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Research Article

Transition from Residential Special Educational Settings: Outcomes for Individuals with an Intellectual or Developmental Disability in England

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Introduction. Young people with intellectual/developmental disabilities (IDDs) are often placed in residential educational placements. There is little research examining the use of such placements and outcomes following these, despite emerging recognition that they may be linked to out-of-area placements in adulthood (which are themselves often linked to poor outcomes for individuals). This study aimed to examine the characteristics of young people with IDD transitioning from a residential educational setting in England, describe post-transition placement characteristics, and identify factors that predict post-transition placement location. *Methods.* All residential educational placements in England were invited to complete a survey about the setting (e.g., size, pupil characteristics, specialism, and fees) and anonymous questionnaires for each young person with IDD who had recently transitioned from the setting (focusing on young person characteristics, educational placement, and post-transition placement characteristics). *Results.* Responses were received for 47 residential educational settings and 320 young people. Young person characteristics differed between those who had attended a school or a college. 35.9% of post-transition placements were out-of-area, with 31.2% of home-area placements being in the family home. Out-of-area placement was found to be significantly predicted by young person characteristics, prior placement in a residential school, post-transition placement in residential care, or in a setting that was linked to the educational placement. *Discussion.* Extrapolation from the current study suggests that several hundred young people transition from residential educational settings each year, more than a third of whom are likely to be transitioning to an out-of-area placement. This underscores the importance of improved support for this population around their transition. Implications for policy and practice are highlighted.

1. Introduction

Residential education (i.e., where a young person lives for all or a large part of the year in accommodation provided by, or in conjunction with, their educational setting) continues to be a part of the special educational system for young people with intellectual/ developmental disabilities (IDDs) in England. At least 8740 residential special educational placements have been identified as available each year [1], a significant proportion of which are likely to be filled by young people who have an IDD. Robust figures of the number of young people with IDD who actually attend such settings are, however, limited. Here, the most recent

estimates date from 10 years ago (see [2]). These do not include independent schools (which make up approximately half of all residential educational settings), residential colleges, or the full range of special educational need categories related to IDD. Pinney reported that 1300 children with moderate to profound intellectual disabilities or an autism diagnosis were placed in residential special schools. More recently, Lenehan and Geraghty [3] identified over 6000 children and young people in residential special educational settings, though this figure included an unspecified number without an IDD.

Information on the residential special education sector is also limited due to the varying governance arrangements

and lack of mandated reporting for independent settings, resulting in a gap in centrally available information about these settings [4]. There has also been little research examining residential special education, and too often a focus only on specific organisations or limited samples (see [5]). Settings vary greatly in size [1], placement cost [3, 6, 7] and support offered [8–10], meaning there is little standardisation across the sector and widely varying practices. Young people do, however, often spend long periods of time in such settings (with some placements offered from as young as 2 years but commonly from 7 years of age [1, 9]). Outcomes and experiences for young people also appear to be variable with some positive reports and other examples highlighting challenges and poor practice (see [3, 5, 9]). Notably, the independent Child Safeguarding Practice Review Panel has recently published a review of instances of abuse and neglect in three special residential school settings in England [11]. The SEND and Alternative Provision Improvement Plan [12] also highlight the vulnerability of children with complex needs who are placed in residential settings far away from their home and therefore underscore the importance of developing local mainstream services to enable children and young people with IDD to remain in their home communities.

Residential education settings may also be far from the young person's home area [8, 10] exacerbating poor outcomes and making transition to adult settings more challenging [13–16]. Transition to adulthood is noted to be a period of turbulence for both those who are typically developing and those with IDD [17, 18], with the process for those with IDD often complicated due to ongoing support needs and lack of available services [19, 20]. Evidence suggests that for individuals with IDD and their families, this period can be experienced as stressful [17] and that good support during this time is the key to attaining positive outcomes [21]. However, families and young people commonly report that the process is rushed and initiated too late resulting in an extended period of transition compared to typically developing peers [22]. The experiences of these families are characterised by a lack of support during transition, reduction in activities following transition, and significant anxiety during this time [23]. This is despite legislation highlighting the importance of early transition planning and personalised support during this period for young people with IDD [24].

Similar difficulties are specifically noted for young people transitioning from residential education services. Here, research has highlighted funding challenges, lack of local authority involvement or guidance, and lack of timely (or advance) planning [3, 8, 13–16, 25]. Evidence also suggests that many people with IDD in out-of-area adult settings have previously attended a residential special educational setting [19, 26, 27]. Accordingly, concern has been raised over the possible link between residential educational placement and placement out-of-area as an adult [5, 26, 28], with numerous calls and policy initiatives that have focused on placing children and young people in educational settings close to their home area (e.g., [3, 10, 24, 29, 30]).

Out-of-area placements for adults with IDD have received increasing scrutiny over the past decade, fuelled by a series of scandals (e.g., Winterbourne View, Whorlton Hall) highlighting the vulnerability of those placed out-of-area to abusive practices and poor-quality support. These placements are often costly [31, 32], with evidence suggesting that they may be associated with poor outcomes and are no more specialised than those located close to the person's home area [33, 34]. Known risk factors for placement in out-of-area adult settings include behaviour that challenges, mental health diagnoses, autism, and lower adaptive behaviour [31], with similar factors cited as risks for placement in residential education (e.g., [26, 27, 30]). To date, however, there has been no research systematically examining the potential link between placement in residential education and placement out-of-area as an adult and an overall lack of research examining residential educational placements themselves. The objectives of the current study were therefore as follows:

(1) Describe the characteristics of young people who have recently transitioned from a residential special educational setting in England

(2) Describe the characteristics of the settings young people transition to following residential education

(3) Identify factors that predict whether a young person will be placed out-of-area following their transition from residential education

2. Methods

2.1. Participants. The target population for this study was young people with intellectual disabilities (IDs) or with a diagnosis of autism who had recently transitioned from a residential educational setting. Eligible young people were those who met all of the following criteria: (1) had a diagnosis of autism or were identified as having an ID, (2) had been placed in a residential placement at a special school or college in England for at least one academic year, at least 4 nights per week, and at least 30 weeks of the year prior to their transition from the setting, (3) transitioned from the setting between the age of 15 and 26 years, and (4) transitioned within the previous twelve months (if they attended a college) or three years (if they attended a school). These different time periods were used to reduce burden on colleges taking part in the study due to the higher proportion of students typically transitioning from these settings each year. All known special educational settings offering residential placements to eligible young people in England were contacted as part of the study. Detailed information about the process of identifying these settings is available (see [1]). Slight differences exist between setting demographic data reported in [1] and the current study due to ongoing data collection after the former was published and the changing nature of the residential educational sector.

2.2. Questionnaire Design. Two questionnaires were designed for the purposes of this study; the first focused on the residential educational settings themselves and the second focused on eligible young people and their

transition from the setting. Table 1 shows the areas covered by each questionnaire. Questionnaires for schools and colleges were virtually identical with only minor differences to ensure that information collected was relevant to the setting type (e.g., ensuring that sources of funding applicable only to colleges were included in the young person questionnaires sent to colleges). Questionnaires sought data on a range of variables not all of which are presented here. This is due to both high levels of missing data with respect to some variables (e.g., placement costs) and the current paper's focus on describing post-transition placements and predicting their locations.

Questionnaires were to be completed by staff at the educational settings and were therefore kept brief with the use of closed-ended questions as far as possible to reduce the response effort. To ensure that questionnaires were relevant to the study aims these were designed in collaboration with an advisory group that included representatives from a residential educational setting. These representatives and the wider group advised on question content, phrasing and format, as well as question areas to be covered. In addition, questionnaires were piloted with one school and one college to ensure that their completion by staff within the setting was feasible. No changes were needed following this piloting and therefore the pilot data completed by these settings were included in the final sample.

2.3. Data Collection.

A total of 343 settings (58 colleges and 285 schools) were initially contacted by post with details about the study, an information sheet and consent form. Where required, follow-up contact was made by post or telephone at least twice after initial contact to enquire about whether the setting would like to take part in the study. Response rates and number of settings submitting data are reported in the Results.

After expressing interest and returning consent forms, residential educational settings were sent questionnaires either in paper format or electronically using Qualtrics© survey software (according to setting preference). Settings were asked to complete the setting questionnaire once and to complete the young person questionnaire for each eligible young person from their setting. Settings were subsequently prompted up to four times via e-mail, telephone, or post to return completed questionnaires. Following return, a member of the research team checked questionnaires for completeness and where possible, queried any missing data or incorrectly completed forms directly with the setting to reduce inaccuracies within the data. Any submitted data were included provided that some information about the young person's first placement after the residential educational setting was provided. This meant that in some instances, there was a significant proportion of missing data for individual young people due to incomplete questionnaires. The impact of missing data for individual variables was considered at the analysis stage as described below. Data collection and checking occurred between September 2016 and June 2018.

2.4. Data Analysis.

Data relating to placement location following transition were transformed by the research team and categorised as either in-area (i.e., within the same local authority/unitary authority/metropolitan borough as the young person's home area) or out-of-area (i.e., within a different local authority/unitary authority/metropolitan borough to the young person's home area). This categorisation was selected in the absence of any consensus in the literature on the required distance from a young person's home area for a placement to be considered out-of-area. Furthermore, distance data for this study were necessarily estimates made by either the questionnaire respondent or the research team, since the young person's exact home and placement locations were not provided to preserve young person anonymity. It was therefore felt that categorising the data according to funding authority would result in a smaller margin of error. Due to relatively low numbers of young people reported to have placement changes after their initial placement post-transition (as described below), all analyses focused on the first placement after the young person's transition from residential educational placement.

Two stages of analysis were conducted for the current study to (a) describe young people and their transition outcomes and (b) predict placement location post-transition. Firstly, descriptive analyses were conducted to describe the sample of young people included in the study and their post-transition placements. As noted above, most included data for this study were categorical, and therefore frequencies were mainly used to describe education and post-transition placement characteristics for the total sample and for relevant subsamples within the dataset (i.e., those who attended a school or college and those who were placed in-area or out-of-area for their post-transition placement). Chi-square analyses were also conducted to examine associations between participant variables and key variables of interest relevant to the study aims (e.g., characteristics of the post-transition placement).

This initial descriptive analysis suggested that the sample was heterogenous and varied widely between schools and colleges and between different schools. Accordingly, a cluster analysis using the contact segmentation procedure in SPSS 25 was undertaken to see if it was possible to construct more homogenous subgroups based on combinations of individual characteristics (i.e., autism diagnosis, behaviour that challenges, level of ID, presence of physical/sensory/health impairment, sex, presence of mental health diagnosis, and looked after status). This enabled investigation of the relationship between particular profiles of young people (as reflected in cluster characteristics) and transition outcomes. Binary logistic regression analyses were then conducted with key variables likely to be related to placement location to predict placement location following transition from a residential educational setting. Variables entered into the model included those associated with a significant chi-square result in earlier analyses indicating associations with post-transition placement location and the clusters identified in the cluster analysis. Variables were entered into the model using forced entry. This and related analyses seeking to identify variables associated with post-

TABLE 1: Question areas covered by setting and young person questionnaires.

Setting questionnaire	Young person questionnaire
Setting demographics: (i) Year of establishment as a residential setting (ii) Organisation of the setting (iii) Links to other settings/organisations offering support for adults or children (iv) Number of staff employed; staff to student ratio	Young person details: (i) Sex; ethnicity; home area (ii) Level of ID; autism (iii) Physical/sensory/health impairment; behaviour that challenges; mental health diagnosis; police involvement for behaviour; looked after status (iv) Year of transition
Provision offered: (i) Number of day and residential placements offered; number of placements currently filled; number of students per residential unit (ii) Type of residential placements offered; cost of placement types (iii) Number of admissions and transitions for both day and residential placements within the past three years (iv) Existence of transition guidance; specific staff allocated to supporting transitions	Residential education placement: (i) Location; distance from home area (ii) Placement cost; funding sources (iii) Year of arrival and departure
Students supported: (i) SEND categories supported; specialisms (ii) Age range catered for; current age range of students enrolled at the setting (iii) Additional support services available within the setting Any changes in these areas in the past three years	Placements after transition[a]: (i) Location; distance from home area (ii) Placement cost; funding sources (iii) Day activities accessed at the placement (iv) Type of placement; type of provider (v) Specialisms (vi) Whether the placement was made under the Mental Health Act [35] (vii) Relationship to residential educational setting; frequency of other young people from residential educational setting being placed at this setting (viii) Year of arrival and departure; reason for end of placement (if applicable)

Note. [a]These questions were repeated to enable information to be collected about up to three subsequent placements for the young person following their transition from the residential education setting.

transition placement location focused only on young people who had transitioned out of residential education rather than, for example, those who had transitioned from a residential school to college.

Missing data at any stage of the analysis were dealt with by excluding cases in a list-wise or test-by-test fashion such that only complete cases were included in the relevant analysis. The proportion of missing data for each variable is reported below and remained low for any individual variable meaning that the influence of missing data on the analysis is likely to be negligible.

2.5. Ethical Considerations. Ethical approval was obtained for the study from the Social Care Research Ethics Committee (reference: 15/IEC08/0062) on the 21st of January 2016. Consent for participation in the study was required from each setting willing to take part. Since the study collected only anonymised data already held by residential educational settings, consent was not required from young people themselves.

3. Results

3.1. Settings. An initial response rate of 30.90% was achieved with 106 of the 343 settings responding to contact. Thirty-five settings (33.02% of responders) declined to take part, usually citing resource constraints or concerns about young person anonymity as reasons for their nonconsent, and the rest ($n = 237$) did not respond to contact. Of those who responded, 71 settings (66.98% of responders) consented to take part, however 22 of these (30.99% of those who initially consented) were lost to follow-up. This resulted in 49 settings (14.29% of total sample; 31 schools and 18 colleges) who proceeded through all stages of recruitment and submitted data for the study. Of these 49 settings, 39 returned young person questionnaires for 320 young people (an average of 8.21 young people per setting from 26 schools and 13 colleges) and 47 (30 schools and 17 colleges) returned setting questionnaires. Thirty-seven settings (25 schools and 12 colleges) returned both types of questionnaire.

Analyses to compare settings that eventually returned data ($n = 49$) and the sample of those who did not take part ($n = 294$) were conducted using chi-square (or Fisher's exact test) or Mann–Whitney U tests as appropriate (see Supplementary File 1). Settings that submitted data were larger, more likely to come from particular parts of the country, more likely to be residential colleges, and less likely to be in the independent sector.

3.2. Characteristics of Young People and Their Educational Placements. Of the 320 young people for whom questionnaires were returned, 249 (77.80%) had transitioned from a residential school within the previous three years, and 71 (22.20%) had transitioned from a residential college within the previous year. Characteristics of the total sample of young people and their educational placements can be seen in Table 2. Results of chi-square and Mann–Whitney analyses (where possible) for associations between educational

placement type (i.e., school or college) and young person/placement characteristics can also be seen in Table 2. Young people attending a residential college were more likely than those attending a residential school to be female ($X^2 = 17.454$, $p < 0.001$, and $V = 0.234$), to not be diagnosed with autism ($X^2 = 32.654$, $p < 0.001$, and $V = 0.321$), to have a mild/moderate ID if identified as having an ID ($X^2 = 16.767$, $p < 0.001$, and $V = -0.234$), to be identified as having a physical/sensory/health impairment ($X^2 = 24.757$, $p < 0.001$, and $V = 0.280$), and to not display behaviour that challenges ($X^2 = 39.074$, $p < 0.001$, and $V = 0.355$). They were less likely than those attending a residential school to have police involvement for their behaviour ($X^2 = 6.383$, $p = 0.017$, and $V = 0.141$), be under a care order ($X^2 = 8.742$, $p = 0.014$, and $V = 0.168$) or for their home area to be within London ($X^2 = 5.648$, $p = 0.020$, and $V = 0.133$). Annual residential school costs were greater than college costs ($U = 1543.5$, $n = 160$, and $p < 0.001$), young people spent more time in school placements ($U = 2688.5$, $n = 306$, and $p < 0.001$), and college placements were further from young people's home areas ($U = 5808.0$, $n = 318$, and $p < 0.001$).

As noted above, a cluster analysis was performed to identify whether young people could be grouped by their characteristics for the purposes of predicting post-transition placement location. Three clusters emerged with 289 (90.31%) young people allocated to a cluster. The characteristics of young people (ordered from most to least important predictor) in each cluster can be seen in Table 3.

3.3. Characteristics of Post-Transition Placements. First placements after transition for the whole sample are summarised in Table 4. For further analyses relating to post-transition placement, participants who transitioned to a residential school ($n = 5$) or a residential college ($n = 76$) were not included since the research aims focused on adult placements, rather than continued educational placements.

Of the remaining 237 transitions, information on location of the placement was missing for 17 young people. Where the location of the post-transition placement was reported ($n = 220$), 35.90% of placements were out-of-area ($n = 85$). Of the 135 post-transition placements in the young person's home area, 74 (31.20%) were reported to be in the family home. Placements were a median of 10 miles from the young person's home area (interquartile range = 33 miles) and, as expected, placements that were out-of-area were significantly further (median = 40 and interquartile range = 63 miles) from the young person's home area ($U = 943.00$, $p < 0.001$, and $r = -0.720$) than placements that were in-area (median = 0 and interquartile range = 7 miles). Post-transition placements were commonly in residential care settings ($n = 86$, 36.30%), the family home ($n = 74$, 31.20%) or supported living ($n = 65$, 27.40%) and were provided by private sector organisations ($n = 97$, 40.90%), the family ($n = 74$, 31.20%), or not-for-profit organisations ($n = 33$, 13.90%).

3.4. Predicting Post-Transition Placement Location. A significant association was found between out-of-area placement and participant cluster ($X^2 = 29.512$, $p < 0.001$, and $V = 0.382$).

TABLE 2: Characteristics of sample and analyses comparing school and college subsamples.

Variable	Subcategory	School (n)	College (n)	Missing data (n (%))	p
Sex	Male	190	36	0 (0.00%)	<0.001***
	Female	59	35		
Ethnicity	White	196	60	6 (1.88%)	0.306
	Black/minority ethnic	48	10		
Autism diagnosis	Yes	178	23	3 (0.94%)	<0.001***
	No	71	45		
ID	Yes	238	69	5 (1.56%)	0.503
	No	7	1		
Level of ID (where ID reported)	Severe/profound	139	21	13 (4.06%)	<0.001***
	Mild/moderate	99	48		
Physical/sensory/health impairment	Yes	99	51	4 (1.25%)	<0.001***
	No	148	18		
Behaviour that challenges	Yes	157	14	10 (3.13%)	<0.001***
	No	87	52		
Mental health diagnosis	Yes	30	4	5 (1.56%)	0.141
	No	217	64		
Police involvement for behaviour	Yes	34	2	1 (0.31%)	0.012*
	No	215	68		
Looked after status	Accommodated	67	17	10 (3.13%)	0.013*
	Care order	23	0		
	Not looked after	149	54		
Home region	East	15	2	11 (3.4%)	—a
	East Midlands	4	1		
	London	86	14		
	North East	3	0		
	North west	16	5		
	South East	57	18		
	South West	25	20		
	West Midlands	6	2		
	Yorkshire and the Humber	32	3		
Home area London[b]	Yes	86	14	0 (0.00%)	0.017*
	No	163	57		
Educational placement out of home area	Yes	203	59	6 (1.9%)	0.405
	No	43	9		
Median distance (IQR) from home area		35 miles (IQR = 50)	60 (IQR = 123)	2 (0.6%)	<0.001***
Median length (IQR) of attendance		5 years (IQR = 5)	3 years (IQR = 0)	14 (4.4%)	<0.001***
Median annual cost (IQR) of educational placement		£85886 (IQR = £71992)	£49409 (IQR = £45946)	160 (50%)	<0.001***

Note. [a]Chi-square not possible due to low sample size in some cells and high number of cells. [b]Variable coded as London/Not London. *$p < 0.05$, **$p < 0.01$, and ***$p < 0.001$.

TABLE 3: Characteristics of cluster groups.

Predictor (importance)	Cluster 1 ($n = 76$)	Cluster 2 ($n = 99$)	Cluster 3 ($n = 114$)
Autism diagnosis (1.0)	Yes (78.10%)	Yes (99.00%)	No (100%)
Behaviour that challenges (0.79)	Yes (53.50%)	Yes (100%)	No (94.70%)
Level of ID (0.74)	Mild/moderate (77.20%)	Severe/profound (100%)	Mild/moderate (59.20%)
Physical/sensory/health impairment (0.53)	No (72.80%)	No (73.70%)	Yes (94.70%)
Sex (0.3)	Male (81.60%)	Male (83.80%)	Female (64.50%)
Mental health diagnosis (0.22)	No (72.80%)	No (98%)	No (98.70%)
Looked after status (0.12)	Not looked after (71.90%)	Accommodated (45.50%)	Not looked after (80.30%)
Ethnicity (0.06)	White (82.50%)	White (71.70%)	White (92.10%)

TABLE 4: Post-transition placement destinations.

Type of placement	From school (n)	From college (n)
Residential college	76	1
Residential care	76	13
Family home	52	23
Supported living	34	33
Residential school	7	0
Hospital or assessment/treatment unit	4	1
Others	4	2
Missing	4	1

Young people in cluster two (i.e., those who were more likely to be male, with an autism diagnosis, history of displaying behaviour that challenges, and severe/profound ID) were more likely to be placed out-of-area, and those in cluster three (i.e., those who were more likely to be female, without an autism diagnosis, have a mild/moderate ID, physical/sensory/health impairment, and not displaying behaviour that challenges) were less likely to be placed out-of-area (see Table 5).

Additional chi-square analyses were conducted examining associations between out-of-area placements and (a) other variables known or suspected to be linked to out-of-area placement in the literature, (b) educational placement variables, and (c) post-transition placement variables. A number of significant associations emerged (see Table 5). Specifically, placement out-of-area was found to be less likely than expected if the young person had attended a residential college ($X^2 = 9.421$, $p = 0.002$, and $V = 0.207$), or a term time only educational setting ($X^2 = 14.090$, $p < 0.001$, and $V = 0.257$) and was more likely than expected if the post-transition placement was in residential care ($X^2 = 54.544$, $p < 0.001$, and $V = 0.501$) or in a hospital or similar setting ($X^2 = 6.579$, $p < 0.05$, and $V = 0.174$). Out of area placement was also more likely where the placement provider was the same organisation as the educational placement provider or was otherwise linked to it (e.g. both parts of larger and umbrella organisation) ($X^2 = 12.693$, $p < 0.001$, and $V = 0.241$). In addition (not shown in Table 5), a significant correlation was found between distance from home area to post-transition placement and annual cost of education placement ($r = 0.46$, $p < 0.001$, and $n = 123$).

In order to predict placement location, we carried out two logistic, stepwise regressions using the variables identified as significantly associated with out-of-area placement or distance of transition placement from home area. Educational placement cost was excluded from these analyses as

it was not available for almost half of all transitions. The first analysis included only data that would be available prior to transition to allow the possibility of making prior predictions about those individuals at risk of being placed out-of-area. The resulting significant model included type of educational placement (school vs. college) and cluster group as significant predictors. Those transitioning from a school were more likely to move to an out-of-area placement and those not in cluster group three were also more likely to move to such a placement. The model was significant (X^2 (6, $N = 213$) = 38.15, $p < 0.001$), explaining between 16.4% (Cox and Snell R square) and 22.2% (Negelkerke R square) of variance in placement location and correctly classifying placement location for 71.80% of cases (see Table 6).

The second regression included all predictor variables from the first regression with the addition of other predictor variables, information on which would only be available after post-transition placement. The resulting significant model included post-transition placement type and links between education and post-transition placements as significant predictors. Those transitioning into a residential care placement were more likely to be out-of-area and those transitioning to a placement linked to their education placement were more likely to be out-of-area. The model was significant (X^2 (9, $N = 209$) = 81.07 and $p < 0.001$), explaining between 32.2% (Cox and Snell R square) and 43.6% (Negelkerke R square) of variance in placement location, and correctly classifying placement location for 79.90% of cases (see Table 7).

4. Discussion

The results presented here provide novel data on transition outcomes following placement in residential education for young people with IDD in England. Our sample included 320 young people who had transitioned from a residential

TABLE 5: Results of chi-square analyses examining associations with post-transition placement location.

Variable	Subcategory	Post-transition placement in-area (n)	Post-transition placement out-of-area (n)	Missing data (n (%))	p	Direction of effect
Cluster group	1	31	16	35 (14.80%) due to those not allocated to cluster	<0.001***	Those in cluster 2 more likely to be placed out-of-area and those in cluster 3 less likely to be placed out-of-area
	2	31	47			
	3	63	14			
Type of educational placement	School	85	70	17 (7.2%)	<0.001***	Those transitioning from residential school more likely to be placed out-of-area
	College	50	15			
Police involvement for behaviour	Yes	19	6	18 (7.60%)	0.106	—
	No	115	79			
Home area: London	Yes	36	29	17 (7.20%)	0.238	—
	No	99	56			
Education placement out-of-area	Yes	112	75	18 (7.60%)	0.342	—
	No	22	10			
Education placement funded jointly	Yes	71	53	17 (7.20%)	0.155	—
	No	64	32			
Educational placement: 52 weeks	Yes	71	67	23 (9.70%)	<0.001***	Out-of-area placement more likely if educational placement was 52 weeks
	No	59	17			
Post-transition placement type: residential care	Yes	25	57	20 (8.40%)	<0.001***	Out-of-area placement more likely if post-transition placement was in residential care
	No	109	26			
Post-transition placement type: supported living	Yes	35	21	20 (8.40%)	0.894	—
	No	99	62			
Post-transition placement type: hospital or similar	Yes	0	4	20 (8.40%)	0.020*	Out-of-area placement more likely if post-transition placement in hospital or similar
	No	134	79			
Post-transition placement type: other	Yes	2	2	20 (8.40%)	0.638	—
	No	132	81			
Post-transition placement linked to educational placement	Yes	11	22	16 (6.90%)	<0.001***	Out of area placement more likely when placement run by organisation, that is, same as or linked to educational placement
	No	123	63			

Note. $^* p < 0.05$, $^{**} p < 0.01$, and $^{***} p < 0.001$.

TABLE 6: Results of binary logistic regression model containing pretransition predictors.

Outcome	−2LL	Predictor	b	Wald	p	OR (95% CI)
Out-of-area placement	247.548	52-week-setting	0.563	2.249	0.134	0.841–3.664
		Educational placement distance from home	0.003	0.777	0.378	0.996–1.010
		Educational placement: school or college	1.168	5.796	0.016*	1.242–8.316
		Cluster group 1	0.039	0.004	0.952	0.294–3.682
		Cluster group 2	0.087	0.090	0.764	0.384–3.680
		Cluster group 3	1.252	4.075	0.044*	1.037-11.791

Note. $^* p < 0.05$, $^{**} p < 0.01$, and $^{***} p < 0.001$.

TABLE 7: Results of binary logistic regression model containing all predictor variables.

Outcome	−2LL	Predictor	b	Wald	p	OR (95% CI)
Out-of-area placement	198.904	52-week-setting	−0.003	0.000	0.995	0.424–2.343
		Educational placement distance from home	0.004	0.886	0.347	0.996–1.011
		Educational placement: school or college	−0.228	0.163	0.686	0.416–3.793
		Cluster group 1	−0.566	0.548	0.459	0.127–2.542
		Cluster group 2	−0.076	0.012	0.913	0.238–3.612
		Cluster group 3	1.125	2.427	0.119	0.748-12.679
		Post-transition placement: residential care	1.956	24.039	<0.001***	3.234-15.445
		Post-transition placement in same or linked organisation	1.364	7.168	0.007**	1.441-10.610
		Post-transition placement: hospital or similar	22.743	0.000	0.999	0.000

Note. $^* p < 0.05$, $^{**} p < 0.01$, and $^{***} p < 0.001$.

educational setting over the previous one to three years. Based on the relative numbers of schools and colleges participating/not participating in the study, it is likely that several hundred young people transition each year from a residential educational setting in England (see Supplementary File 2). The previous research study [3, 8, 13–16, 25] has noted that these transitions are particularly challenging for young people and their families, and our findings emphasise the need to improve the support provided.

Within our sample, most of those transitioning from residential education were reported to be male, with an autism diagnosis, with an identified ID, of white ethnicity, and to have a history of displaying behaviour that challenges. Almost half were reported to have a physical, sensory, or health impairment. A large majority came from out-of-area educational placements in which they had lived for a significant number of years. Cluster analysis revealed three main groups separating participants by level of need, mirroring to some extent other research on characteristics of young people in residential educational settings [3]. Some differences were identified between residential school and college samples, suggesting that those attending a residential college may be more likely to be female, without an autism diagnosis, with a mild/moderate (as opposed to severe/profound) ID, to have a physical/sensory/health impairment and to not have a history of displaying behaviour that challenges or to have had police involvement regarding their behaviour. This may suggest that individuals placed in residential college are likely to be those with lower overall support needs and that those requiring more significant support (e.g., due to severe behaviour that challenges) are less likely to access residential college provision.

Thirty-eight percent of the young people reported to be transitioning in our study were found to be moving to placements that are out of their home area. Given the implications of out-of-area adult placement on quality of support (e.g., [33, 34]), this is a concerning finding and corroborates evidence suggesting that a significant proportion of adults placed out-of-area may have previously been placed in residential educational settings [26, 27]. Also of interest is the high number of young people returning to the family home –31.20% of in-area placements. This may reflect the preferences of the young people and their family, but it may also reflect a failure on the part of local authorities to meet the young person's need/preference for supported accommodation out of the family home.

Logistic regression analyses identified that placement out-of-area post-transition was significantly more likely if the young person was transitioning from a residential school, was not in cluster 3 (see Table 3), had been placed in a residential care placement post-transition, and where their post-transition placement was linked in some way to their educational placement (i.e., run by the same or a linked organisation). Given these results, it appears likely that young people particularly at risk of being placed out-of-area are males with significant support needs arising from, in particular, autism, severe intellectual disability, and behaviour that challenges perceived as requiring full residential care, emphasising the importance of early and comprehensive planning for this group of young people, particularly given the known difficulties of facilitating positive transitions from residential educational settings referenced above. Furthermore, the characteristics of the educational placement and its links to adult settings appears to be important in predicting post-transition placement location, meaning that additional caution may be warranted where young

people are transitioning from residential schools (rather than colleges) and from settings with links to adult placements in order to minimise the chance of placement out-of-area as an adult.

There are also likely to be additional drivers of out-of-area placement following residential education that were not examined in the current study. Two identified in linked qualitative research (under preparation for publication) are the role played by residential education providers in driving the process of transition and young people developing a preference to remain in the same area as their educational placement having developed relationships with peers, knowledge about the area, employment opportunities, and leisure activities. Where the education provider takes the lead in the transition process, it would not be surprising if their knowledge and working relationships with local (to the school/college) providers led to placements in the area close to the school/college. That the school/college may also provide adult services nearby may (as noted above) contribute to this outcome. Such factors highlight the importance of ensuring that young people maintain links with their home area whilst placed in residential education so that a return to that area remains a potential option. Where a young person's preference is to remain in the same area as their residential educational setting, additional planning should be undertaken to ensure ongoing oversight of the quality of their support and links with their family despite being out-of-area.

4.1. Limitations of the Research.

Whilst our findings provide insight into transition from residential educational settings, there are some limitations to be considered when interpreting the results. Firstly, our sample may not have been as representative as possible given that differences were identified between settings that took part and those that did not. For example, settings in our sample generally offered more residential placements, were more likely to be colleges, had a higher maximum age for pupils, were less likely to be independent settings or governed by private organisations, and more likely to be settings registered for SEND categories that were solely related to IDD. It is conceivable that transition from less represented settings may be different and perhaps more difficult due to less knowledge/experience supporting transition, or the necessity of supporting transition for young people with varying needs. Furthermore, some regional differences were identified suggesting that some regions of England are less well represented in our sample.

In addition to this, our analyses did not consider variation within the sector of residential educational settings. It is often the case that settings may specialise in a particular area (e.g., behaviour that challenges) or focus on particular outcomes for the young people they support (e.g., a focus on the development of vocational skills for employment). As such, there is often wide variation between settings in the characteristics of young people placed within them and these factors may influence

transition outcomes for young people. In the current study, such variation was apparent with, for example, transition from one setting resulting in 100% out-of-area placements and from another in 93% home area placements. The cluster analysis conducted also tended to support this possibility by emphasising the different groupings of young people attending residential school/college. However, more systematic examination of such variation between settings would require a different design, perhaps one directly comparing outcomes over time from settings grouped according to relevant characteristics such as specialism or characteristics of the student cohort.

There may also be some issues with the reliability of our data since it relied on retrospective data collected by residential educational settings, and settings often varied in the amount of data they held with some contributing information to questionnaires from memory rather than robust records. This may have influenced the accuracy of the data (particularly in relation to characteristics of the young person's placement following transition) and resulted in missing data which influenced the breadth of information provided. This prevented us from examining additional post-transition placement variables that may have been relevant such as cost, funding source, placement breakdown, and subsequent placements. It was also challenging to collect data due to the changing nature of the residential education sector with providers closing/merging, high staff turnover, and a lack of centralised information on the sector as a whole. Some of these difficulties may have been mitigated by collecting data from adult services directly rather than residential educational settings, but this method would have been highly resource-intensive and likely to have resulted in a smaller sample with reliability issues relating to information about the residential educational placement (instead of in relation to the post-transition placement). This reflects difficulties in conducting studies such as this that bridge sectors and aim to follow individuals' journeys through a highly changeable service context that is often not well connected.

4.2. Implications for Policy, Practice, and Further Research.

The current study has provided detailed information about the characteristics of young people transitioning from residential educational settings in England and their subsequent post-transition placements, as well as predictors of the likelihood that young people will be placed out-of-area following their transition. This information suggests that those transitioning to out-of-area adult placements are more likely to be males with significant needs arising from, in particular, autism, severe intellectual disability, and behaviour that challenges and may be transitioning to residential care settings (as opposed to family or supported living settings). When considering this in light of evidence discussed above about the difficulties in supporting a positive transition from residential educational settings, these findings highlight the importance of improving services for all young people transitioning from such settings, with a particular focus on those with the

needs identified above. Evidence suggests that young people's and families' experiences of this process are highly varied and not consistent with the latest NICE guidance on transition from children's to adult services for all children in contact with health/social care services [36]. Although this guidance does not specifically mention children in residential education settings, the standards it outlines are clearly relevant to all, including the importance of early and coordinated transition planning, annual reviews during the transition period, the identification of a named worker, and early opportunities to meet practitioners from adult services. While no doubt more difficult to meet for children in residential education settings, these standards are likely to be even more important given the vulnerability of, and challenges facing, this group of young people and their families. In addition, consideration of ways to maintain oversight of the quality of young people's support following transition is needed.

For adults, recent national and local policy initiatives such as the Building the Right Support Action Plan [37] have focused on reducing the number of people placed in short-term hospital or similar settings outside of their communities and promoting better community support so that people can "live in my home in my community with the people I love and who love me." Yet, at the same time, we continue to place significant numbers of children and young people in out-of-area residential schools and colleges away from their communities and significant numbers of those so placed move on, after education, to a residential out-of-area placement. Perhaps practice and policy around children and young people should become more closely aligned to adult policy in promoting education, social care, and health support around young people and their families, in their local communities; this would also be in line with international human rights legislation that applies to children (for summary see [38]). A number of initiatives have already sought to do this with some success (e.g., [39]), but they are yet to become common across all areas of England.

In addition to research addressing the limitations identified above, our findings highlight areas where further research is warranted. Firstly, whilst we were able to provide descriptive information about post-transition placements and their location, we did not examine the quality of support within the young person's educational or post-transition placement and other outcomes relevant to stakeholders. It would be helpful to consider the extent to which out-of-area placements following a residential educational placement are subject to the same concerns about quality of support and outcomes for those placed there as those identified in the literature about out-of-area adult placements generally (e.g., [33, 34]). It would also be helpful to consider whether there are any interactions between outcomes for young people during their placement in a residential educational setting, and their subsequent placement location and outcomes following transition.

Furthermore, given differences identified in our data in the characteristics of young people placed in residential schools compared to those placed in residential colleges,

a more detailed examination of factors driving this and influence on transition outcomes is warranted. It would be useful to collect more detailed information about settings offering post-16 provision only and to consider, more specifically, transitions within the residential educational sector (i.e., where a young person transitions from a residential school directly to a residential college or another residential school). This was beyond the remit of the current study but would enable a more comprehensive examination of transition outcomes following placement in a residential educational setting.

Data Availability

Anonymised data can be requested by contacting the first author.

Disclosure

Conflicts of Interest

The authors declare that there are no conflicts of interest regarding the publication of this article.

Acknowledgments

Supplementary Materials

File 1: results of analyses comparing settings that submitted data and those that did not respond. File 2: estimating the number of young people with intellectual disability/autism diagnosis transitioning each year from residential school/college in England. (*Supplementary Materials*)

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