adults
- strengths relating to relationships, behaviour and social skills with peers, professionals and other adults
- Behaviours and any triggers for the young person
- Reasons for concerns
- Known strategies for dealing with behaviour
- How does the young person respond to the strategies?

What support is provided in school to meet needs relating to social skills, relationship and behaviour?	Who provides?	Who funds?	What support is provided out of school to meet needs relating to social skills, relationship and behaviour?	Who provides?	Who funds?		
Wherever possible please indicate the level of support required.							

D4.3 What are the young person's aspirations, goals and targets in terms of relationships, social skills and behaviour in their next placement?

D4.4 Future support needs: What support needs do you anticipate the young person will have in the next placement that are new, or different from those described above? Wherever possible please indicate the level of support required.

D.5 Leisure interests						
D5.1 Does the young person need support to develop or engage in leisure	Yes/No					
interests?						
D5.2 Does any part of the young person's education programme arise from	Yes/No					
their leisure interest(s)?						
If you have answered yes to one or both of these questions, please						
complete this section. If no, please go to D.6						
D5.3 Current situation relating to leisure interests, and details of any relevant groups/networks						
D5.4 What are the young person's strengths and skills in terms of leisure interests?						
· · · · · · · · · · · · · · · · · · ·						

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D5.5 What are the young person's current support needs and how are they being met? Wherever possible please indicate the level of support required.

D5.6 What are the young person's aspirations, goals and targets in terms of their leisure interests? **If these are fully covered in Section A, please simply refer to this.**

D5.6 What information has been shared with the young person regarding leisure activity ands support available?

D5.7 Future support needs: What support needs do you anticipate the young person will have in the next placement that are new, or different from those described above? Wherever possible please indicate the level of support required.

D.6 Faith, ethnicity and cultural considerations

Does the young person have any faith, ethnicity or cultural needs that should be taken into account when planning the next placement?

Yes/No

If yes, please describe. N.B. Please do not simply name the faith.

D.7	Please make recommendations under the following headings, giving reasons as
app	ropriate

D 7.1 Should the local authority **CEASE** to maintain the statement?

Yes/No

Reasons for answer above

D 7.2 Are there **significant new needs** which may require an amendment to the statement?

Yes/No

If yes, please specify

D 7.3 If the recommendation is to **amend the statement** please attach a separate sheet with an updated description of the child's special educational needs (as for PART II of the statement) and an updated profile of the child's attainments.

Yes/No

If yes and further action is required please give details and indicate who will pursue this

D.8 Differing Views or Reccommendations

Are you aware of any **differing views or recommendations** to those made in this report?

Yes/No

If **yes**, please indicate the nature of these recommendations and who has made these

When Part 1 has been completed to the end of Section D, these sections should be returned to the Framework Co-ordinator

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PART 1, SECTION E: MEDICAL SUPPORT

The school nurse is responsible for completing this section, in consultation with the parent(s) and/or carer(s), other relevant health professionals, school staff and social worker, where there is one.

MEDICAL	. RE	PORTS	comp	oleted by:						
Signature	:									
Date:										
Role:						Age	ency:			
Email:						Pho	one no:			
In con	sulta	tion w	ith:							
Name and			ion	Role/relation person	ship to	youn	g	Contact de	etails	
E. Medic	al sı	pport	This se	ection may be	built ur	over	time.			
				e any known n				or	Yes/No	(delete as
therapeut				, , .					approp	•
				this section	n: if r	o ple	ease re	turn this s		
				or (details						
114111611	••••	<u> </u>	dillia	or (aotano	<u> </u>	· <u>/-</u>				
E.1. Bac	karo	und in	format	ion						
				l health cond	lition					
Is the co										
				uirements or	allergie	es				
				an emergenc			l			
Who nee					<i>y</i> -					
	any			eaching or su	pport s	taff w	ill need	that may red	quire	Yes/No
		e detail	s and v	wherever poss	sible ple	ase in	dicate th	e level of su	oport re	quired
Diago at	tach	dotail	s of pr	ocedures for	modic	al cun	nort o	a administr	ation of	
			•	ant care plan		ai Sup	iport, e.c	y. aummistra	ation or	
medication	Jii, a	illu ally	ICICV	ant care plan	J.					
E.2 Supp	ort r	nonde								
			ation	- Is this requi	rod?				,	Yes/No
					icu:					103/110
If yes, what is provided in school? Rest periods and dedicated room - Are these required? Yes/No										
If yes, wh					TICOC	<u>oquii</u>	.			. 53/145
, oo, wii	at 10	Provide	, u iii 00							
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Wherever possible please indicate the level of support required	In school: What is provided? Who provides? Who funds?	Out of school: What is provided? Who provides? Who funds?
Support to administer medication		
Supervision to ensure medication taken		
Staff trained to understand the implications of health issues		
Support to learn to manage own condition		
Support to deal with consequences of missed medication		
Immediate access to medical help when required		
Regular access to nursing care		
Feeding requirements and their impact on activity		
Positioning requirements and their impact on activity		
Access to therapies (please specify which). Please note		
whether direct intervention is required or		
implementation of a therapeutic strategy.		
 the amount of therapy per week the young person 		
receives		
If therapeutic interventions have ended, date of discharge		
Access to counselling		
Access to psychiatric support		
Access to clinical psychology		
Please describe any specialist equipment used		
Please add any other relevant information		

E.3 Future support needs: What medical/therapeutic support needs do you anticipate that the young person will have in their next placement that are new or different from those described above? Wherever possible please indicate the level of support required

Has the young person been assessed for entitlement for continuing health care in adult services? (normally just prior to their 18th birthday)

If yes, is the young person eligible for continuing health care in adult services?

Yes/No

If no, what arrangements have been made to assess the young person's entitlement for continuing health care in adult services?

When Part 1, Section E has been completed, it should be returned to the Framework Co-ordinator, details on Page 2

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PART 1, SECTION F: ACCOMMODATION, LIFESTYLE, INDEPENDENCE AND PERSONAL CARE

The social worker, where there is one is responsible for completing this section in consultation with the young person, parent(s) and/or carer(s) and other professionals. Where there is no social worker, the school should take responsibility. In some cases, young people may have care plans/packages but no social worker and Framework Co-ordinators/PAs will need to work with the school to ensure that a process is in place to obtain relevant details. With the parent(s)' and/or carer(s)' agreement, they should make a referral for social work support if appropriate.

Reports on accommodation, lifestyle, independence and personal care completed by:								
Signatu	re:							
Date:	Date:							
Role:			Organisation:					
Email:			Phone no:					
In co	nsult	ation with:						
Name Role/relationship to young Contact details								
	person							
Accomi	moda	tion and lifesty	le, independence,	and	persor	nal d	care	
		_	•				ently and will have an	impact on
		• • • • • • • • • • • • • • • • • • •		t abo	ut lear	ning	g for independence,	this has
	been covered in Section D.1.							
			pect of accommoda	•	_	•	•	
			on the young perso					Yes/No
education, training, employment or their chosen options in adult life?								
Is the young person, or has s/he previously been, a looked after child? Yes/No								
	If yes, please complete the following section.							
•	•	•				or –	details on P.2.	
							n, a looked after child.	
•				•				

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F.1 Accommodation						
In term time						
What are the accommodation arrangements?	Who pr	ovides?	Who funds?			
What are the arrangements for short breaks?	Who pr	ovides?	Who funds?			
Out of term time						
What are the accommodation arrangements?	Who pr	ovides?	Who funds?			
What are the arrangements for short breaks?	Who pr	ovides?	Who funds?			
Do you anticipate that any of the above arrangements will need to change in Yes/No						
the young person's next placem						
plan in Part 1, please refer to the						
If yes, please describe how, tak avoided	ing acc	ount of any vulnerabilit	ty and risks that r	need to be		
F.2 Personal care wherever po-	ssible p	olease indicate the leve	<mark>l of support requi</mark>	ired.		
In term time Please describe the young person's		Who provides?	Who funds?			
personal care package		Who provides?	who funds?			
Out of term time						
Please describe the young person's personal care package		Who provides?	Who funds?			
personal care package						
-	Do you anticipate that any of the above arrangements will need to change in Yes/No					
the young person's next placen centred plan in Part 1, Section A			in person			
If yes, please describe how, tak			ty and risks that	need to be		
avoided						
Please attach the care plan, if the young person has one						

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F.3 Caring Responsibilities

Does the young person have any responsibilities as a carer?

Yes/No

If yes, please describe. Please refer to person centred plan where appropriate.

How do you anticipate that these responsibilities will impact on their next placement? Please refer to person centred plan where appropriate.

F.4 Services			
Is the young person in receipt of direct payments or a personal budget?	Yes/No		
Is the young person on the housing waiting list?			
Does the young person have a social worker in Children's Services?	Yes/No		
If yes, please give name.			
If yes, please provide name			
If no, is a referral being made?			
Has an assessment been carried out to establish if the young person will meet Fair	Yes/No		
Access to Care criteria in adult services?			
If yes, does the young person meet these criteria?	Yes/No		
If no, what universal services will need to be involved, and what arrangements have	been		
made to assess whether they meet Fair Access to Care criteria?			

F.5 Future aspirations and support needs

What are the young person's aspirations in terms of accommodation and managing their personal care? If these are fully covered in Section A, please simply refer to this.

What are the young person's strengths and skills in terms of independent living, domestic skills, and personal care skills? Please include young person's views, where appropriate referring to person centred plan in Part 1.

What support will need to be put in place in order to enable the young person to achieve these aspirations? Wherever possible please indicate the level of support required.

When Section F has been completed, please return to the Framework Co-ordinator, details on P.2

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PART 1, SECTION G: CONTACTS AND REPORTS

The person co-ordinating the Framework is responsible for completing this section

G.1 Contacts						
	Name	Contact details (address, telephone & email)	Involvement of agencies (For agencies, please say if actively involved or involvement requested).			
Parent(s)/ Carer(s)						
Main contact at school/current placement						
Named school nurse Designated nurse for LAC						
Personal Adviser						
IAG provider						
Broker						
Social Worker – Children's Services						
Social worker – Adult Services						
Other Social Services contact(s)						
Local authority education representative						
Independent advocate						
Other(s)e.g. YOT worker, Speech and Language Therapist, CAMHS, Advisory Teachers etc.						
Other health contacts						
Others						
		nts, e.g. Team around the (b) role and agency; (c)				
	,	, , , , , , , , , , , , , , , , , , ,	, , , ,			

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G.2 Other reports, assessments and plans			
Report/Plan	Please √ If completed and note date	Attached? Yes/No	If not attached, available from (name, email and phone no.)
Person Centred Plan or personal statement from individual (if separate from this document)			
Transition Plan (if separate document)			
Individual Education Plan			
Behaviour Management Plan			
Communication Passport			
Risk Assessments			
Care Plan			
Health Action Plan			
Health Passport			
Mental Capacity Assessment			
Common Assessment Framework			
Statement of SEN (if still relevant)			
Recent Statement Reviews or SA, SA+ reviews			
Protocols and Procedures for Health Support			
Others: please list			

G.3 For looked after children					
	If completed show date	Attached? Y/N	If not attached, available from		
Pathway Plan					
Personal Education Plan					

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PART 1, SECTION H: NEXT STEPS

The Personal Adviser or Lead worker is responsible for completing this section

Comple	eted b	py:			
Signatu	re:				
Date:					
Role:			Orga	nisation:	
Email:			Phor	ne no:	
	ı		•		
H. Next		os. Priefly recorded here will sup	port the vour	na person's	s ongoing action plan
the you whethe	ng pe r this	erson will need to make a	successful to employme	ransition ent, includ	Iditional assessments that into the new placement, ing supported employment.
					ake a placement successful?
		eiate to educational suppo as short breaks	ort but may	equally re	late to health or social care
110000	<u> </u>	ao dilori broanc			
		ry of action to support trai		e complete	
ACTIONS	requ	III EU	VVIICII		By WIIOIII
		Section H has been overk co-ordinator, d	-	•	se return to the
Actions	en S	Section H has been	When complete	d, pleas	By whom

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LEARNING FOR LIVING AND WORK FRAMEWORK

A framework to support young people with special educational needs and disabilities (SEND⁴) in their transition to adult life.

Part 2:

A record of the Resource Allocation System (RAS) that will identify the 1:1 support needs of learners to access and participate in further education

Following extensive feedback from testing Part 2 is currently under redesign.

⁴ SEND includes young people with special educational needs and young people with learning difficulties and/or disabilities

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LEARNING FOR LIVING AND WORK FRAMEWORK

A framework to support young people with special educational needs and disabilities (SEND⁵) in their transition to adult life

Part 3:

Meeting future learning needs: a record of the future provider's assessment and curriculum offer and support from partner agencies

PLEASE NOTE – there can be more than one part 3

It is the responsibility of the potential provider to complete Part 3, in consultation with the learner and colleagues, who are likely to include the Personal Adviser, lead worker, broker, if in post, and colleagues from Health and Social Care.

Some young people will benefit from progression from school to alternatives to FE, e.g. a social enterprise or supported employment. Part 3 can be completed by any provider to assess their ability to meet the young person's needs and to involve partners in the progression.

Name o	· -	Some young people may benefit from programmes developed in collaboration, e.g. between an ISP and a sector college or a college and a social enterprise. Where more than one provider is involved in this way, please list and include them in the assessment.				
Name o	f perso	on completing part 3:				
Signatu	re:					
Date:						
Role:		Organisation:				
Email:	Phone no:					
In co	In consultation with:					
Name		Role	9		Contact details	

When returning to the Framework Co-ordinator, please tick here () if you require support from the co-ordinator, PA or lead worker in seeking support from another agency

⁵ SEND includes young people with special educational needs and young people with learning difficulties and/or disabilities

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PART 3: SECTION A: PROVIDER'S ASSESSMENT OF HOW THEY CAN MEET IDENTIFIED NEEDS for

A.1 Summary of learning provider's assessment
Describe your assessment process, which must build on the information provided in Part 1. This could include your visits to the young person at school or home, attendance at reviews and multi-disciplinary meetings as well as the young person's visits, links and assessments in the planned provision. Specify the length and nature of the additional assessment within your provision.
What, if any, any further skills or support needs, that may apply in a new learning environment, have been identified in addition to those described in Part 1 of the Framework?

A.2 Are any additional assessments required from agencies outside your organisation that relate to the young person's learning needs in a new environment? (for example, Speech and language, physiotherapy)

Yes/No

If yes, complete the following chart. If no, go to A3

Nature of as	ssessment required			
Reason				
Action take	n to obtain assessme	ent		
Date assess	sment carried out			
Name, role	and contact details o	f assesso	r	
Please attach report. If not attached, say where it is available				

If more than one specialist assessment is required, please complete the second chart:

Nature of ass	essment required			
Reason				
Action taken	to obtain assessme	nt		
Date assessm	nent carried out			
Name, role and contact details of assessor				
Please attach report. If not attached, say where it is available				

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A.3. Ability to cater for support needs Are there any elements of support identified that you may not be able to provide? Please provide details:	Yes/No
Please provide details:	
Has consideration been given to partnership working with other providers/agencies?	Yes/No
Please provide details:	

A.4 Curriculum/programme offer

The curriculum offer should reflect the individual's aspirations, strengths, needs and interests as identified in Part 1 of the Framework. The initial offer should be regularly reviewed and the young person's progress monitored to identify and plan for ongoing progression routes beyond the placement being offered.

Following this assessment, provide an overview of the curriculum offer you are able to make to the young person, summarising how it will support him/her to meet their aspirations, requirements and support needs described in Part 1. You are asked to add detail in A.4, A.5 and A6

How does it put in place the essential features identified in Part 1, Section H of the Framework? Please ensure that the offer takes account of future aspirations of the young person

Will work experience be provided/facilitated?

Please provide detail in relation to the integration of future employment options into the curriculum offer

What is the planned progression route and how will it be measured?

How will the young person be supported to consider their future options including a return to local area, where the placement is away from home?

No of guided learning hours for accredited learning:

No of hours for non-accredited learning:

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A.5: Please complete the following timetable, as far as you can, with the components of the programme you will offer							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

- It is recognised that timetables may not be set when offers are made, so please give as much information as possible, including the main activities and attendance pattern as far as you can.
- It is recognised that the timetable may well change to meet the individual's changing goals, circumstances and support needs. The review at the end of the first term should indicate what changes have been made and any impact this may have on the funding requested.
- This can be developed in A.11 to create a holistic timetable covering the range of activities the learner undertakes.

A.6. What are the planned learning outcomes relating to the headings below?				
	Learner's aims	Accreditation /outcomes	Who will deliver?	√ if you are not able to offer this and give reasons below
Education and training, including independence skills:				
Work and employment:				
Communication:				
Leisure:				
Social skills, relationships and behaviour:				
Independent travel:				
If you are not able to offer the young person a place, or have indicated above that you cannot meet any of their aims, state why so that an assessment can be made of whether additional support/advice can be provided to enable you to make an offer.				
Describe any action you have taken to identify other ways of meeting these aims, e.g. referral to a Personal Advisor, social worker or broker, if in post,				

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A.7. Support, based on evidence and assessment to be provided				
Tuition/independent living skills:	How will this be provided? (state no. of hours of 1:1 equivalent support per week where this is required, but consider whether there is a role for assistive technology and include this if there is)	Can this be put in place by the learning provider?	Cost to provider	If no, state; •Cost •Who will provide •Who will fund •Date funding confirmed •Who, or which panel, confirmed funding
Assistive technology				
Education enabler (including tutorial support and teaching assistant)				
Education delivery (tutor)				
Independence Delivery of social, creative and leisure activities				
Other (please give details)				
Equipment:	Include in this response whether it will be transferred from the previous placement.			
Care and therapy:	How will this be provided? (indicate no. of hours of 1:1 equivalent support per week where appropriate)	Can this be put in place by the learning provider?	Cost to provider	If no, state; •Cost •Who will provide •Who will fund •Date funding confirmed •Who, or which panel, confirmed funding
Support from doctor or other				
medical specialist				
Nursing support				
Personal care Support with personal activities of daily living skills				
Physiotherapy				
Counselling				
Emotional support				
Behavioural support Speech and language therapy		1		
Hydrotherapy				
Intervention for learner safety				
Other				

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A.8 Offer of a place.	
On the basis of your assessment, are you able to offer a place?	Yes/No
If No, state why	
If yes, state name of programme and planned accreditation:	
Structure of course	
Does the programme include residential elements?	Yes/No
If residential, state whether termly, weekly, number of nights per week or	
other (e.g. one week's residential etc.)	
Is the programme you can offer full time or part time?	
If part time, no of hours per week spread over how many days?	
Comments	

A.9 Financial Support required	
For Independent Specialist Providers	
For 2010/11 and 2011/12 state Funding Band requested	
For sector colleges, indicate yes in the relevant box below	
With no additional support?	
With additional learning support (ALS) funding under £5,500, within your existing allocation?	
With additional learning support (ALS) between £5,500 and £19,000, within your existing allocation?	
With an additional funding allocation, over and above your allocation, without which the individual will not be able to access education?	
Please state:	
a. Costs to be met by provider through ALS	
b. Costs to be met by health and social care (from section A6 above)	
c. Additional support cost requested for education and training	
Total cost of package (a+b+c)	
Comments	

A.10 What, if any, other agencies will be required to deliver any of the support listed in A.7?

A.11 What, if any, of the young persons goals, defined in part 1 of the Framework, can not be met within the proposed education and training programme? What action has been taken, eg. Referral to Personal Advisor, social worker or broker if in post?

Please note any other action required and by whom.

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PART 3: SECTION B: SUPPORT FROM OTHER AGENCIES: DEVELOPING A HOLISTIC PACKAGE

Providers may need to engage the support of the Personal Adviser and, depending on the needs of the young person, partner agencies including Health and Social Care to access the necessary support.

B.1 How will other agencies support the achievement of education or training goals for

the young person?						
Nature of support required	No. of hours per week	To be provided by	Cost	To be funded by	Date funding confirmed and by whom	
B.2 Describe the support to of non educational or training				support the	achievement	
Nature of support required	No. of	To be		To be funded	Date funding	
	hours per week	provided by		by	confirmed and by whom	
D 2. Transport.						
B.3: Transport: How will the young person	not to thei	r oducation or	training	nlacoments i	noluding any	
off the main provider's site		education of	uaning	piacements, i	ilcluding any	
<u> </u>						
Have will this toppopert be for	de dO					
How will this transport be fu	ınaea ?					
How will the young person	travel betv	veen sites?				
jeang person navor bomoon sitos.						
How will this transport be fu	ınded?					
Who will ensure transport is in place?						
_						

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B.4 Timetable

The timetable below can build on the educational timetable included in A.4 for those young people who have support needs outside of education. It will record how a weekly programme that meets the young person's needs is being developed.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	-		-	-	-	-	-
Λ f t ο πιο ο ο το							
Afternoon							
Evening							

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LEARNING FOR LIVING AND WORK FRAMEWORK

A framework to support young people with special educational needs and disabilities (SEND)⁶ in their transition to adult life.

PART 4, SUMMARY OF PLACEMENT DECISION

It is the responsibility of the local authority to complete this section

		,				
Name of person co-	ordinating c	ompletion of the F	ramework:			
Role			Agency			
Email			Phone no:			
SIGNATURE				Date		
Additionally the f	ollowing ped	ple have been cor	nsulted:			
Name	<u> </u>	Role and organis	ation/	Contact	details	
			<u> </u>			
				I_		
A. Summarise all th	e following:					
a. the young person's goals and say how the proposed placement will help the young person achieve them						
b How their strengths, identified in Part 1, will help the young person achieve their goals						
, <u>, , , , , , , , , , , , , , , , , , </u>						
B. What type of learning programme will enable the young person to work towards their goals, and meet their support needs? Ensure this takes account of the essential features of a package that will make a placement successful, identified in Part 1, Section H. These may relate to educational support but may equally relate to health or social care needs such as short breaks.						
C. What options have been, or are being, explored and how far would they meet the young person's aspirations and needs?						

 $^{^{6}}$ SEND includes young people with special educational needs and young people with learning difficulties and/or disabilities

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D. Please say what the added value will be	oo if an indopondent eneciali	et providor or			
support over and above that which can be		-			
is being considered.					
E. What is the young person's preferred of	option?				
F. What are the parent(s)' /carer(s)' views	?				
G What travel and transport arrangement	s will be necessary to acces	s the placement?			
H. What support has been offered to the y	oung person to find out abo	ut financial issues			
and benefits?					
I. What can be provided to meet the young person's needs					
Name the provider (s)					
Name the programme					
Say why it has been selected					
If the young person is going onto an education of the programme, state the duration of the program					
programme, state the duration of the program in which the educational outcomes are expect					
to be achieved.					
If the programme is not exclusively education state the overall duration of the programme.	nal				
State the support to be provided					
State the mode of delivery (e.g. daily, resider weekly boarding)	ntial,				

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