

# 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

<b>Young Person's Name</b>		<b>Date of Birth</b>	
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# LEARNING FOR LIVING AND WORK FRAMEWORK

A framework to support young people with special educational needs and disabilities (SEND<sup>1</sup>) in their transition to adult life.

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<sup>1</sup> 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 (SEND<sup>3</sup>) 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

<b>PERSON CENTRED PLAN</b> completed by (name of young person):			
Signature:			
Date:			
<b>SUPPORTED BY:</b>			
Role/Relationship to young person:			
Email:		Phone no:	

<b>PARENT/CARERS REPORT</b> completed by:			
Signature:			
Date:			

<b>SECOND PARENT/CARERS REPORT</b> completed by:			
Signature:			
Date:			

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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:

### **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.

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**

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**PART 1, SECTIONS C AND D:  
BACKGROUND INFORMATION AND SCHOOL REPORTS**

**The school is responsible for completing these sections.**

<b>REPORT Completed by:</b>			
<b>Signature:</b>			
<b>Date:</b>			
<b>Role:</b>			
<b>Email:</b>		<b>Phone no:</b>	

**In consultation with:**

<b>Name and organisation</b>	<b>Role/Relationship to learner</b>	<b>Contact details</b>

**PART 1, SECTION C: BACKGROUND INFORMATION**

<b>C.1 Personal details</b>	
Name of young person	
Date of birth	
Gender	
Address	
Telephone	
Email	
Current school or other learning provision	
Admission Date	
Year group	
Names(s) of person(s) with parental responsibility and relationship to the young person	
Name of Social Worker, if applicable	
Name of leaving care or other support worker, if applicable	
Unique learner no.	
National Insurance Number (normally received at 15 yrs 10 months)	

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<b>C.2 Details of previous secondary schools/learning provision (if any)</b>			
Name	Address	Dates attended	Contact name, phone no. and email, if known

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

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

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

<b>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:-</b>
<b>Educational</b>
<b>Social Behavioural</b>
<b>Physical</b>
<b>Other</b>

<b>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.</b>
<b>Educational</b>
<b>Social Behavioural</b>
<b>Physical</b>
<b>Other</b>

<b>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</b>



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## PART 1, SECTION D: SCHOOL REPORTS

<b>This section should be developed by the school through the transition planning process.</b>			
<b>D.1 Education, Training and Employment: learning for living and work:</b> This should be completed for all young people. <i>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 experiences of the individual young person.</i>			
<b>D.1 Current educational provision:</b>			
<b>D 1.0 List any qualifications/accreditation that the young person has already achieved:</b>			
<b>D1.1 Tick (✓) the course level the young person is studying and the predicted outcome</b>			
<b>Working Primarily to:</b>			
Entry 1	Entry 2	Entry 3	Level 1
Level 3 (A levels)	Level 4 (degree)	Other	Level 2
<b>Predicted Outcome:</b>			
Foundation Learning Award	Foundation Learning Certificate		
Foundation Learning Diploma	GCSEs		
Apprenticeship			
Other Diploma (please specify)			
Non-accredited achievement (please specify)			
Other (please specify)			
<b>D1.2 Give a brief description of the course/curriculum</b>			
<b>D1.3 List any planned outcomes not included above</b> – including those relating to independence and daily living skills, work experience and (supported) employment?			
<b>D1.4 Does the young person require any special examination arrangements?</b>			Yes/No
If yes, please describe			
<b>D1.5 What are the young person's strengths and skills in an educational setting?</b>			
<b>D 1.6 What are his/her support needs in an educational setting? How they are being met?</b>			
<i>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.</i>			
<b>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?</b>			

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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)**

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**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?

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**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?**

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**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.*

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**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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<b>D2.4 Will transport be required in the next placement?</b>	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?	
<b>D2.5 If the young person is not an independent traveller, what are his/her goals in terms of travel?</b>	
<b>D2.6 Does the young person have any mobility training needs in a new environment?</b>	Yes/No
If yes, please describe, including level of need	

<b>D.3 Communication skills and support needs</b>	
<b>D3.1 Does the young person have any support needs in terms of communication?</b>	Yes/No
<p><b>If yes</b>, please complete this section, or <b>attach a communication passport</b>. If you attach a communication passport please also complete the section below on future support needs</p> <p><b>If no</b>, please go to section D.4</p>	
<p><b>D3.2 Current situation</b> including detailed information about:</p> <ul style="list-style-type: none"> <li>○ any specialist communication equipment used,</li> <li>○ signing support for deaf learners,</li> <li>○ Speech and language therapy</li> <li>○ Social communication/interaction support</li> <li>○ other strategies to support communication</li> </ul> <p><b>(wherever possible please indicate the level of support needed).</b> Please note the individual's first language, where this is not English.</p>	
<b>D3.3 What are the young person's strengths, skills and preferred method of communication?</b>	
<b>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.</b>	
<b>D3.5 What are the young person's goals and targets in terms of communication?</b>	
<b>D3.6 Future support needs:</b> 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? <i>Wherever possible please indicate the level of support required.</i>	

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

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**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 interests?** Yes/No

**D5.2 Does any part of the young person's education programme arise from their leisure interest(s)?** Yes/No

**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 and 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**

<b>Does the young person have any faith, ethnicity or cultural needs that should be taken into account when planning the next placement?</b>	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 appropriate**

<b>D 7.1 Should the local authority <u>CEASE</u> to maintain the statement?</b>	Yes/No
Reasons for answer above	

<b>D 7.2 Are there significant new needs which may require an amendment to the statement?</b>	Yes/No
If yes, please specify	

<b>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.</b>	Yes/No
If yes and further action is required please give details and indicate who will pursue this	

**D.8 Differing Views or Recommendations**

<b>Are you aware of any differing views or recommendations to those made in this report?</b>	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.

<b>MEDICAL REPORTS completed by:</b>			
Signature:			
Date:			
Role:		Agency:	
Email:		Phone no:	

**In consultation with:**

Name and organisation	Role/relationship to young person	Contact details

### E. Medical support *This section may be built up over time.*

Does the young person have any known medical, mental health or therapeutic support needs?	<b>Yes/No</b> (delete as appropriate)
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**If yes, please complete this section; if no please return this section to the Framework Co-ordinator (details on P.2).**

#### E.1. Background information

Name of medical or mental health condition	
Is the condition stable?	
Details of special diet requirements or allergies	
What needs to happen in an emergency?	
Who needs to be contacted?	
Are there any skills that teaching or support staff will need that may require training?	Yes/No
<i>Please provide details and wherever possible please indicate the level of support required</i>	

**Please attach details of procedures for medical support, e.g. administration of medication, and any relevant care plans.**

#### E.2 Support needs

<b>Room to take medication - Is this required?</b>	<b>Yes/No</b>
If yes, what is provided in school?	
<b>Rest periods and dedicated room - Are these required?</b>	<b>Yes/No</b>
If yes, what is provided in school?	

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<b>Wherever possible please indicate the level of support required</b>	<b>In school:</b> What is provided? Who provides? Who funds?	<b>Out of school:</b> 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 <ul style="list-style-type: none"> <li>• whether direct intervention is required or implementation of a therapeutic strategy.</li> <li>• the amount of therapy per week the young person receives</li> </ul> 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		
<b>Please add any other relevant information</b>		

**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 18 <sup>th</sup> birthday)		Yes/No
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.**

<b>Reports on accommodation, lifestyle, independence and personal care completed by:</b>			
Signature:			
Date:			
Role:		Organisation:	
Email:		Phone no:	

### In consultation with:

Name	Role/relationship to young person	Contact details

### Accommodation and lifestyle, independence, and personal care

This section relates to support and requirements that apply currently and will have an impact on the young person's options in adult life. **It is not about learning for independence, this has been covered in Section D.1.**

Are there any concerns in respect of accommodation, lifestyle, independence and personal care that will impact on the young person's ability to access further education, training, employment or their chosen options in adult life?	<b>Yes/No</b>
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Is the young person, or has s/he previously been, a looked after child?	<b>Yes/No</b>
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**If yes, please complete the following section.**

**If no, please return to the Framework co-ordinator – details on P.2.**

N.B. please complete for all young people who are, or have been, a looked after child.



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<b>F.1 Accommodation</b>		
<b>In term time</b>		
What are the accommodation arrangements?	Who provides?	Who funds?
What are the arrangements for short breaks?	Who provides?	Who funds?
<b>Out of term time</b>		
What are the accommodation arrangements?	Who provides?	Who funds?
What are the arrangements for short breaks?	Who provides?	Who funds?
Do you anticipate that any of the above arrangements will need to change in the young person's next placement? If these are included in person centred plan in Part 1, please refer to this.		Yes/No
If yes, please describe how, taking account of any vulnerability and risks that need to be avoided		

<b>F.2 Personal care wherever possible please indicate the level of support required.</b>		
<b>In term time</b>		
Please describe the young person's personal care package	Who provides?	Who funds?
<b>Out of term time</b>		
Please describe the young person's personal care package	Who provides?	Who funds?
Do you anticipate that any of the above arrangements will need to change in the young person's next placement? If reasons are included in person centred plan in Part 1, Section A, please refer to this.		Yes/No
If yes, please describe how, taking account of any vulnerability and risks that need to be avoided		
Please attach the care plan, if the young person has one		

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<b>F.3 Caring Responsibilities</b>	
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.	

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

<b>F.5 Future aspirations and support needs</b>	
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**

<b>G.1 Contacts</b>			
	Name	Contact details (address, telephone & email)	Involvement of agencies <i>(For agencies, please say if actively involved or involvement requested) .</i>
Parent(s)/ Carer(s)			
Main contact at school/current placement			
Named school nurse			
Designated nurse for LAC			
Personal Adviser			
IAG provider			
Broker			
<i>Social Worker – Children's Services</i>			
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			
<b>Please note any support arrangements, e.g. Team around the Child that are in place and state: (a) name of main contact; (b) role and agency; (c) email; (d) phone no</b>			

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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**

<b>Completed by:</b>			
Signature:			
Date:			
Role:		Organisation:	
Email:		Phone no:	

<b>H. Next steps.</b>
The actions briefly recorded here will support the young person's ongoing action plan
<b>H.1 Transition. Please describe any particular support or additional assessments that the young person will need to make a successful transition into the new placement, whether this is in education, training or employment, including supported employment. This may include a planned transition programme.</b>
<b>H.2 What are the essential features of a package that will make a placement successful? These may relate to educational support but may equally relate to health or social care needs such as short breaks</b>

<b>H.3 Summary of action to support transition: to be completed at transition reviews</b>		
<b>Actions required</b>	<b>When</b>	<b>By whom</b>

<b><i>When Section H has been completed, please return to the Framework co-ordinator, details on P.2.</i></b>
---

<b>Young Person's Name</b>		<b>Date of Birth</b>	
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## **LEARNING FOR LIVING AND WORK FRAMEWORK**

A framework to support young people with special educational needs and disabilities (SEND<sup>4</sup>) 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.**

---

<sup>4</sup> 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 (SEND<sup>5</sup>) 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.

<b>Name of Provider(s):</b>	<i>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.</i>		
Name of person completing part 3:			
Signature:			
Date:			
Role:		Organisation:	
Email:		Phone no.:	

**In consultation with:**

Name	Role	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**

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

<b>Young Person's Name</b>		<b>Date of Birth</b>	
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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?

--

<b>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)</b>	<b>Yes/No</b> If yes, complete the following chart. If no, go to A3
---	---

<b>Nature of assessment required</b>	
<b>Reason</b>	
<b>Action taken to obtain assessment</b>	
<b>Date assessment carried out</b>	
<b>Name, role and contact details of assessor</b>	
<b>Please attach report. If not attached, say where it is available</b>	

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

<b>Nature of assessment required</b>	
<b>Reason</b>	
<b>Action taken to obtain assessment</b>	
<b>Date assessment carried out</b>	
<b>Name, role and contact details of assessor</b>	
<b>Please attach report. If not attached, say where it is available</b>	



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**A.3. Ability to cater for support needs**

<b>Are there any elements of support identified that you may not be able to provide?</b>	Yes/No
--	--------

Please provide details:

<b>Has consideration been given to partnership working with other providers/agencies?</b>	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?**

<b>No of guided learning hours for accredited learning:</b>	
<b>No of hours for non-accredited learning:</b>	

<b>Young Person's Name</b>		<b>Date of Birth</b>	
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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**

<b>Tuition/independent living skills:</b>	<b>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)</b>	<b>Can this be put in place by the learning provider?</b>	<b>Cost to provider</b>	<b>If no, state; •Cost •Who will provide •Who will fund •Date funding confirmed •Who, or which panel, confirmed funding</b>
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)				
<b>Equipment:</b>	<b>Include in this response whether it will be transferred from the previous placement.</b>			
<b>Care and therapy:</b>	<b>How will this be provided? (indicate no. of hours of 1:1 equivalent support per week where appropriate)</b>	<b>Can this be put in place by the learning provider?</b>	<b>Cost to provider</b>	<b>If no, state; •Cost •Who will provide •Who will fund •Date funding confirmed •Who, or which panel, confirmed funding</b>
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				
Hydrotherapy				
Intervention for learner safety				
Other				

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<b>A.8 Offer of a place.</b>	
<b>On the basis of your assessment, are you able to offer a place?</b>	Yes/No
<b>If No, state why</b>	
<b>If yes, state name of programme and planned accreditation:</b>	
<b>Structure of course</b>	
Does the programme include residential elements?	Yes/No
<b>If residential</b> , 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?	
<b>Comments</b>	

<b>A.9 Financial Support required</b>	
<b>For Independent Specialist Providers</b>	
For 2010/11 and 2011/12 state Funding Band requested	
<b>For sector colleges, indicate yes in the relevant box below</b>	
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?	
<b>Please state:</b>	
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	

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

<b>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?</b>

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>B.1 How will other agencies support the achievement of education or training goals for the young person?</b>					
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>B.2 Describe the support to be provided by other agencies to support the achievement of non educational or training goals for the young person</b>					
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>B.3: Transport:</b>
<b>How will the young person get to their education or training placements, including any off the main provider's site?</b>
<b>How will this transport be funded?</b>
<b>How will the young person travel between sites?</b>
<b>How will this transport be funded?</b>
<b>Who will ensure transport is in place?</b>

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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							
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)<sup>6</sup> in their transition to adult life.

### PART 4, SUMMARY OF PLACEMENT DECISION

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

<b>Name of person co-ordinating completion of the Framework:</b>			
<b>Role</b>		<b>Agency</b>	
<b>Email</b>		<b>Phone no:</b>	
<b>SIGNATURE</b>		<b>Date</b>	

**Additionally the following people have been consulted:**

<b>Name</b>	<b>Role and organisation/ relationship to young person</b>	<b>Contact details</b>

#### **A. Summarise all the following:**

- |   |  |
|---|--|
| <b>a.</b> the young person's goals and say how the proposed placement will help the young person achieve them |  |
| <b>b</b> How their strengths, identified in Part 1, will help the young person achieve their goals            |  |

**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?**

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**D. Please say what the added value will be if an independent specialist provider or support over and above that which can be provided through the sector college allocation is being considered.**

--

**E. What is the young person's preferred option?**

--

**F. What are the parent(s) /carer(s)' views?**

--

**G What travel and transport arrangements will be necessary to access the placement?**

--

**H. What support has been offered to the young person to find out about 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 educational programme, state the duration of the programme in which the educational outcomes are expected to be achieved. If the programme is not exclusively educational state the overall duration of the programme.	
State the support to be provided	
State the mode of delivery (e.g. daily, residential, weekly boarding)	



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Young People's Learning Agency

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