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Transitions to Adult Services by Disabled Young People Leaving Out of Authority Residential Schools

Bryony Beresford and Judith Cavet

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Executive Summary

1.1 Project overview

Growing evidence regarding poor transition planning and outcomes for disabled young people has meant that improving transitions to adult services and adulthood for disabled young people is a government priority. Previous research suggests the transitions of disabled young people leaving residential school placements can be even more problematic than the transitions of disabled young people living with their families and attending local schools.

This small scoping project sought to identify:

- differences in practice with regard to transition planning for disabled young people in residential schools compared to young people attending their local special schools;
- the factors which impact on transition planning and transition outcomes for these young people;
- key areas for future research and the feasibility of such work.

1.2 Out authority special schools and out authority placements

Out authority special schools are non-maintained or independent schools located within or outside a local authority's boundaries. One of the groups attending these schools are disabled children and young people. Disabled children can attend as day pupils or may have residential placements (weekly, two weekly, termly (36 week) or 52 week).

Placements are made in these schools when local authority mainstream or special schools cannot meet the educational needs of the child and/or, in the case of residential placements, where there are social care needs and the family is struggling with the day to day care of the child. Residential placements may also be necessary when the school is too far from the family home to allow a daily commute to and from school.

Placements made purely for educational purposes are funded by the local education authority or, more recently, education budgets of the Children's Trust. Where there are social care needs, the placement is jointly funded between education and social care budgets. If there are health reasons for placing out of authority, then health contribute to the funding of a placement.

There is no definitive dataset on disabled children who are placed in out of authority residential schools. However, working on the best available data, it would seem that there are around 1,000 disabled children and young people in out authority 38 or 52 week residential school placements (Regional Partnerships, 2007).

1.4 The project

1.4.1 The population under research

The focus of the project was transitions from out authority schools located *outside* local authority boundaries by disabled young people in *38 or 52 week placements* who are leaving school and *transferring into adult services*. Research and anecdotal evidence suggests these are, potentially, the most problematic transitions (in terms of process and outcomes) and are also where differences to typical local authority transition practice are most likely to occur.

1.4.2 Methods

This project comprised telephone interviews with staff working in children's services (social care, education and health), adult social care and Connexions in ten local authorities in England which represented the range of organisational and geographical authorities found across the country. Thirty-eight staff participated, including managers and frontline staff. The fieldwork was carried out between March and July 2008.

1.5 Research findings

1.5.1 Disabled children being placed in out authority residential schools

Participants reported that children and young people with challenging behaviour, occurring alongside learning difficulties and/or autism, are the largest group of children/young people being placed in out-authority residential schools. Children and young people with sensory impairments was the other (smaller) group common to all local authorities. Interviewees believed that, at least in the short to medium term, they would continue to need to place children and young people with these sorts of needs in out authority residential schools because the specialist provision these children and young people required was not currently provided by children's services.

1.5.2 Practice with regard to managing the transitions of young people placed in out authority residential schools

All participating authorities reported that the *overall* processes and procedures by which social care and education transitions for young people placed in out authority residential schools were managed were the same as those for disabled young people attending local maintained special schools. There were, however, some specific differences:

Earlier involvement of adult social care services

Most local authorities reported that, because of the complexity of their needs, adult social care or transition teams became actively involved with out authority cases at an earlier age – typically a year earlier – than happened with disabled young people in local schools. The perceived benefits of this earlier involvement were fewer rushed or last minute placement decisions, the young person not staying on at the residential school after school leaving age, and a reduction in the use of interim placements.

Person-centred planning was less likely to be taking place

Whilst five of the local authorities reported using person centred planning (PCP) approaches, only one reported routinely using PCP with their young people in out authority schools. Here staff had found geographical distance and difficulties getting a school to carry through on the planning process made adopting PCP approaches difficult.

The use of specific ‘out authority’ posts or roles

Three authorities had specific posts or roles which involved, either exclusively or as part of a wider role, work around social care or health transitions of young people in out authority residential schools. These were seen to facilitate transition planning processes.

1.5.3 Health transitions

A key gap in the evidence gathered by this project is how health care transitions, aside from those covered by learning disability nursing services, are effected.

1.5.4 ‘Unique’ factors affecting the transition planning process

A number of factors unique to out authority transitions were identified as having the potential to impinge on the transition planning process, making it a more difficult and/or more complex process. The key barriers are briefly described below:

The independent nature of residential special schools

Residential special schools are typically non-maintained and thus operate outside of the national policy and legislative framework. This can leave local authority staff with little leverage in terms of changing transition planning practice. Local authority staff can also find themselves working in schools where staff are not skilled in new ways of working (for example, person centred planning).

Where the school has related adult residential provision

Many residential schools have related adult residential provision. Participants reported this could create tensions between the business interests of the school and what local authority staff viewed as the best interests of the young person.

The geographical distance between the home authority and the school

Geographical distance resulted in fewer visits to schools by home authority staff during the transition planning process compared to the number of visits they make to local special schools. Staff involved in transition planning believed this impacted on the extent to they felt 'knew' the young people, and the quality or effectiveness of the working relationships they were able to develop with school staff. In addition, geographical distance also meant staff working for adult social care services or a potential service provider may not meet the young person before they return to the home authority.

Lack of strategic planning with regard to adult social care needs

Participants believed ambiguity about non-educational outcomes at the time of making of the placement meant that the opportunity for strategic planning, particularly with respect to planning or commissioning new specialist adult social care services, was lost.

Transferring health care between authorities

Three key issues associated health care transfers were reported by participants. First, there was confusion about responsibilities for funding and carrying out health assessments, such as continuing care assessments. This led to delays in assessments being carried out which subsequently impacted on transition planning processes and decisions about care packages.

Second, where the young person was returning to residential placement, a postal address for the placement was required before registration with a GP could take place. However, late decisions about a placement meant delays in registering with a general practitioner and this, in turn, delayed referrals to hospital specialists.

Third, it was reported that health professionals are not typically allowed to work outside of their authority. This precluded them from carrying out assessments prior to the young person returning to the home authority, and supporting the transfer back to the home authority. Community nurses (learning difficulty) sometimes went out

authority, though this appeared to be an individual choice as opposed to health trust policy.

Sharing of health information by schools

The passing of health information held by schools to the home authority and/or adult services/placements was sometimes reported as being problematic. A lack of, or delayed access to health information, impacted on decisions about placements and the adequacy of the type and level of health services provided in the new placement.

The transitions involve transferring to new and unfamiliar settings

The involvement of young people, especially those in 52 week placements, in decision-making was hampered by the fact that they may have little knowledge of their home authority in terms of it as a geographical and cultural place and also in terms of the services it provides.

1.5.5 Generic transition issues which are ‘magnified’ for this group

In addition to the unique issues thrown up when planning and effecting transitions for young people being educated in out authority residential placements, it also appears that some of the generic difficulties associated with transitions are ‘magnified’ for this particular group of young people.

Identification

The ‘gap in the system’ which was consistently reported across research sites was where the primary reason for placing a child out authority was for child protection and not because of their disability. In this instance, the child would be under the care of the child protection team who would not have the same systems for information transfer and joint working that exist between many SEN, disabled children’s and adult social care teams.

Accessing the young person’s views

Young people in residential placements will typically be those with the most complex needs. The nature of the young person’s impairments and needs, especially severe learning difficulties, autism and/or challenging behaviour, was identified as a key challenge to meaningfully and appropriately involving the young person in transition planning.

Funding issues

The increased complexity of need of young people placed ‘out authority’ schools meant these were the cases where difficulties resolving funding responsibility were most likely to be encountered, particularly in terms of the contribution of health to the care package. Participants from a number of authorities reported a lack of clarity on

this issue. Resolving funding issues were further stymied by adult health services not being able to accept referrals and conduct assessments until the young person reached 18 years or, in the case of adult mental health services, 19 years.

1.5.6 Destinations on leaving out authority residential schools

Young people with challenging behaviour typically transferred from residential school to supported living situations or residential care within the home authority or, in the absence of appropriate services, in an out of authority placement. In contrast, young people with sensory impairments either returned to the family home or decided to stay in the area in which they had been attending school.

1.5.7 Monitoring of longer term outcomes

In some authorities, a service or team (for example, Connexions, a transition team, a learning disability nurse) were monitoring the outcome of a placement or a young person's needs for a period of time after their direct involvement with the case finished. No systems were found by which education departments or disabled children's teams were monitoring or were being routinely informed about the transition and longer term outcomes of young people who had been in their care.

1.5.8 Perceived outcomes

Most interviewees believed that achieving positive outcomes of transitions from residential out authority schools were harder to achieve than transitions from local (in authority) special schools, and that placements were less secure and more likely to breakdown.

1.5.9 Factors specific to young people in out authority placements which affect transition outcomes

Insufficient attention to non-educational aspects of a placement

Interviewees believed the focus on educational need at the time of making the placement meant schools' responsibilities with regard to meeting non-educational needs, especially in terms of preparation for leaving schools, were not made sufficiently explicit in placement contracts agreed between local authorities and schools. This can mean that, compared to young people in local special schools, young people in residential schools are poorly prepared for transition and this, naturally, affects transition outcomes.

Institutionalisation and difficulties transferring independence skills

Moving to a residential community setting from a long-term institutional placement requires the young person to make significant adjustments and this introduces an increased risk of the placement breaking down. Furthermore, independence skills may have been learnt in contexts which differ substantially to the home authority or setting to which the young person is returning. This makes the transfer of such skills difficult.

Geographical distance at the time of deciding on placements

Geographical distance threatened positive transition outcomes because the young people may not have had the opportunity to visit and therefore express opinions about potential placements. It also precluded the opportunity for staff, both those involved in transition planning and those providing the service, to observe the young person in these settings. These factors were seen to increase the chance of an inappropriate placement being chosen and subsequently breaking down.

The complete loss of social networks

The loss of social networks experienced by young people returning to their home authority was identified by many interviewees as a key factor contributing to poor transition outcomes. Interviewees also noted that these young people are likely to have greater difficulty establishing (new) social networks than other young people.

1.5.10 Generic factors affecting outcomes which are experienced to a greater degree by young people in out authority placements***The amount and extent of change***

Interviewees believed that the range of changes faced by young people returning from out authority residential school are, typically, considerably greater compared to those who stayed at home. This increased the risk for the young person to experience difficulties coping with these changes.

Unmet health care needs

Interviewees reported that failing to meet the health care needs of the young person once they leave school could have a negative effect on their transition outcomes. This may be in terms of a loss of, or degeneration of, physical abilities, physical health and/or mental health, all of which, in turn, can impact on a young person's well-being and their activities and placements.

1.6 Implications for practice

1.6.1 Earlier involvement in transition planning by adult social care staff

Planning transitions for disabled young people in out authority residential schools is more complex because of geographical distance and the complexity of the young person's needs. Earlier than usual active involvement in transition planning by adult social care staff appears to improve the transition planning process and is therefore to be recommended.

1.6.2 Posts with specific responsibility for young people placed out of authority

Posts with a specific responsibility for individuals placed out of authority appear to serve to overcome barriers which geographical distance can impose on visiting and meeting with young people and school staff.

1.6.3 Extending person-centred planning into residential school settings

There is an inequity in the extent to which person centred planning (PCP) approaches are being used with young people in out authority schools compared to their peers in local special schools. Adopting PCP approaches in residential schools will require the active involvement of school staff and addressing associated training needs. Making PCP a requirement of a placement would support moving forward on this issue.

1.6.4 Developing systems to allow strategic planning by adult social care services

Systems should be developed by which adult social care are made aware, at an early stage, of the population of children and young people in out authority schools and their projected needs for adult social care services.

1.6.5 Supporting health care transfers

Clarity is required with regard to responsibilities for health care assessments. In addition, the feasibility of: i) developing systems by which referrals to home health authority services can be made before the young person returns home; and ii) allowing health professionals to visit young people whilst they are in the out authority placements, should be explored.

1.6.6 Joint working between children's services and adult disability/health teams

The formalised and positive partnerships being developed between children's services and adult learning difficulty teams need to be replicated between children's services and adult physical disability teams and adult health services.

1.6.7 Meeting young people's social needs

The social needs of young disabled people need to play a more prominent role in the transition assessments, transition planning and the package developed to support young people returning to their home authority from out authority schools.

1.7 Future research

A purpose of this project was to inform future research on the outcomes of young people leaving out authority residential schools.

1.7.1 Key topics identified

- The long-term destinations and outcomes of young people placed out of authority schools. Within this, a comparative study of the outcomes of transition for young people placed out of authority and those who remained in local authority schools would be valuable.
- Practice, barriers and facilitators to managing health care transitions, and health outcomes.
- Social outcomes of transitions.
- Research to support innovative service development to support young people with complex behavioural needs in the community.

1.7.2 Populations

In terms of research into outcomes, projects would need to account for the different populations of disabled young people in out authority residential schools, and the particular issues associated with their transitions. Key groups are:

Young people with sensory impairments: This group is most likely to encounter issues of eligibility for adult social care services. Very little information specific to this group was obtained through this project and research into the transitions of these young

people is needed, in particular their educational and employment outcomes, social outcomes and access to support services.

Young people moving onto further education placements in out authority colleges: Participants believed coordinated transition planning at the time of leaving further education placements was weak. The research team has not come across any previously published research which focused specifically on these transitions and their outcomes.

Young people with complex behavioural needs returning to placements within the home authority: Research with this population should seek to identify what works, in terms of preparing and managing the actual transition period, which promote placement stability and 'user satisfaction'.

1.7.3 Feasibility

Difficulties reported in the past with respect to identifying children and young people in out authority placements do, on the whole, seem to have been resolved. It would appear feasible to collaborate with local authorities to sample and recruit young people and their families to projects. Identifying post-transition samples would be more complex but not unattainable. Preliminary work identifying local authorities with good monitoring procedures, especially where these included young people with physical disabilities, would be a sensible approach.

The small numbers of young people making these sort of transitions each year within a single authority does suggest that it would be feasible to ask local authorities (for example, transition teams or the Connexions services) to assume the role of active research partners. For example, they could collect, on longitudinal basis, information about transition destinations and outcomes. Data collected in this way could be a stand-alone piece of work, or an element of a larger piece of research.

The numbers of young people making transitions from residential school placements to adult services each year is small and may further decrease as local authorities seek to reduce the number of out authority placements they make. Research projects will therefore need to work with a number of local authorities to achieve a reasonable sample size.

1.7.4 Involving young people in the research

The direct involvement of young people with significant learning and behavioural needs in a research project would present challenges. Any such work will have to be innovative in finding ways to meaningfully include these young people. It may be that

school staff would be the most appropriate individuals to work with young people. This might have implications in terms of sampling as it would be unfeasible to expect a school to carry out direct work with their complete cohort of school leavers.

1.7.5 Representing a range of schools and locations

This research found schools could impact, directly or indirectly, on transition planning and transition outcomes. This needs to be accounted for when designing future research in this area.

1.8 Conclusions

The evidence gathered by this project confirms that additional barriers to transition planning and increased risks to poor transition outcomes do exist for disabled young people in out authority residential schools. At the same time, there does appear to have been some progress with regard to improving social care transitions, particularly in terms of the identification of this group and the early active involvement of adult social care staff in transition planning. This project has explored the perceived impact of various factors on the transitions of this particular group of young people, and this has enabled some specific implications for practice to be proposed.

A key objective of this research was to inform future research on this topic and to explore feasibility issues, particularly with regard to tracking the transition outcomes of young people leaving out authority residential schools. A number of topic areas and populations have been identified, and our experiences of conducting the work have allowed us to make informed recommendations about the design and execution of further work in this area.

1. Background

1.1 Introduction

Growing evidence regarding poor transition planning processes and poor outcomes of transitions for disabled young people (for example, Beresford, 2004) has meant that improving the transitions to adult services and adulthood for disabled young people is an increasing priority within government (for example, Department of Health/Department for Education and Skills, 2004; Cabinet Office, 2005; Department for Education and Skills, 2004). The recent cross-government report, Aiming High for Disabled Children Review, concluded that more needed to be done to co-ordinate services for disabled young people in transition to adult life, and to ensure young people and families can access high quality information at key transition points (HM Treasury & Department for Education and Skills, 2007). In response, a £19million Transition Support Programme was announced in October 2008 which will seek to raise the standard to transition support provision (www.everychildmatters.gov.uk/socialcare/adhc/transition). In addition, cross government guidance with regard to transitions, and specifically health transitions, have recently been published (Department for Children, Schools and Families/Department of Health, 2007; Department of Health, 2008).

There is clearly a lot of concern and activity around the issue of transitions for disabled young people. Disabled children and young people who live away from their families at residential special schools have been described as ‘potentially the most vulnerable and least visible pupils in the education system’ (Audit Commission, 2007: 8). There is a danger, therefore, that disabled young people living out authority in residential schools could be inadvertently neglected or sidelined in any forthcoming programme of work to improve transitions. An understanding of the particular issues encountered when planning transitions and the outcomes of those transitions for this particular group will help to mitigate against this.

In this opening chapter, the existing evidence about disabled children and young people in out authority residential schools and their transitions is reviewed, and the purposes of the current project set out.

1.2 Disabled pupils in out of authority residential special schools

Out authority special schools are non-maintained or independent schools located within or outside a local authority’s boundaries. One of the groups attending these schools are disabled children and young people. Disabled children can attend as day pupils or may have residential placements (weekly, two weekly, termly (36 week) or

52 week). Children with severe emotional and behavioural difficulties are another group of children who may be placed in residential out authority schools.

These schools are used when local authority mainstream or special schools cannot meet the educational needs of the child and/or, in the case of residential placements, where there are social care needs and the family is struggling with the day to day care of the child. Residential placements may also be necessary where the school is too far from the family home to allow a daily commute to and from school.

The types of specialist needs which disabled children may have which can result in residential placements are communication needs (for example, deaf children whose first language is British Sign Language), complex medical needs, severe behavioural difficulties and/or severe learning difficulties. In addition, the institutional, routinised nature of a residential placement can, for some children, be seen as a more appropriate setting than a local special school (for example, those with severe autistic spectrum conditions).

1.2.1 Sources of funding and legal status

Residential school placements made purely for educational purposes are funded by the local education authority or, more recently, education budgets of the Children's Trust. Where there are social care needs, the placement is jointly funded between education and social care budgets. If there are health reasons for placing out authority, then health contribute to the funding of a placement. On rare occasions, a disabled child's placement is funded entirely by social care, though this is increasingly unusual if the placement is being made on the grounds of disability as opposed to other social care issues, such as child protection.

Analysis of children's placements in residential special schools published by the Regional Partnerships (2007) confirms that placements are largely funded from local authority education budgets but with a significant contribution from local authority social care sources. A smaller number of placements involve a contribution from health and/or pooled budgets. Similarly, Morris *et al.* (2003) noted that, of 21 local authorities researched, most had tripartite funding panels, but the relationship between education and social services was better developed. Recent work by the Audit Commission also revealed little contribution from primary care trusts to pooled budgets or placement costs (Audit Commission, 2007).

The main means of monitoring and evaluating placements is by annual review and placement visits (Fletcher-Campbell and Pather, 2003). In the past, placements funded by education have been reported as attracting little attention from social services (Abbott *et al.*, 2000), and to result in little monitoring of care standards and children's welfare (Abbott *et al.*, 2001). Abbott *et al.* (2000) noted a lack of clarity

about social services departments' duties towards disabled children at residential schools. The researchers also found that most education departments were unaware of any legal duty to notify social services about disabled children's residential placements (Abbott *et al.*, 2000). While social service departments' practice varied, few children were afforded the full protection of the Children Act, 1989 (Abbott *et al.*, 2001).

In 2001 the Department of Health clarified that children should have 'looked after' status, as established under the Children Act, 1989, where social services departments contribute to the funding of a placement (Department of Health, 2001a, in Morris *et al.*, 2003). This status means that children are regularly reviewed and therefore 'there is less professional disquiet about this group' (Pinney, 2005: 1). While acknowledging that looked after children are carefully and regularly reviewed, the monitoring of individual pupils by their home councils has been described as 'inconsistent' (Audit Commission, 2007: 3). Low spending authorities were described as monitoring placements more thoroughly than high spending authorities in terms of attendance at reviews (Audit Commission, 2007).

1.2.2 Numbers and characteristics of disabled children in residential schools

There are no definitive figures regarding the number of disabled children who are placed in out of authority residential schools (Morris, 2003; Commission for Social Care Inspection, 2007). Pinney (2005) found that there were just less than 600 disabled children with looked after status in residential schools – this figure was compiled from Department of Health statistics and represents the situation at the end of March, 2002. The 'looked after' children Pinney was able to identify were those for whom the primary reason for their look after status was coded as 'disability'. However, we do not know how many children there were in residential schools who were disabled, but not looked after. Nor do we know how many disabled, looked after pupils there were in residential schools whose impairment was not considered to be the primary reason for their legal status.

Another source of data is statistics collected about pupils with special educational needs who are attending residential special schools. In recent years an analysis of placements in independent and non-maintained residential special schools has been produced by the Regional Partnerships. Once again, however, it is not possible to manipulate the data in such a way to count the number of disabled children in residential placements. The most recent set of statistics indicate that the number of children and young people (aged 0-19) in independent and non-maintained residential special schools was approximately 10,500. This figure covers day placements as well as all types of residential placements, and also includes children with behavioural and emotional difficulties – a much larger group than disabled children (Regional Partnerships, 2007). Within this figure, approximately 1,010

looked after children were in 52 week residential special school placements, as were about 340 children who were not looked after. The groups of children who were most likely to be allocated a 52 week placement were those affected by multi-sensory impairment, profound and multiple learning difficulties or severe learning difficulties (Regional Partnerships, 2007).

1.3 The transitions of disabled young people leaving out authority residential schools

Researchers have found that the event of leaving residential school causes a good deal of anxiety. Parents with children in residential out-authority schools express high levels of worry about their child's future care and support needs (McGill *et al.*, 2006). In McGill *et al.*'s (2006) research 75 per cent of parents were extremely concerned about the availability of suitable future services. Specific issues were an absence of local planning for the future, anxiety that their child would be inappropriately placed because of funding problems, and worries that their child might be returned to live with them. Research conducted local education authority officers also found that their most common concern was the issue of pupils' return to their home authority; this was especially so for those young people 'with the most profound and complex needs' (Fletcher-Campbell and Pather, 2003: 8).

There is evidence that these anxieties about the difficulty of achieving a suitable environment for young people returning to their home authority from a residential school placement are justified. In 2001, Abbott *et al.* noted transitional arrangements were not working well. In the same year Rabiee *et al.* found that it was not uncommon for young people to reach 18 without any formal planning for adult services. This was seen as due to the complexity of the system and a shortage of resources.

This situation is not being resolved rapidly. In 2007, it was reported that many young people and their families are still experiencing significant problems at transition (Commission for Social Care Inspection, 2007), and that the handling of transition for non-looked after children is especially weak (Audit Commission, 2007). In the same year an in-depth study of the transition to adulthood of 15 young people with learning difficulties leaving residential schools noted the need to change 'practice, attitudes and perhaps resources' (Heslop *et al.*, 2007: 71).

There is not always unanimity among the different parties involved about what constitutes a successful transition. Heslop *et al.* (2007) found that parents and professionals did not always agree as to what is needed to achieve this end. The Audit Commission (2007) noted that 84 per cent of councils reported that transitions went quite or very smoothly, but 'the fieldwork suggested otherwise' (Audit

Commission, 2007: 46). Nonetheless, there is a good deal of consistency in recent literature as to the numerous problems related to transition. The issues relate both to process and to outcomes.

1.3.1 The process of transition

The Audit Commission (2007) pointed to the need for early multi-agency planning for transition for children with complex needs placed out of the authority. Lack of forward planning is also an issue identified by research (Abbott *et al.*, 2001).

Research which collected detailed information about 28 disabled young people leaving care (aged 14-25) indicated a need for 'greater coherence in planning' (Rabiee *et al.*, 2001: 71). This point has also been made more recently by the Audit Commission which reported:

a lack of joint planning between agencies for the transfer of pupils from residential schools to post-school provision, which creates uncertainty for the young people and parents alike.
(Audit Commission, 2007: 3)

Heslop *et al.* (2007) noted that distance from home impeded transition planning, and that the scope and detail of transition planning in schools and colleges was very variable. They reported that 'discussion about transition was often part of annual reviews, or other assessment meetings' (Heslop *et al.*, 2007: 64) and lacked sufficient detail.

Valuing People (Department of Health, 2001b) recommended that person centred planning (PCP) should be in place for all young people moving to adult services by 2003, but Heslop *et al.* (2007) found little evidence of this happening. Nor were the views of the young people themselves and of support staff who knew them well always paid proper attention (Heslop *et al.*, 2007).

Researchers have found that parents, or substitute parents, can play a key role in contributing to the process of achieving a successful transition. However, parents report difficulties with accessing information and working in partnership with professionals (Rabiee *et al.*, 2001; Heslop *et al.*, 2007).

1.3.2 Outcomes of transitions

There are clear deficits in the availability of data about the outcomes of transition for young people leaving out of authority residential special schools. For example, Fletcher-Campbell and Pather (2003) contacted 150 local education authority officers

responsible for special education in England, of whom 42 responded. Thirty-eight officers were able to identify numbers of returning pupils. However, of 318 pupils who returned at the end of key stage 4, the destinations of 132 were unknown.

Pinney (2005) attempted to examine the numbers, circumstances and outcomes for residential placements for disabled children and concluded that data about outcomes for this group of children 'are not generally available' (Pinney, 2005: 2). More recently, it was found that systems for tracking and monitoring young people who are over 19 years are patchy (Commission for Social Care Inspection, 2007). The Commission for Social Care Inspection (2007) asked councils about cohorts of young people who had transferred to adult care services since 2000, but many could only give incomplete data. Fifteen per cent could track the most recent cohort through to post-transition care, but only one council was able to do this for the full five years in question.

Despite the shortcomings in quantitative data about transition, it is possible to glean some indication of outcomes for disabled young people living away from their families from research carried out using qualitative methods. Some of this research has raised concern about the restricted options available to disabled young people when their residential special school placement ends, with few opportunities for further self-development.

Morris notes that disabled young people may have limited expectations, having had little or no experience of disabled adult role models living independently. Rabiee *et al.* (2001) reported that young people with multiple impairments were more likely than their peers to go into residential care at adulthood. Staff at residential special schools reported to the Commission for Social Care Inspection (2007) that the choices offered to children with complex needs were limited. This was seen as the combined result of difficulties in meeting their needs and in obtaining adequate funding. Heslop *et al.* (2007) and Rabiee *et al.* (2001) both report the narrow range of options available to most young people, reporting little sense of future progression. Employment was rarely considered.

Transition involved emotional costs for some young people which resulted from the shift to new living situations and circumstances. Although practical teething problems were overcome quite readily, Heslop *et al.* (2007) found some young people were affected by feelings of loneliness and isolation, the loss of friends and absence of relationships with people of their own age. Young people did not want their social links and relationships severed, and continuity of relationships helped in making a transition successful (Heslop *et al.*, 2007).

1.4 The project

The project reported here was a small scale study, conceived as a piece of preliminary work which would inform a future research agenda and also provide evidence on the feasibility of conducting research on the outcomes of disabled young people leaving residential placements in out authority schools.

The aims of the project set out in the application for funding were revisited at the start of the project due to the publication of three reports in intervening period between successfully obtaining funding and the start of the project. These reports, the findings of which have been reported in this chapter, were based on research concerned with managing the transitions of disabled young people from out authority schools, and the barriers associated with the process of managing such transitions (Audit Commission, 2007; Commission for Social Care Inspection, 2007; Heslop *et al.*, 2007). These had been the objectives of the research project reported here. Thus the focus of this project shifted to building on and further developing understanding of the processes underlying the problems and challenges encountered when planning and effecting transitions for this group of disabled young people, and, in addition, the factors which increase the risk for poor transition outcomes for this group.

The purposes of the project were, therefore:

- To update existing evidence on the transition planning processes for disabled young people in residential placements in out authority schools, and transition outcomes, particularly with respect to social care and health transitions.

This is necessary because a number of significant changes in terms of law, policy and patterns of service delivery have occurred since some the research reviewed above took place. This includes, among others: the increased policy and practice 'profile', at a local level, of transitions for disabled young people illustrated, for example, by the publication of a guide for all professionals involved in transition (Department for Children, Schools and Families/Department of Health, 2007); the increasing personalisation of adult social care (HM Government, 2007); confirmation by the Department of Health, regarding the looked after status of children maintained in residential special schools by social services departments (Department of Health, 2001a); an overall reduction over the past five years in the number of children being placed in out authority residential schools.

- To explore the factors which affect the transition planning process which are specific to disabled young people in residential placements in out authority schools.

- To explore factors which impact on the transition outcomes of disabled young people in leaving residential placements in out authority schools.

There is a dearth of research which has sought to identify factors which make transition planning different and/or more problematic for disabled young people in residential placements in out authority schools. Similarly, research is needed which sets out to understand the factors which impede or facilitate good transition outcomes.

- To explore the feasibility of a future project researching outcomes for young people at transition.

The experiences of conducting this research and the findings from the project can be used to indicate the feasibility and scope of a research project.

2. Methods

This project comprised telephone interviews with a sample of practitioners and managers working in children's services (social care, education and health), adult social care, and Connexions in ten local authorities in England. All participants played an active role or had some involvement in the transitions of young people returning from residential placements in out authority schools. The fieldwork was carried out between March and July 2008.

The focus of the project was transitions from out authority schools located *outside* local authority boundaries by disabled young people in *38 or 52 week placements* who are leaving school and *transferring into adult services*. Research and anecdotal evidence suggests these are, potentially, the most problematic transitions (in terms of process and outcomes) and are also where differences to typical local authority transition practice are most likely to occur. Thus the project did not explore the transitions of children and young people attending out authority schools on a daily, weekly or fortnightly basis, or attending an independent school within the local authority geographical boundaries.

2.1 Selection of research sites

Sites were selected to represent the range of organisational and geographical authorities found across England and thus consisted of:

- three shire counties of varying sizes and geographical locations;
- two metropolitan authorities;
- three unitary authorities;
- an inner London borough;
- an outer London borough.

Of these, authorities which appeared to have higher numbers of disabled children and young people placed in out authority schools for 38 or 52 week placements (compared to the national average) were selected using data available on statistical returns published by the Department for Children, Schools and Families and the Regional Partnerships. The reason for recruiting sites who placed higher than average numbers of disabled children was to ensure that the experiences of managing transitions back to the home authority was based on a number of cases rather than a few and occasional transitions.

Within each authority, the aim was to interview around five key individuals from children's services (disabled children's team, education, child health), Connexions and adult social care services. In order to obtain a range of perspectives, the

research team sought to recruit some frontline staff as well as service managers and staff in more senior management posts.

2.2 Recruitment procedure

In each site a letter was sent to the directors of children's services informing them that their local authority had been selected to participate in the project and requesting that they contact the project team if they were unwilling for their staff to participate. One site declined to participate due to an impending Joint Area Review. This site was replaced by another 'similar' (in terms of the project's sampling criteria) authority.

The Special Education Needs (SEN) leads in each local authority were chosen as the first point of contact in each authority. They were contacted about the project by email. In this email a request was made for a telephone interview and/or contact details of appropriate person within the SEN/education department to act as 'education informant' for the project.

During the interview, the 'Education informant' was asked to suggest individuals working in the disabled children's team, Connexions, child health and adult services whom the project could contact with regard to participating. Typically the interviewee passed on contact details directly though, in some cases, sought permission from the potential interviewee before passing on contact details to the research team. The same recruitment process as was used to approach the SEN leads was then used to approach 'nominated' individuals.

This process of asking staff to suggest individuals for interview was repeated for all interviews in order to build up the sample in each authority. .

The email or letter confirming the date of the interview was accompanied by a list of topics to be covered in the interview. Copies of recruitment materials can be found in Appendix 1.

Recruitment to the project was protracted due to poor or delayed responses to emails by staff, and repeated approaches by the research team (by email and/or telephone) was often required. It was assumed that individuals not responding after three or four contacts (email and/or telephone message) did not wish to participate. The protracted nature of the dealings with the local authorities meant that it was not feasible, within the time constraints of the project, to replace the sites where recruitment proved very difficult and yielded only one interview (as happened in two sites). These difficulties are not unexpected given demands on staff time and the low priority inevitably given to a small scale project concerned with a 'low incidence' group.

2.3 The sample

The sample achieved is detailed in Table 2.1. A total of 38 staff were interviewed. These ranged from managers and frontline staff working in children's services, Connexions, adult services and to senior strategic managers or commissioners working for the local authority or Primary Care Trust. The sites varied in terms of whether they favoured the involvement of frontline staff or team leader/manager level involvement.

Table 2.1 Overview of the sample

<i>Practitioners and operational managers</i>				
	Children's services	Connexions	Adult services	LA/trust posts ¹
Site 1: Shire (n=4)	Transition development officer	Service manager (disabled young people)	Team manager (LD team)	Strategic manager (DC social care services)
Site 2: Shire (n=6)	Service manager (DC ² team) Principal SEN ³ Officer	Service manager (disabled young people)	Team manager (LD ⁴ : social care) Service manager (LD: health) Transition coordinator (Transition team) ⁵	Head of Children's Health Services
Site 3: Shire (n=1)	Transitions coordinator (DC team)			
Site 4: Unit. (n=4)	Service manager (DC team) Senior SEN officer		Team manager (Transition team)	Commissioning Manager (social care)
Site 5: Unit. (n=4)	Assistant SEN officer Senior social worker (DC team)		Operational manager (PD and LD teams)	Joint Commissioning Manager (social care & health)
Site 6: Metro. (n=5)		Service manager (disabled young people)	Operational manager (adult social care) LD nurse	Strategic manager (social care transitions) Strategic manager (children: safeguarding)

¹ Many of these individuals were interviewed because they chaired transition or funding panels.

² DC =disabled children

³ SEN = special educational needs

⁴ LD = learning disabilities/learning difficulties

⁵ Post joint funded by children's and adult's services and located in adult LD team.

<i>Practitioners and operational managers</i>				
	Children's services	Connexions	Adult services	LA/trust posts ¹
Site 7 Outer. (n=3)	SEN manager Service manager (DC)		Senior practitioner (LD team)	
Site 8 Inner. (n=1)	Team leader (DC team)			
Site 9 Unit. (n=6)	2 x Social workers (DC team) Service manager (DC)	Service manager (disabled young people)	Operational manager (LD and transition teams)	Manager of SEN service
Site 10 Metro. (n=4)	Team leader (transition team) Service manager (DC)	Personal advisor	Operational manager (LD)	

2.4 The interviews

The interviews were conducted by telephone and lasted between 30 to 60 minutes. A generic topic guide was used though it was made clear to participants that it was not expected that all questions would be relevant or appropriate for them to answer.

Topics covered in the interviews included:

- Interviewee's role and responsibility re transitions for young people placed out authority.
- Residential schools currently used, funding arrangements, number and nature of post 16 year placements.
- Destinations of young people making transitions from out authority schools at 18/19 years.
- The transition planning process.
- Involvement of parents in transition planning.
- Involvement of young people in transition planning.
- The role of the school.
- Facilitators/barriers to ensuring smooth transition.
- Facilitators/barriers to good outcomes of transition.
- Post transition monitoring.
- Views on unresolved issues/difficulties not already covered.
- Who else should be contacted in the local authority.

A copy of the topic guide can be found in Appendix 2.

With the participants' permissions, the interviews were audio-recorded and, using these recordings, detailed notes made of each interview.

2.5 Analysis

Data from the detailed notes were then allocated to one of the following topic areas for further summary and analysis:

- Use of out authority residential placements and population(s) being placed.
- Overview of the transition planning processes for health and social care (and other services).
- Difficulties adopting routine transition planning processes for young people placed in out authority schools.
- Processes/practices specific to transition planning for young people placed in out authority schools.
- Generic barriers to smooth transition planning.
- Barriers specific to smooth transition planning for young people placed in out authority schools.
- Use of, issues encountered, with person centred planning.
- The role of the school in transition.
- Transition outcomes.
- Factors affecting outcomes.
- Other.

Themes within each topic area were identified. The data was then organised and summarised under theme headings (with, where appropriate, verbatim quotes also being recorded).

3. Overview of Transitions for Young People Placed in Out Authority Residential Schools

This chapter reports findings regarding participants' views on the nature of the population of disabled children/young people being placed in out authority residential schools, and how the management of transitions to adult services of these young people differed to the transitions of disabled young people attending local special schools.

Whilst conducting the interviews, data was inevitably gathered on generic protocols and practice with regard to transition planning to adult services for disabled young people, and the problems experienced with these processes and transition outcomes. However, this was not the focus of this project. The difficult transitions many disabled young people experience are well-documented including issues such as a lack of multi-agency working, lack of specialist transition workers, lack of proper involvement of young people and their families in the transition planning process, lack of choice with regard to adult services and loss of services (for example, Fiorentino *et al.*, 1998; Morris, 1999; 2002; Grove and Giraud-Saunders, 2003; Beresford, 2004; Ward *et al.*, 2003). In a sense, these difficulties had to be taken as 'givens' for this project in order to explore transition issues and practices *specific* to disabled young people in 38 or 52 week placements in out authority residential schools.

3.1 The disabled children/young people being placed in out authority residential schools

Overall there was a consistency across the participating authorities in terms of the sorts of disabled young people who were being placed in out authority residential special schools. Children and young people with challenging behaviour, occurring along learning difficulties and/or autism, were identified by all authorities as the largest group of children/young people they placed in out-authority residential schools. Children and young people with sensory impairments was another group common to all local authorities, though there were smaller numbers of children and young people with these needs. Interviewees believed that, at least in the short to medium term, they would continue to need to place children and young people with these sorts of needs in out authority residential schools because the specialist provision these children and young people required was not provided by children's services.

Individual differences between local authorities in terms of their own services and policies, or the presence of non-maintained or independent special schools within

their area, did generate some differences between authorities with regard to the number and type of children and young people in residential placements in out authority schools. For example, some, but not all, authorities reported placing children with very complex health care needs and/or those with profound learning and physical disabilities in out authority residential schools due to a lack of specialist services within their area. Another authority did not have moderate learning difficulty (MLD) education provision for post 16 years and so routinely placed a group of young people with MLD in out authority residential schools at that age. Finally, one local authority always tried to place a child with foster carers rather than placing in an out authority residential school in situations where the family could no longer cope with the child.

Two authorities were actively working to create new provision to reduce the number of children or young people with challenging behaviour being placed in out authority schools, or to bring them back into the authority before transition to adult services.

It's not easy to bring them back, so we want to use resources to prevent these young people going out.

(Disabled children's services⁶)

A third authority had just reintroduced domiciliary care services which, one interviewee believed, was helping some families with children with profound disabilities manage to continue to care for their child at home.

3.2 Practice with regard to managing the transitions of young people placed in out authority residential schools

All of the participating authorities reported that the overall process and procedures by which social care and education transitions for young people placed in out authority residential schools were planned and managed were the same as they were for young people attending local maintained special schools. However, because some of the practitioners interviewed for this project were new in post or working in newly developed teams, not all could confirm whether practice with regard to young people placed in 52 weeks placements in schools a great geographical distance from the home authority would differ in any way because such situations had not been encountered. In particular, they did not feel able to comment on how attendance of home authority staff at reviews or transition planning meetings would be managed or achieved in those situations.

⁶ In order to preserve anonymity, identification will be limited to the service the interviewee worked for.

When the young person has been in ____ [neighbouring authority] it's do-able.
Travelling to go to the other side of the Pennines is a different kettle of fish.
(Disabled children's services)

There were, however, some specific differences to the way social care and education transitions happened for disabled young people in out authority residential schools compared to disabled young people attending local schools. This was in terms of:

- Earlier involvement of adult social care services.
- Cases are more likely to be referred to funding panels.
- Connexions arrangements.
- Person-centred planning was less likely to be taking place.
- The use of specific 'out authority' posts or roles.

3.2.1 Earlier involvement of adult social care services

Most local authorities reported that adult social care (or transition teams located within adult teams) were more likely to be involved with out authority cases at an earlier age than they would with disabled young people in local schools. Typically, this was a year earlier than the age at which adult teams got involved with in-authority disabled young people. However, interviewees in half the participating local authorities noted that capacity difficulties within adult social care sometimes made earlier involvement difficult.

This practice appeared to be based on past experiences where transitions were delayed because of the late involvement of adult social care. The reason for the earlier than usual involvement was because of the complex needs of the majority of young people placed out authority, as opposed to issues of geographical distance *per se*. This complexity of need had implications in terms of identifying or developing services and agreeing a care package across all the agencies involved.

3.2.2 Cases are more likely to be referred to funding panels

A further implication of the complexity need was that the care package would be of higher cost and likely to require joint/tri-party funding. Again, past experience had shown these local authorities that sufficient time needed to be factored into the transition planning process to allow for these funding negotiations.

3.2.3 Connexions arrangements

The ways in which education transitions were managed differed from 'in authority' transitions because of the involvement of the host Connexions service in the transition planning process⁷. However, practice in terms of the role and involvement of host Connexions services varied between authorities.

Eight of the ten local authorities participating in the project used the host Connexions service to lead on transition planning with regard to further education and training for young people in out authority residential schools. All described how the young person would also be assigned a Personal Advisor (PA) in the home Connexions service and that liaison between the host and home Connexions services occurred, particularly in terms of the educational and training options available within the home authority. The home Connexions PA also made 'introductory contact' with parents and, sometimes but not routinely, visited the young person during school holidays.

In one local authority the home Connexions PAs also routinely attended the young person's last review at school prior to their return home. Another local authority, as well as liaising with the host Connexions service, routinely sent their own Connexions PAs to reviews where 'active planning' was taking place.

Finally, one authority had contracted out transition planning for education and social care needs for all young people in out authority schools to its Connexions service. Here PAs are linked to specific residential schools and lead on transition planning bringing in adult social care and other services as required.

A number of issues with regard to using host Connexions services emerged from interviewees' accounts. First, there was a lack of consistency in terms of the level of service offered by different Connexions services when providing a 'host service'. For example, it was reported that not all host Connexions were prepared to attend reviews. Second, the level of cooperation experienced from a host Connexions service varied. A couple of local authorities had particular experience of this. Both had a cluster of residential schools themselves and, subsequently, a high workload as a host Connexions service which had been hard for them to deliver on. This had, on occasion, led to difficult relationships with the Connexions services from authorities using these schools and, specifically, an unwillingness or lack of cooperation when asked to provide a 'host' service. A third difficulty was that host Connexions did not work in some independent schools: this was ascribed to schools being unable to fund buying in the service. Finally, there were mixed views as to

⁷ The Host Connexions service is the Connexions service based in the local authority in which the residential school is situated. Host Connexions assume some, or all, of the roles of the home Connexions service in transition planning for young people in residential school placements.

whether re-locating Connexions services within children's services⁸ would improve or make home-host arrangements more difficult, especially if this aspect of Connexions' work was not explicitly dealt with in new contracts. One interviewee reported that some local authorities he worked with now refused to have home-host arrangements whereas others had been willing to be commissioned to continue carrying on with the host role. However, this issue may now have been resolved following a circular from the Department of Children, Schools and Families (DCSF).

3.2.4 Person-centred planning was less likely to be taking place

Whilst five of the local authorities reported using person centred planning (PCP) approaches, only one reported routinely using PCP with young people in out authority schools. Here staff had found geographical distance and difficulties getting a school to carry through on the planning process made adopting PCP approaches with these young people more problematic than with young people attending in authority schools.

PCP is harder to achieve when the young person is living away because you don't have the local network of knowledge or intelligence about the young person.

(Disabled children's service)

Another authority had just started using PCP with young people placed in a out-authority residential school. This was taking the form of evening planning sessions with the young person, family members and professionals. The school was about an hour and half's travelling time from the home authority. The role or work being done by the school outside of these meetings was not established.

Interestingly, a few interviewees spontaneously noted that that young people in out authority schools was a group that 'most needed' PCP because of the complexity of their needs and the difficulties of ascertaining the young person's own opinions. A couple of staff mentioned the need for PCP to be part of the contract of work agreed at the time of making the placement with a school.

3.2.5 The use of specific 'out authority' posts or roles

In addition to the specific contract between a Connexions service and a local authority with regard to responsibilities for overseeing the transitions of young people from out authority schools reported earlier (see Section 3.2.3), two other authorities

⁸ In April 2008 changes to arrangements with regard to the funding and provision of Connexions services were announced. Following an interim period, funding for a Connexions-type service will move from Connexions Partnerships to local authority children's trusts.

had specific posts or roles which involved, either exclusively or as part of a wider role, work around social care or health transitions of young people in out authority residential schools.

Dedicated member of staff within the adult LD social care team

In one local authority a new post within the adult learning difficulties social care team had been created which was concerned with looking at all out authority placements funded by adult social care and working towards bringing those individuals back into authority. Transitions to the adult LD social care team by young people leaving residential out authority schools were also part of this post's caseload. The view was that this post had removed any potential difficulties (or reluctance) about travelling out of authority as this was exactly what this post entailed. Another local authority participating in the project described a similar post but its remit did not extend to young people's transitions, though it was felt that such a role or post would be helpful.

Dedicated learning difficulty nursing post

One authority had a senior learning difficulty nursing post whose sole role was to work with young people aged 14 to 25 years with a learning difficulty who are in out authority residential schools and colleges. It was thought that this post was unique to this authority. The post is located within the health facilitation team. The role involves: assessing health needs (including requesting specialist assessments); developing a health action plan which is updated on an annual basis whilst the young person is at school; working with the adult LD team to develop a transition plan; passing on of health information from the school to the new services/placements and ensuring that young person's health needs will be met in the adult services/placements they will be using.

3.3 Health transitions

A key gap in the evidence gathered by this project is how health care transitions, aside from those covered by learning disability nursing services, are effected. Interviewees tended to observe that the majority of young people transferred to the adult learning disability team and it was clear that close working relationships and clear processes had been developed between the disabled children's team and the adult learning difficulties team. In some authorities community LD nurses were part of this team and health care transitions, in terms of community nursing, clinical psychology and psychiatry, were overseen by these nurses. However, no clear picture emerged of how other health care transitions were managed and there was a certain degree of confusion about who was responsible. Thus, in one authority four of the interviewees each named a different post/individual who they saw as responsible for overseeing 'non-learning difficulty' health care needs. Another interviewee noted

that LD nurses are not trained to identify and address physical or medical health care needs and that these needs may be neglected as a result.

Interviewees were more able to describe health involvement in transitions in terms of funding decisions. However, there appeared to be very little experience, on the part of transition workers or disabled children team staff, of being involved in transitions to adult physical disability teams and a lack of knowledge of how these sorts of transitions are achieved on a case by case basis.

3.4 Discussion

The accounts of individuals participating in this project suggests that, at least in the short to medium term, specialist out authority residential provision will be required for specific groups of disabled children and young people, namely those with challenging behaviour and sensory impairments. In addition, some authorities participating in the project were also placing children with profound disabilities and/or complex health care and nursing needs in out authority schools because of a lack of appropriate services within the authority. Thus managing the transitions of this group of disabled young people will continue to be an issue for local authorities.

This project did not focus on the general difficulties of planning and managing transitions which are well reported in the literature. Rather it was seeking to identify differences in practice (reported in this chapter) and the additional barriers which staff encounter when planning transitions from out authority schools (reported in the following chapter). Overall, the local authorities participating in the project reported that the same protocol was used for managing transition planning were the same for all disabled young people. However, specific differences between in authority and out authority transitions in practice were described.

A key finding was that, in general, adult social care services become involved in transition planning for disabled young people in out authority residential placements earlier than with in authority disabled young people. This appeared to be a relatively recently instigated practice. It suggests that efforts have been made to address a key difficulty in the transition process observed in the past where insufficient time allowed for social care transition planning, which is typically more complex for disabled young people in out authority schools, resulted in delays and less than ideal outcomes (for example, Abbott *et al.*, 2001). However, it is important to note that this earlier involvement was limited to adult social care services. Thus, the Audit Commission's point for the need for early *multi-agency* planning (Audit Commission, 2007) remains valid.

This project was carried out soon after significant changes in the funding arrangements for Connexions services were announced. In April 2008 (and in preparation for the Education and Skills Bill currently before Parliament which proposes that local authorities assume statutory responsibility for delivering Connexions services), the Department for Children, Schools and Families introduced interim arrangements whereby Connexions services were to be commissioned by local authorities. Thus interviewees were therefore reflecting on practice prior to these arrangements. However, there did appear to be a number of problems with home-host Connexions arrangements, particularly the consistency in terms of the level of service provided and, in some cases, problematic working relationships. The level of involvement by the home Connexions services between authorities also varied. The recently issued guidance by DCSF (<http://www.everychildmatters.gov.uk/files/Connexions%20Interarea%20Cooperation.doc>) and the implementation, if passed, of the Education and Skills Bill may help to resolve some of issues.

In line with findings from earlier research conducted between 2004 and 2006 (Heslop *et al.*, 2007), evidence gathered by this research suggests there continue to be low levels of use of person centred planning (PCP) approaches with young people placed in out authority residential schools, even by local authorities who are using the PCP extensively within their authority. Geographical distance and lack of follow-through and on-going work by the school were seen as key barriers to PCP. This is clearly something that needs to be addressed if young people in residential out authority schools are to be included in the personalisation of adult social care agenda. Including PCP work within the contract agreed between the school and local authority, as suggested by some participants, would appear to be a way of moving this issue forward. It would also usefully serve to locate a child or young person's placement at a school in the wider context their overall development and life course.

Finally, the use of specific posts or roles with responsibility for children and young people placed in out authority schools was not common. However, having dedicated staff did appear to work well, in particular, resolving issues with regard to the extra time required to work on such cases and travelling out of authority.

4. Factors Affecting the Transition Planning Process

A particular focus of the project was to explore factors which were perceived by staff to specifically affect the transition planning processes for disabled young people leaving residential out authority schools. A range of factors emerged. Some can be considered unique to the particular situation of young people in residential placements in out authority schools. In addition, it was clear that this situation magnified or exacerbated general problems experienced, and already identified by research, in planning the transitions of disabled young people to adult services. Figure 4.1 summarises the 'unique' and 'magnified' factors or issues.

Figure 4.1 Unique and magnified generic factors affecting transition planning

Unique issues

- The 'independent' nature of the schools
- Schools may have related adult provision
- The geographical distance between the home authority and the school
 - Fewer visits than usual by home authority children's services staff
 - Lower levels of direct involvement by adult services
- Ambiguity surrounding non-educational outcomes of the placement
- The reason for the placement may still exist at transition
- Using 'host' services within the transition planning process
- Health care is being transferred between authorities
- The passing on of health information by schools
- Lack of established procedures
- The young people may not know or be familiar with the home authority
- (Most of) the young people are transferring from institutions to the community
- (Most of) the young people are not returning to the family home

'Magnified' issues

- Identification
- The complexity of need
 - Accessing the young person's views
 - Funding issues
- Funding issues
- The lack of appropriate provision within adult services
- Parents' views and expectations.

4.1 Unique issues

A wide range of issues unique to out authority residential placements were identified as having the potential to impinge on the transition planning process, making it more difficult and/or more complex.

4.1.1 The 'independent' nature of the schools

Almost all young people in residential placements attended non-maintained or independent special schools. These schools are not governed, and do not operate within, the national policy and legislative framework which oversees maintained schools and other statutory services. Interviewees identified a number of issues arising from this situation which they found had impacted on the transition planning process.

First, these schools are not required to adopt practice or procedures issued by the government through policy or guidance documents. For example, informants from a number of authorities noted that one of the barriers to developing person-centred planning approaches with young people placed in such schools was the lack of awareness of or 'buy in' to this approach. One interviewee described such schools as 'working in a bit of a vacuum'.

In terms of PCP, you can't dictate, necessarily, to a school how they will conduct their annual review. Over time the local authority may be able to insist on a certain approach when the young person is placed, making it part of the contractual arrangements. But this doesn't happen yet.

(Connexions)

Second, schools are not constrained by statutory guidance with respect to the way transition planning should take place and yet are responsible for initiating reviews and transition planning processes. Interviewees noted that they felt relatively powerless in terms of being able to intervene in order to alter that process in any way. Some also felt they had little control over how schools worked with the young person in terms of supporting and preparing them for transition.

Schools don't always play a supportive role. Some have strong views about what should happen and so sometimes have a different view about bringing them back [to their home authority]. But some are very good at helping to prepare for transitions.

(Disabled children's service)

Sometimes I'm not entirely comfortable that a school is properly able to support a young person in terms of moving forward and leaving. There is a sense that they [the school] feel they are meeting the young person's needs and that they are in position to do that, it's almost as if they are wanting to convince disabled children

services that the young person is in the right place rather than having a forward approach. ... You have to work hard sometimes to get them to work with us and I am concerned whether [a difficult relationship between the school and LA] then affects how the school works with the young person. It seems in the end that a move which ends up being reasonable could have been much better if school involvement had been better.

(Disabled Children's Service)

4.1.2 Schools may have related adult residential provision

Almost all interviewees noted that many schools have related adult residential provision and that this has the potential to create tensions between the business interests of the school and what local authority staff viewed as the best interests of the young person.

Interviewees described situations where schools had encouraged parents to pursue a residential placement at the same (or a linked) establishment for their child, and that discussions between the school and parent had occurred well before statutory transition planning processes had got underway. For parents, this was extremely understandable given the often very positive experience of their child's residential school placement. However, local authority staff were having to work towards, where at all possible, bringing the young person back into the home authority and, in many cases, practitioners believed community based services would better met the needs of the young person as they grew into adulthood. Such differences threatened a positive partnership with parents during the transition planning process and had the potential to 'colour' parents' views of options presented to them by local authority staff.

Families can dig in their heels because they have been led to believe that moving into the adult branch of the same provision is the best option. It is almost impossible for them to hear something different.

(Disabled children's service)

It's an attractive thing for young people and parents (adult provision provided by the residential school company), they say 'It's what we know. It's a known quantity and they will be living in an area they already know etc.' Then we come along and say, 'Well, our expectation is that people will return to _____, will come back and live in the community and access services that we have here and we can support you much better'. That creates a tension between the two. So it is harder when people are out of _____.

(Adult social care)

4.1.3 The geographical distance between the home authority and the school

Staff reported that the very specialist nature of the needs of the young people now being placed in out authority schools limited placement options and meant that geographical distance cannot always be taken into account when choosing a school. All authorities reported that the geographical distance between the authority and the schools where they placed young people was a barrier to planning transitions.

They are just more difficult ... they are young people whose needs are difficult to meet and being hundreds of miles away means it's all long distance stuff.

(Adult social care)

Fewer visits to schools by home authority staff

Interviewees' accounts indicate that staff working in children's services (education and social care) and/or transition teams were adhering to statutory requirements with regard to visiting children and young people placed in out authority schools and attending review and planning meetings. However, it was reported that, compared to meetings in local special schools, these meetings were harder to arrange because they often required a whole day. It was also noted that identifying a day when all relevant professionals were free could be very difficult and that the additional time needed to make a visit could cause 'capacity issues'.

A number of interviewees contrasted the number of visits they made to local maintained special schools, not unusually a couple of times a week, with the occasional visits made to out authority schools. Their regular presence in the local special schools meant that informal contacts with young people and 'in the corridor' conversations with staff were taking place in addition to, and supplementing, formal meetings. Interviewees believed that the very infrequent visits to out authority schools had an impact on the extent to which they felt 'knew' the young people and the quality or effectiveness of the working relationships they were able to develop with staff.

We don't know them as well.

(Adult social care)

Whereas if I'm walking into one of the local special schools, I'm there three or four times a week – you get a much more rounded picture of the child's abilities, any behavioural issues they might have.

(Disabled children's service)

Distance can be a barrier to fully knowing and understanding the child. It's not the schools and them being uncooperative, it's the distance. You can't pop in for appointments ...

(Adult social care)

The relationships workers can develop with a special school in _____ are very different from the relationships which can be developed with a school some hours down the motorway. The transition process is more difficult, therefore. Our workers see the school staff infrequently, each group knows little about the resources available in the other's locality.

(Disabled Children's Service)

Lower levels of direct involvement by adult services

Geographical distance did make it much less likely that staff working for adult social care services or a potential service provider visited a young person as part of the transition planning process.

I can recall a conversation I had with a social worker recently who had a case where the young person was at school 30-40 miles away and I had to say to her, 'Have you actually been to say "Hello" to this person? How can you possibly know what they might need? You need to go and have a look.' That social worker wouldn't have thought twice about doing this if the young person was in authority or just outside the boundary.

(Adult social care)

In two local authorities adult social care services had adopted the practice of waiting to conduct assessments and explore service options until the young person had returned to their home authority, typically by returning temporarily, often against parents' wishes, to the family home.

Some young people go back to the family home, just for a while, because planning and organising appropriate services when the young people are geographically distant is difficult.

(Adult social care)

We persuade the parents to have the young person home and then we plan from there.

(Adult social care)

4.1.4 Ambiguity surrounding non-educational outcomes of the placement

A number of interviewees referred to the way that usually, except in the rare instances where a placement was funded solely by social care, education departments took the lead role in placing a child in an out authority school and in reviewing processes. This (unwittingly) led to the placement being seen by all practitioners involved as, primarily, an educational placement. This meant that any non-educational outcomes of the placement, including plans for bringing the child/young person back to the home authority and longer term outcomes, were not properly identified or explored at the time of making the placement or in reviews until transition planning was initiated. Consequently, the opportunity for strategic planning,

particularly with respect to planning or commissioning new specialist adult services, was lost.

They [education] need to share their views about plans for the future and what needs to happen to try to bring them back so we can strategically identify gaps in service provision.

(Adult health service)

4.1.5 The reason for the placement may still exist at transition

Many participants noted that, in the majority of cases, the factors which contributed to the decision to place a child or young person in an out authority school (for example, very challenging behaviour) still exist when the time comes for them to leave school. On leaving residential school it is extremely unlikely that the family will undertake to have the young person back in the family home. At the same time, there may not have been developments in services during the interim period which will be able to meet the needs of that young person when he or she is leaving residential school. The implication of this is that the home authority may be no more better equipped to care for an individual young person when the time comes for them to leave school, and yet the expectation or policy driver is that the young person will return to the home authority as opposed to remaining in residential care.

Most of them who have been placed out of county because we can't meet their needs 'in county' and that doesn't necessarily change when they reach eighteen.

(Adult social care)

The reason why these transitions may be problematic is because it is typically young people with complex or challenging needs and they are leaving highly specialised settings which cannot be replicated in the community.

(Adult social care)

Clearly, planning transitions in the face of a lack of suitable local services can present considerable problems and may result in continued out authority placements, at least in the short-term, being explored. Alternatively, arrangements may need to be made, and funding re-negotiated, for the young person to remain on at the school until services have been put in place. All these things inevitably add to the complexity of the planning process.

4.1.6 Using 'host' services within the transition planning process

Two issues with regard to using the host Connexions services to lead on the transition planning process on behalf of the home Connexions service were reported by interviewees as interfering with transition planning processes.

First, they described considerable variation between host Connexions services in terms of the level of service they were prepared to provide. Host Connexions services located in authorities with a number of residential schools may be over-stretched and unable to provide a high level of work or involvement with the young person. Sometimes the level of service provided for an individual young person was agreed on a *quid pro quo* basis with the Connexions services agreeing between themselves to provide a certain level of service to young people residing in each others local authorities.

One interviewee noted that home-host Connexions arrangements were more confused since the new Connexions arrangements came into force in April 2008 whereby local authorities moved towards commissioning Connexions services themselves. However, others believed the new arrangements would serve to resolve the difficulties described above because the level of service provided to young people in out authority placements could be formally set out within the service contract. A number of interviewees noted that it was important that expectations with regard to the role of the host Connexions service should be explicitly agreed at the beginning of a placement.

Second, interviewees reported that a lack of close knowledge of opportunities and services available within the home authority inevitably hampers the work of the host Connexions services. Close liaison between the host and home Connexions services was essential to prevent this becoming a significant barrier in transition planning.

4.1.7 Health care is being transferred between authorities

Identifying issues associated with managing health care transitions is an area where data was more limited because many interviewees reported not being involved in such transitions. However, a number of difficulties were reported, both by participants working in health as well as those working in adult social care. These difficulties stemmed from the fact that a young person's health care was being transferred between authorities.

First, the transfer of the young person's GP from the host authority back to the home authority could be delayed because of difficulties registering with a local GP. Without knowing where the young person will be living makes it difficult to identify and register with a GP and/or practices may require a postal address to register with a GP. Even when the young person had, or got registered with, a GP in the home authority, continuity of health care in terms of specialist health care needs could be compromised by waiting lists for appointments with consultants.

Second, responsibilities with regard to funding and carrying out health assessments, such as continuing care assessments, appeared to be a contested, and unresolved,

area between home and host authorities. This inevitably led to delays in such assessments being carried out and consequent delays in funding and/or placement decisions.

Third, health professionals are not typically allowed by their job contracts to work outside of their authority. This precludes them from carrying out assessments and supporting the transfer back to the home authority. Community nurses (learning difficulty) sometimes went out authority, though this appeared to be individual choice as opposed to health trust policy.

Fourth, where the young person is not returning to the home health authority, agreements have to be reached between the home health authority and the authority where the young person is going to be moving to. This could introduce delays or interruptions in health care to the young person. A further possible difficulty is that the 'receiving' authority may refuse to accept the referral and the planned placement collapses leaving the young person, family and practitioners with last minute decisions over what were 'second best' options.

4.1.8 The passing on of health information by schools

The passing of health information held by schools to the home authority and/or adult services/placements was sometimes reported as being problematic. For example, one interviewee reported that it was necessary to proactively ask for therapists' reports from schools, and that there was a reluctance on the part of some schools to pass on health information held by them unless it was requested at the time the young person left the school. A lack of, or delayed access to health information, could impact on decisions about placements and the adequacy of the type and level of health services provided in the new placement.

4.1.9 Lack of established procedures

This project was carried out at a time of considerable change within transition services. A number of authorities who participated in the project had recently set up new transition teams, or had new staff or new arrangements with regard to managing transitions. At the same time, and within the wider context of authorities wanting to bring as many people placed out authority back to the home authority as possible, these new teams were arranging transitions for young people who, in the past, would have remained out authority in an adult residential placement.

The consequence of these two developments was a lack of precedents or 'way of doing things' in terms of how these transitions from residential school back to the home authority were managed especially where the young person had complex

needs which included physical or medical health care needs, as opposed just behavioural or mental health needs. A number of interviewees talked about finding their way and establishing ways of working in an iterative way as they encountered different cases and situations. Another situation which also appeared to be problematic in terms of its resolution was where the young person's parents no longer lived in the home authority, in these cases there did not appear to be clarity with regard to funding responsibilities. The impact of the lack of a clear pathway or funding ambiguity was delays to the transition planning process.

4.1.10 The young person may not know or be familiar with the home authority

An issue particularly pertinent to transition planning for young people in 52 week placements was the fact that their proper involvement in decision-making was hampered by the fact that they may have little knowledge of their home authority in terms of it as a geographical and cultural place and also in terms of the services it provides.

If you've spent six years in Manchester, for example, actually are you still a ____ child? What are your aspirations? Where is your community? What should we be looking for in terms of what's in your best interest? That's complex.
(Disabled children's service)

4.1.11 The young people are transferring from institutions to the community

Where the young person is not moving on to further residential provision, transitions from residential schools involve transferring from an institutional setting, where the great majority of services are delivered on site, to delivering a care package in a community setting. Thus the package of care required is being moved to an 'untested' setting. This adds an additional dimension to these transitions compared to the transitions of young people who remain with their families.

4.1.12 The young people are not returning to the family home

As reported in Chapter 3, the great majority of young people do not return to the family home and there is, therefore, the potential for more services or agencies to be involved than would be found if the young person was living, and remaining, within the family home.

One transition is more complicated than the other. One major difference is that most young people placed outside _____ do not return to live with their families. This is because the original behaviours leading to the out of authority placement had been difficult to manage. Also, although children do make progress in

residential schools, parents become used to a different type of relationship with their son or daughter.

(Disabled children's service)

4.2 Magnified issues

In addition to the unique issues thrown up when planning and effecting transitions for young people being educated in out authority residential placements, it also appears that some of the generic difficulties associated with transitions are 'magnified' for this particular group of young people.

4.2.1 Identification

One of the key problems reported by previous research was that disabled children and young people in residential out authority schools are at risk of being 'forgotten' by the home authority and, consequently, adult social care services are unaware and unprepared for their impending return at school leaving age.

All the local authorities involved in this project acknowledged this had been an issue for them in the past but all described processes (often more than one) which meant that this was no longer the situation. Indeed, when questioned directly, all were confident that all children placed out of authority were 'known' by the home authority social care services and that the children were regularly reviewed. However, none were totally confident that adequate systems were in place to ensure transition teams and/or adult social care services would be involved in transition planning for *all* disabled young people in out authority settings.

Coming back is better than it was. Services are a lot more aware of which children have gone out and the need to bring them back.

(Adult health service)

There were typically a number of systems by which education and children's social care services were aware of children placed out of authority. First, the multi-agency funding panels provided a forum whereby these children's placements were annually reviewed and therefore 'known' by all agencies. In addition, SEN departments were routinely sharing information with the disabled children's team and/or transition teams. For example, education departments were sending their annual listings of all children and young people with statements (which also indicate if the child is placed out of authority) to social care teams. However, it should be noted that, on the basis of the experiences of health practitioners who participated in this project, this information sharing does not extend to health practitioners working outside multi-disciplinary adult learning difficulty teams.

The 'gap in the system' which was consistently reported across research sites was where the primary reason for placing a child was for child protection and not because of their disability. In this instance, the child would be under the care of the child protection team who would not have the same systems for information transfer and joint working that exist between many SEN, disabled children's and adult social care teams.

A second and (given the advent of Children's Trusts) extremely unlikely, situation which may render the child invisible to normal transition planning procedures identified by interviewees, is where a child's placement is not co-funded by education and, at the same time, the disabled children's team is no longer actively involved with the family.

One local authority identified families who have recently moved into their authority and have a child in an out authority residential school are another group who are at risk of remaining unidentified.

Finally, it is worth noting that many interviewees expressed concern that whilst considerable progress had been made in maintaining contact with disabled children placed in out authority schools and making sure adult services were aware of young people coming up to school leaving age, similar progress had not been made with regard to information sharing between agencies in the time leading up to young people leaving further education placements. In addition, and as is reported in the section above (4.2.1), the apparent improvements in identification and information sharing between education and children's social care and between children's and adult social care, do not appear to extend to health.

4.2.2 The complexity of need: accessing the young person's views

The nature of the young person's impairments and needs, especially severe learning difficulties, autism and/or challenging behaviour, were identified as a key challenge to accessing young people's views. The fact that, due to their geographical distance, these young people were less familiar to staff added to the demands of this task.

Interviewees reported that, because they did not know these young people so well, it could be difficult to identify the best and most meaningful way of ascertaining a young person's views and achieving an appropriate level of involvement in decision-making without causing distress and anxiety.

For a lot of young people, [being involved in decision-making] can cause a lot of anxiety and makes transition far, far worse.

(Adult social care)

The opportunities to get to know and understand the young person were very limited, especially for young people in 52 week placements and those who had been away for a number of years and who may, therefore, not be known or remembered by current staff.

When a young person is in a placement far away from _____ it is difficult to hear their voice directly, rather than hear the school's or family's voice.

(Disabled children's service)

Obviously it makes it more difficult because you can't have as much contact with that person as you would like. You're talking about one or two days away from your working week. There are insufficient resources to see a young person in a remote placement once a week. You can only do what you can.

(Disabled children's service)

This meant staff found themselves reliant on the work done with the young people by other agencies such as the host Connexions service and the schools. With regard to the latter, some interviewees believed the commissioner – provider relationship between the local authority and the school had the potential to interfere with the quality of information concerning the progress and abilities of a young person passed on by schools to local authority staff. In particular, there was the possibility that a school may be overly positive in its report of the progress they have achieved with young person. A consequence of this is that an unsuitable or inappropriate placement is selected by adult services.

Now I'm sure they aren't lying to me but they are going to put a good gloss on what is happening in school, you know what I mean? ... it's human nature to suggest everything's doing fine...there's a lot of money involved in these placements.

(Adult social care)

Working with children and young people with learning difficulties or autistic spectrum conditions often requires a very concrete approach and, in the context of transition planning, providing opportunities to visit and experience possible settings and services. Ideally these experiences should be relatively short and, where appropriate, repeated. These sorts of visits are very difficult to organise for young people in out authority placements, especially if they are 52 week placements.

Whilst less of an issue for young people in 38 week placements who were likely to be using services during the holidays (for example, short breaks) and were therefore familiar and known to staff, there remained a concern among interviewees that even this group were less known and understood than children and young people attending local special schools. In addition, it was sometimes the case that options under consideration (such as colleges) closed in school holidays or, if opened for visits during the holidays, did not afford the young person the chance to see the facility 'in operation'.

Colleges want to interview, colleges are duty bound to really to get young people into their set-up, to see them, to show them where they might be, interview the parents, talk and interact with the young person; so they can be confident that they can fully meet their needs and that that provision is right for them. It is more difficult [to achieve this] when they are away.

(Connexions)

4.2.3 The complexity of need: funding issues

Interviewees believed that the increased complexity of need of young people placed 'out authority' meant these were the cases where difficulties resolving funding responsibility were most likely to be encountered. The issue here was not in terms of eligibility for adult social care services, but rather the contribution of health to the care package. Participants from a number of authorities reported a lack of clarity on this issue and that they were seeking to establish, within their own locality, some sort of precedent in terms of the type or level of need required for health to agree to contribute to funding a package.

These difficulties and ambiguities led staff to believe that transition planning needed to begin as early as possible to allow for these sorts of issues to be addressed. However, this was impeded by adult health services not being able to accept referrals and conduct assessments until the young person reached 18 years or, in the case of adult mental health services where CAMHS were seen to be providing a service up to 19years, older.

4.2.4 Parents' views and expectations

Whilst interviewees did not identify any particular differences in the levels of parental involvement in transition planning for parents with children in out authority residential schools compared to local special schools, certain factors came into play because their child was attending a residential school.

First, interviewees noted that in instances where the child had been attending residential school for a number of years and, particularly if they were on a 52 week placement, parents may not have fully appreciated or assimilated the way their child had changed and developed during the teenage years. Thus their understanding of, and beliefs about what would be best for their child, could potentially be based on an understanding of their child at an earlier age or life stage.

They [parents] become estranged from their children. They miss out on the changes and developments that happen during adolescence and so haven't adapted to having an adult child.

(Adult social care)

Second, as noted previously, parents' views and expectations may have been influenced by the views of staff in the residential school and by the facilities the school or a partner organisation offered to young adults.

Third, sometimes the process by which the child had been placed in a residential school had involved difficult and protracted negotiations for parents. The consequences of this were, interviewees believed, either a reluctance to re-assume the role of championing or even advocating for their child's needs and rights within the transition planning process, and/or a distrust of local authority staff.

Fourth, parents were facing very significant changes in their child's life, in particular the move from a 'safe' institutionalised setting to living in a community setting where they would be using, and perhaps moving between, a disparate range of services. In addition, in most situations, all these services would be new to the family and the young person.

It's hard for some parents to accept that the local authority wants to plan for them to come back to the local area and that facilities, at the moment, aren't going to be as good as those being provided [by the school and associated adult provision].

(Education)

These very significant changes were being faced by families who, for a period of time, had been removed from directly involvement in their child's care for most if not all of the year. In addition, they may not have been aware of local changes and developments in the types of services being provided to young adults with needs similar to their child's.

There are miscommunications which mean families assume they are going to get a certain level of service. For example ...'I was told when he was small he would go to a day centre so why aren't you providing that?'

(Senior manager children's services)

It is not surprising, therefore, that some interviewees noted that they felt parents with children in residential schools were more risk averse than parents of children who had remained in local special schools when it came to planning for the future.

Families lack confidence in the local authority to provide something that is educational and safe. There is not much risk-taking.

(Adult social care)

4.3 Discussion

The data reported in this chapter provides a picture of the numerous factors which may contribute to out authority transition planning becoming 'unstuck' and making

these transitions more problematic than in authority transitions. The reasons for this include: the needs profile of many of the young people making these transitions; geographical distance (which has various impacts); dependence on host authority services; and the need for cross authority transfers. Some of factors were not only the source of unique difficulties but also exacerbated generic problems encountered in transition planning for many disabled young people.

One of the most striking findings reported in this chapter is the way in which the presence of an independent business within transition planning adds a significant additional dimension to this process, potentially impacting on the ways in which the local authority can manage the transition, information exchange between the school and local authority, and the local authority's relationships with parents.

Another key point to draw out from the data reported here is that participants believed that longer term anticipated outcomes need to be explicitly explored at the time of making placements (even in only a 'broad brush' way if the placement is made when the child is quite young). This exercise should, they felt, then inform the choice of placement and the requirements the local authority place on a school in terms of how it should be working with a child to achieve these outcomes. Holding in mind the fact that the young person will be returning to the home authority would also help to promote systems by which adult services are informed about forthcoming transitions and can plan strategically. It may also be helpful if families, whilst not active service users, are kept informed of developments within adult social care provision. Local authorities might also want to explore ways in which the young person's connections to their home authority (including their families) are maintained and supported while they are away.

Geographical distance has, in the past, been cited a key barrier to smooth transition planning (for example, Helsop *et al.*, 2007). This project has been able to unpick this issue and reveal the range of ways geographical distance can impede transition planning and which impact on the young person, their family, and the tasks and activities being carried out by local authority staff.

A significant barrier to transition planning reported by earlier research was the lack of awareness within the home authority's social care services of young people resident in out authority schools. The accounts of staff participating in this project suggest that, for social care transitions at least, the issue of identification is being resolved. However, disabled young people without educational statements and/or who have no contact with the home authority's disabled children's team were seen as vulnerable to being 'missed' in terms of planning for adult social care, with the possible consequence of last minute and hasty planning.

Finally, it is important to highlight the absence of true multi-agency working in transition planning. Joint working between children's and adult (learning difficulty)

social care teams was typically well established, and in some authorities joint transition planning by Connexions and social care teams was taking place. However, the routine involvement of adult health services in transition planning was restricted to those adult social care learning difficulty teams which contained learning disability nurses.

This lack of multi-agency working, and particularly the involvement of health services, reflects the general situation with regard to transitions for disabled young people (for example, Commission for Social Care Inspection, 2007) and is therefore not surprising. However, to resolve this issue with respect to disabled young people placed out of authority will require additional measures, specifically the ability of health professionals to travel out of authority, clarifying responsibility with respect to which authority is responsible for conducting continuing care assessments, and reviewing current policies or practice with regard to the transfer of health care between authorities.

5. The Outcomes of Transitions

The final area explored by this project was participants' views about the outcomes of transitions, particularly among those young people who return to the home authority, as opposed to going onto another out authority placement. Where they had the information available, interviewees reported the destinations of young people who had recently transferred to adult services and their views as to the success of those transitions. Interviewees were also asked to identify factors or issues which increased the risk of poor transition outcomes.

5.1 Destinations on leaving out authority residential schools

Whilst the general approach or ethos within all local authorities was to bring disabled young people in residential schools back into their 'home authority', in reality it appeared that decisions were made on a case by case basis. That said, the destinations of young people leaving out authority residential schools clearly varied according to the reason for their placement.

Where the placement was wholly or partly driven by the family no longer being able to cope with the child, typically due to significant behaviour difficulties, the young person did not return to the family home. The destinations for these young people were supported living situations or residential care ideally within the authority but, in the absence of appropriate services, in an out of authority placement. It should be noted, however, that two local authorities reported that, in such situations, the young person typically returned to the family home on a temporary basis during which assessments and arrangements for supported living or residential care were carried out.

Returning to the family home was seen to be one of the options for young people placed for solely educational reasons (for example, sensory impairments, autistic spectrum conditions without behavioural issues). However, some young people wanted to stay in the area in which they had been attending school and local authorities supported this decision and worked to make arrangements for this to happen. Interviewees noted that, in some cases, families were reluctant to have the young person back home and sought a residential college placement. This was ascribed to changes in family relationships caused by prolonged absence.

A number of authorities represented in the research were actively working on developing services which would better meet the needs of young people leaving out authority residential schools and reduce the need for out authority adult residential placements. The focus of this activity was developing supporting living provision or

residential care for young people with challenging behaviour and/or autism. It was felt that once these services were in place more young people would return to live in their home authority. Interviewees from one authority which had recently opened some supported living provision noted that families were now much more positive about their (adult) child returning to their home authority, as opposed to continuing in out authority residential care. In some authorities these service development activities were described in terms of a wider policy within the authority's adult social care department with regard to 'bringing back' adults in residential out authority placements.

One local authority was developing a strategy by which some young people would return from out authority residential schools before their eighteenth birthday and start using local further education (FE) facilities with, where necessary, residential care/support living services. To this end the authority was exploring whether children's services would be able to purchase adult provision. The purpose of this strategy was two-fold: to reduce the number of young people placed in out authority residential FE colleges and to avoid numerous simultaneous changes happening to a young person at the point at which they leave school.

5.2 Monitoring of longer term outcomes

In some authorities, a service or team (for example, Connexions, a transition team, a learning disability nurse) were monitoring the outcome of a placement or a young person's needs for a period of time after their direct involvement with the case finished. However, this was carried out for the purposes of tracking the young person, monitoring the stability of their placement and/or ensuring needs were being met as opposed to using this information to explore or record transition outcomes *per se*.

No systems were found by which education departments or disabled children's teams were monitoring or were being routinely informed about the transition and longer term outcomes of young people who had been in their care. A couple of interviewees working in children services in different authorities reported that raising this topic in the interview had made them consider why they do not routinely seek this information, especially for young people in out authority placements where a considerable amount of money would have been spent. A number of interviewees noted that an interesting, and valuable, exercise would be to compare the outcomes of children who were in out authority placements with those who remained in authority. One interviewee particularly noted the importance of investigating whether and/or how young people returning from out authority placements develop new social networks and the extent to which independence skills learnt at the residential school transfer to the setting or placement the young person moves into.

5.3 Perceived outcomes

The view of the majority of interviewees was that achieving positive outcomes of transitions from residential out authority schools to adult services/placements was harder to achieve than transitions from local (in authority) special schools and that placements were less secure and more likely to breakdown.

I think it is more difficult – the challenges are greater. The challenges are greater in terms of achieving a positive transition on every level.

(Disabled children's services)

The huge issue is that the end of the placement is going to involve travelling, moving 100 miles, as well as everything else. The challenges in terms of positive outcomes are much greater. That doesn't mean that some young people do not leave residential education and have better outcomes than some of the children who stayed in borough, but the challenges are greater.

(Disabled children's services)

At the same time, other interviewees believed that, compared to other disabled young people, poor outcomes of transitions for this group of disabled young people are not inevitable because transition planning for this group starts earlier and such cases were prioritised over young people who remain in authority.

The previous chapter explored factors which interviewees believed may interrupt or impede transition planning. These may well impact on the eventual outcome of the transition process. In addition, however, interviewees identified other factors which increased the risk of poorer outcomes of transition compared to young people who remained in authority. Again, some of these factors are unique or particular to young people who have attended out authority, residential schools, other factors may be true for any disabled young person transferring to adult services but appear to be 'magnified' for this particular group. Figure 5.1 summarises these factors.

Figure 5.1 Factors affecting transition outcomes

Unique

- Decisions to place in an out authority schools can fail to take account of longer term outcomes.
- Institutionalisation and difficulties transferring independence skills.
- Geographical distance at the time of deciding on placements.
- Transitions back to the family home can demand significant readjustments.
- Complete loss of social networks.

'Magnified'

- The amount and extent of change.
- The complexity of need.
- Unmet health care needs.

5.4 Unique factors affecting transition outcomes

5.4.1 Decisions to place in out authority schools can fail to take account of longer term outcomes

Interviewees, especially those working in transition teams and adult social care, noted that decisions about whether or not to place a child in an out authority residential school do not sufficiently include a consideration of the longer term (ie post education) outcomes of that child. They believed there should be a more explicit process of weighing up current educational and social care needs against the views and expectations with regard to the longer term outcomes of the child. Thus the educational benefits and respite to families afforded by an out authority placement need to be evaluated in against the long-term consequences of removing a child from their local community and placing them in an institutional setting which is focused, primarily, on meeting education need. The perceived outcome of this collective focus on educational need was that, compared to young people in local special schools, young people in residential schools are poorly prepared for transition and this, naturally, affects transition outcomes.

More than one interviewee noted that it was the responsibility of the local authority to incorporate this longer-term view of the child into placement agreements including, for example, requirements on schools to provide a range of opportunities and experiences (including work experience) which prepare a young person for leaving school and adulthood.

5.4.2 Institutionalisation and difficulties transferring independence skills

Some interviewees noted that young people can become very institutionalised during their placement in residential school. This makes the changes associated with moving to live in a community setting even more significant and harder to deal with.

In addition, independence skills may have been learnt in contexts which differ substantially to the home authority or setting to which the young person is returning. This makes the transfer of such skills difficult. Travelling skills is a good example here: many residential schools are located in rural communities which have much simpler public transport services compared to an inner city authority.

5.4.3 Geographical distance at the time of deciding on placements

Interviewees were able to recall situations where, despite genuine work and effort on the part of staff involved, a placement and/or service chosen for a young person turned out to be inappropriate or unsuitable, resulting in the breakdown of that placement or the withdrawal of the service.

The geographical distance between the young person and their home authority was seen as a key contributory factor to this outcome. It threatened positive outcomes in a number of ways. First, and particularly for young people in 52 week placements, adult social care staff were restricted to carrying out assessments at the residential school which could be a very different setting to a possible future service or placement. Second, compared to a young person in a local authority special school, the young person was less likely to have had the opportunity to 'try out' or even just visit services and/or placements in advance of using them. In addition, adult social care staff would not have had the opportunity to observe the young person in that setting. Third, staff providing the service would be limited in how much they could contribute to any discussion about the suitability of their service for a particular young person.

5.4.4 Transitions back to the family home can demand significant readjustments

A small proportion of young people return to the family home and typically these are young people with less complex needs, such as sensory impairments where the placement has been primarily in terms of meeting the child's educational and/or social needs. Interviewees noted that the return home can require significant readjustments for families. The period of time the young person has spent away, especially if the placement was at some distance from the family home, can lead to

weakening of family bonds and reintegrating the young person into the family can be difficult and lead to less than positive transition outcomes.

It's a massive, massive readjustment that families have to make.
(Disabled children's services)

5.4.5 Complete loss of social networks

The loss of social networks experienced by young people returning to their home authority following a period of being away at residential school was identified by many interviewees as a key factor contributing to poor outcomes of transition for this group of young people. Even young people who return to their families during the holidays are likely to have lost their home community and social networks unless parents have actively sought to find ways to ensure they are maintained. Interviewees also noted that these young people are likely to have greater difficulty establishing social networks than other young people. In addition, their recent life experiences will be very different to those of disabled young people who stayed in their home communities which will make establishing (or re-establishing) relationships and social networks more difficult.

They move away from home. They lose all their social contacts. Then they move back home and, again, they've no social contacts at all.
(Senior manager, children's services)

It's almost as if they are dropping in from another universe, with very different experiences and very little knowledge or companionship or friendships that makes any sense in their local communities.
(Disabled children's services)

Interviewees felt that insufficient attention was paid to social needs and re-integration within assessment and transition planning processes and within the services provided by adult social care.

5.5 'Magnified' factors affecting transition outcomes

5.5.1 The amount and extent of change

Interviewees believed that the range of changes faced by a young person returning from out authority residential school is, typically, considerably greater compared to those who stayed at home. For some young people *everything* will be new: where they live, how and where they spend their time, what they do, where they go to learn, the staff who work with them, the topography and physical appearance of the local area and, possibly, clear cultural differences. In parallel with this experience of

unfamiliarity is the experience of loss – of routine, community, friendships, and a sense of security. These are significant changes for anyone, but for young people who require their lives to be predictable, routine and familiar, the process of transition is, potentially, extremely stressful.

They have a different profile – they haven't accessed local support services so if they are coming back home it's like starting afresh. Everything is new and unfamiliar.

(Connexions)

People with learning difficulties and challenging behaviour or autism don't cope very well with change ... and this change is huge for them. If we can't identify the right placement and get it sorted well in advance so we can have a really good slow transition – with photos, visits, overnight stays, getting to know the team ... but if it's rushed then you're setting somebody up to fail or, at least, make it a really terrible transition and they aren't going to cope well. You may get a relapse in the behaviour and maybe even the placement will break down.

(Adult health care)

Staff noted that the preparatory work needed for young people who will struggle most with change involves long-term work building up exposure to and then familiarity with staff and settings. The geographical distance of the school from the home authority, alongside the willingness and cooperation of the school, adult social care teams and service providers to engage in preparatory work and to be involved in the actual move, play a significant role in the extent to which the young person can be prepared for these changes and, in consequence, their experience of, and the outcomes of, these transitions.

5.5.2 The complexity of need

As already noted, the great majority of young people placed in our authority residential schools are there because of the complexity of their needs. This, in turn, makes transition planning more complex, and this complexity increases the risk of delays and a lack of coordination which may, consequently, impact on the quality of the outcome of the transition.

A second implication of the complexity of need is that the care package is likely to be complex and expensive and securing adequate funding may not be possible. This can mean 'second best' options are resorted to which, again, impact on outcomes for the young person.

Third, complexity of need can mean there is a need for very specialist services and sometimes these do not exist. This particular issue was typically raised by interviewees with respect to young people with severe learning difficulties and challenging behaviour and/or autistic spectrum conditions. It should be noted that

interviewees in most of the local authorities represented in the study reported on-going work with regard to developing services for this particular group or recently opened services. However, this was seen as a key issue which would require further work and investment. It also presented different sorts of challenges to different authorities. Staff working for small authorities (in terms of population size) noted that regionally developed and commissioned services may be one solution to achieving the highly specialised further education services these young people required. Geographically large rural authorities highlighted the difficulty of providing a specialist service which was accessible to all potential users.

5.5.3 Unmet health care needs

The increased complexity of needs typically found in young people returning from out authority residential placements compared to those who remained 'in authority' is likely to mean they have on-going health care needs. Interviewees reported that failing to meet the health care needs of the young person once they leave school could have a negative effect on their transition outcomes. This may be in terms of a loss of, or degeneration of, physical abilities, physical health and/or mental health, all of which, in turn, can impact on a young person's well-being and their activities and placements.

For example, a deterioration in behaviour is a way some young people respond to the stress caused by change and unfamiliarity. Interviewees reported that the absence of psychological/psychiatric input and services when a young person moves into a new setting to respond to and advise on behavioural issues had led to the breakdown of placements.

There is one young man due to come back this summer. He has severe learning difficulties, physical disabilities, epilepsy and behavioural problems. So when he comes back if we haven't got psychology set up for him, and speech and language therapy, physiotherapy and occupational therapy going in to assess what his needs are then immediately I can see the placement breaking down and he will go into crises and be homeless.

(Adult health care)

In terms of physical health needs, participants reported reduced, or even a loss of, therapy services available to young people once they have transferred to adult services. This was in part due to the difficulty of getting those therapies delivered in some of the settings where the young people are (for instance, FE colleges), as well as the availability of therapies within adult health care.

Children's services have a greater density than adult services, so a fall-off in therapy provision, for example, is going to be experienced. It's like changing from a Rolls Royce to a Mini.

(Senior manager, children's services)

Finally, a number of participants noted the lack of an equivalent discipline to paediatrics in adult health which meant that no individual had the role of overseeing the health care of young people, especially those with complex and continuing health care needs. For example, one interviewee relayed her experience of no adult health consultants/discipline being prepared to take young people with muscular dystrophy onto their caseloads.

Transferring from child health to adult services is an absolute minefield – there is no-one to refer them to.

(Disabled children's services)

Parents and young people are dismayed by the fact they go from having a generic paediatrician kind of support to being hived up in slices.

(Adult social care)

5.6 Discussion

This chapter has explored professionals' reports of the destinations of young people leaving residential out authority schools and their views on the outcomes of these transitions. There was a consensus that achieving positive outcomes for this group of young people was harder to achieve, and participants were able to identify a number of unique and 'magnified' generic factors which contributed to this.

One of the key themes emerging from the findings reported here concerns a potential conflict between meeting immediate educational needs and/or addressing families' needs, with the longer term outcomes of that child/young person. Thus while, overall, parents and professionals are typically satisfied with the residential school placements, being away from home can create difficulties when the time comes to leave school and, in the majority of cases, return to the home authority. Staff participating in this project believed that residential placements can result in: unfamiliarity with the local community, local services and the local environment; weakened family relationships; and an absence of social networks. All these factors contribute to an increased risk for poor transition outcomes. In organisational terms, this situation is caused and perpetuated by the fact that placements are made and monitored by children's services, whose key roles are education, welfare and protection, and yet at the end of the placement the 'child' is transferring to adult services, which operate within an ethos of enablement, risk-taking and community inclusion.

One way of improving this situation, suggested by participating, is to pay greater attention to the longer term outcomes of a child when commissioning a service from a school. Thus, schools could be required by a local authority to develop specific plans and strategies by which a young person is prepared for transition, including the use of PCP approaches. Early on in the placement this would require at least 'broad brush' ideas from families and the local authority of desired outcomes and possible post-transition 'destinations', with this being increasingly refined and specified as the young person reaches mid to late teens. To achieve this, active involvement by adult or transition services during this period would be necessary to allow sufficient time for very specific aspects of transition preparation to take place, such as visiting and choosing future placements and so on. Furthermore, this will require early and coordinated involvement of *all* services as often decisions about placements, services and activities require the involvement and input from more than one service.

The role of children's services during the placement might also need to be reviewed, with consideration being given to extending this role beyond safeguarding and incorporating responsibilities with regard to the need to ensure connections with family and the home authority are maintained and remain relevant to the child/young person. This might involve work with the family as well as with the child.

Finally, adjustments need to be made so that friendship and social needs are a more prominent issue in assessments, planning and choice of placements and the on-going work done by staff working in adult services. There needs to be greater clarity with regard to responsibilities for assessing and meeting social and friendship needs. These are the key concern for disabled young people and their families and have a significant impact on the success, in their eyes, of their transitions (O' Sullivan, 1998; Morris, 1999; Heslop *et al.*, 2002).

6. Conclusions and Future Research Directions

In reviews of research evidence with regard to transition, a number of authors have called for research into factors which support or inhibit smooth transitions and positive outcomes of these transitions (Beresford, 2004; Joughin and Law, 2005). The findings from this project contribute to this evidence base. Specific issues and 'magnified' generic issues encountered by professionals involved in the transitions to adult services by disabled young people leaving residential out authority placements have been identified. In particular the project has been unable to 'unpick' some of the factors identified by previous research (for example. geographical distance) and provide a deeper understanding of the ways in which they can impede smooth transition planning and positive transition outcomes.

What is very clear is that there is a lot of potential for transition planning and transition outcomes for disabled young people in out authority residential schools to 'go wrong' and concerns about the transitions of this group of disabled young people are justified (Pinney, 2005; Audit Commission, 2007; Commission for Social Care Inspection, 2007; Heslop, 2007).

This project focused on professionals' experiences of planning and managing transitions and their views on the outcomes of those transitions. Young people's and parents' voices are clearly absent - a consequence of the small, short-term nature of this piece of work. It is important, therefore, that research which focuses specifically on young people's and families' experiences of these transitions is also carried out. There is very little research which has focused on this topic. One exception is Heslop *et al.*'s (2007) work with young people, parents and professionals. This study found a mismatch between what parents and professionals thought contributed to a good transition process, and this serves to reiterate the importance for more work in this area. In addition, future studies needs to include research with staff in out authority schools who, as many interviewees pointed out, are often the people who best know the young person, and will also have their own views and experiences of transition planning. The issue of future research is discussed in more detail later. First, however, we explore some of the key implications for practice arising from the findings of this piece of work.

6.1 Key implications for practice

A significant barrier to smooth transition planning identified by previous research is an insufficient time for transition planning, exacerbated for young people placed in out authority residential schools by the complexity of their needs and geographical distance. Efforts by local authorities to actively involve adult services or transition

teams in transition planning processes at an earlier stage appears, on the basis of the accounts of research participants, to have improved the transition planning process and reduced the incidence of delays or 'last-minute' resolutions and unsatisfactory outcomes. This would seem therefore to be an important feature of transition planning processes for this particular group of disabled young people. The existence of posts with a specific responsibility for individuals placed out of authority was unusual among the local authorities represented in this project. However, where these posts existed, it did appear to serve to overcome the barriers which geographical distance imposed on visiting and meeting with the young person and school staff.

The findings from this research indicate there is an inequity in the extent to which person centred planning (PCP) approaches are being used with young people placed in out authority schools compared to their peers in local special schools. The critical importance of person-centred planning for young people with learning difficulties challenging behaviour is acknowledged (Department of Health, 2007). Ways of delivering PCP approaches need to be identified and this would require the active involvement of the schools. This could be supported by local authorities stipulating the use of PCP approaches in placement contracts with schools.

There are other implications for practice aside from those relating to the transition planning process. One of these concerns the decision-making process at the time of making the placement and how the purpose of the placement is conceived. Some participants believed that placement decisions need to be informed by more than just educational need and/or the needs of a family. Rather the child's likely 'trajectory' into adulthood and the fact that adult social care services now rarely use our authority placements need to inform placement decisions. Furthermore, the 'content' of a placement, particularly in terms of the work the school does around supporting transitions to adulthood, adult services and returning to live in community settings, needs to reflect this longer term view.

Parents were not directly involved in this study but staff noted that parental involvement in transition planning, and the relationship between local authority staff and parents, could be hampered by a lack of parental knowledge of local authority policies and local services and opportunities. It would appear therefore that keeping families (especially those with a child in a 52 week placement and therefore not using home authority services during the holidays) informed about local authority policies (with respect to using local adult services/placements as opposed to out authority placements), and developments in the sorts of services available may help to prepare parents and guard against misunderstandings with regard to their child's future.

Given the wider evidence on transition planning, it was not surprising to find a lack of joint working between social care and health. Overall, adult health service

involvement in planning tended to happen very late in the transition planning process, the exception being where there were adult LD teams which included community nurses. In some instances, there does not appear to be a clear transition pathway from children's to adult health services. This is clearly an issue which needs to be addressed and the recently published Department of Health guidance (2008) should support this. In addition, the particular issues related to transferring health care between health authorities need to be incorporated into the development of such pathways to avoid interruptions to health care for young people returning to their home authority.

There also appear to be differences in the level of joint working between children services and adult social care teams, with formalised and positive partnerships evident between children's services and adult learning difficulty teams, but not between children's services and adult physical disability teams. This is clearly an area which needs to be addressed and which is particularly pertinent to population of young people placed in out authority schools, some of whom will have complex health needs.

A large proportion of young people attending residential special schools have learning difficulties and challenging behaviour and therefore the generic issue of needing to develop services for this group of disabled young people (Department of Health, 2007) is highly relevant, with the absence of appropriate services in the home authority being identified as a key barrier to transition planning and positive transition outcomes.

Finally, there is the issue of how transition planning and service provision can take better account of the social and friendship needs of young people returning to their home authority from an out authority placement, and how practitioners can support young people to develop, or re-establish, social networks. A lack of 'ownership' of this issue does seem to be a key barrier to addressing this issue despite it being of critical importance to young people.

6.2 Researching outcomes

One of the purposes of this project was, through conducting the fieldwork and on the basis of the data gathered, to inform future research on the outcomes of young people leaving out authority residential schools. Specifically, there was a desire to identify possible topics or populations which should be the focus of such research, and also to understand the feasibility of carrying out longitudinal research on this topic.

6.2.1 Focus

Key areas of concern or interest expressed by interviewees included:

- The long-term destinations and outcomes of young people placed out of authority schools. Within this, a comparative study of the outcomes of transition for young people placed out of authority and those who remained in local authority schools would be valuable.
- Practice, barriers and facilitators to managing health care transitions, and health outcomes.
- Social outcomes of transitions.

In addition, we would suggest further research is needed in order to understand current practice with regard to the transitions (and outcomes) of young people whose primary needs are physical disability and/or complex health care needs. In the main, interviewees' experiences and accounts were restricted to transitions to adult learning disability services. However, advances of neo-natal care and treatments of conditions which previously would have resulted in death in childhood mean that a growing proportion of disabled children have complex health care needs, and adult services will increasingly receive such referrals as this 'new' cohort grow up (Carter *et al.*, 2008).

6.2.2 Populations

From the data obtained in this study it would appear there are four distinct groups of young people who are making transitions from out authority residential schools. Each group raises specific issues with regard to transition and transition outcomes which should inform a research agenda:

Young people with sensory impairments: this group appear to be most likely to stay in the area where their school was located and may not require, or be eligible, for adult social care services. Very little information specific to this group was obtained through this project and work looking at the transitions of these young people is needed, in particular their educational and employment outcomes, social outcomes and access to support services.

Young people moving onto further education placements in out authority colleges: whether or not young people returned to their home authority for further education depended on the provision available and whether or not further education was a primary need. Participants reported that joint working arrangements between Connexions and adult social care services for managing transitions from out authority FE colleges to adult services were less robust compared to leaving school

arrangements. The research team has not come across any previously published research which focused specifically on these transitions and their outcomes.

Young people transferring to out authority adult social care placements: this would appear to be a diminishing group and, more widely, there is evidence of local authorities trying to 'bring back' individuals already placed in out authority social care provision. The main reason for using out authority social care placements is lack of appropriate provision in authority and, specifically this appears to be services for young people with challenging behaviour and learning difficulties or autism. Innovative service developments were taking place in a few of the authorities taking part in this project and research into placement stability, user and family experiences of the service and the effectiveness of these new services is important and would serve to support the development of good practice across the country.

Young people with complex needs who return to the home authority but not to the family home: in terms of numbers and the complexity of their transitions, it was this group that most pre-occupied interviewees. Depth research exploring in a holistic way the experiences of these transitions from the perspectives of all stakeholders is needed. Innovative methods will be required to explore and understand some young people's experiences. Such research should also seek to identify what works, in terms of preparing and managing the actual transition period, which promote placement stability and 'user satisfaction'.

6.2.3 Participants

One of the findings from this project was the belief of staff that the outcomes of a transition are affected by a range of factors, including the individuals and institutions involved in a transition. Thus future research on this topic should be designed in such a way as to include the views and experiences of all stakeholders; namely, the include the young person, their parents, school staff, home authority practitioners involved in transition planning, and staff working in the adult services into which the young person transfers.

6.2.4 Feasibility

Identification of the target population

A key issue for many research projects is the identification and recruitment of the research sample. On the basis of the fieldwork conducted for this project it would seem there are robust systems by which disabled young people placed in out authority schools could be identified through records held by education departments within Children's Trusts. However, in order to identify the very occasional cases where a placement has been made for social/welfare reasons only, it would also be

necessary to contact child welfare/child protection teams. The multi-agency panels could be used to corroborate this information.

Identifying or tracking young people once they have transferred to adult services may be less easy and is likely to require a multi-faceted approach. In some authorities Connexions were actively monitoring all disabled young people up to 25 years of age. However this is not the case in all local authorities and, in the future, there may continue to be variance between local authorities in terms of Connexions' responsibilities for this task because of the on-going rearrangements regarding the location and funding of Connexions services.

Identifying and/or tracking young people who have transferred to adult physical disability (PD) services may be more problematic compared to those who have transferred to the adult LD team. This is because joint working between adult PD services and transitions teams/children's services appears to be weaker and less 'formalised' compared to transitions teams'/children's services' links with adult LD services. There are also some young people, particularly those with sensory impairments, who may not transfer to any adult service. In these instances, it would be necessary to identify a sample through schools. Finally, Connexions services would be able to identify young people placed out of authority in further education settings.

Finally, it should also be noted that the numbers of young people making transitions from residential school placements to adult services each year is small and may further decrease as local authorities continue to seek to reduce the number of out authority placements they make. This implies that a research project would need to work with a number of local authorities to achieve a reasonable sample size.

Ensuring a range of schools/locations are included

This research identified a number of ways by which schools could impact, directly or indirectly, on transition planning and transition outcomes. This included factors such as geographical location (for example, rural vs urban), distance from the home authority, the existence of linked adult provision, and a school's engagement with preparation for leaving school and transition planning processes. Clearly, any further research needs to incorporate within its design the ability to explore the potential impact of these factors on young people's transition outcomes.

The direct involvement of local authority staff in data collection

The small numbers of young people making these sort of transitions each year within a single authority does suggest that it would be feasible to ask local authorities (for example, transition teams or the Connexions services) to assume the role of active research partners. For example, they could collect, on longitudinal basis, information about transition destinations and outcomes. Data collected in this way could be a stand-alone piece of work, or an element of a larger piece of research.

Involving young people in the research

The findings from this research suggest that there are two key groups of young people in out authority residential schools: young people with sensory impairments and young people with significant learning and behavioural needs. The latter group present particular challenges in terms their direct involvement in research, and particularly research on aspirations and desired outcomes which requires a level of self-awareness, a sense of time and change, and a knowledge, and if possible experiences, of future options and possible opportunities (Beresford *et al.*, 2004).

Thus, as is the experience of staff involved in carrying out transition planning, any research project will have to be innovative in finding ways to meaningfully include young people who have limited cognitive abilities and life experiences and/or find the notion of change highly stressful.

Staff participating in this project noted that school staff can be the individuals who best know a child or young person, and this highlights the importance of school staff being involved in research transition outcomes. Interviewees also highlighted the difficulties they experienced 'getting to know' the child because of relatively infrequent visits. This would be a challenge for a research team too, and there is clearly an argument that, at least in some cases, a member of school staff would be the most appropriate person to work with the young person in terms of data collection. This might have implications in terms of sampling as it would be unfeasible to expect a school to carry out direct work with their complete cohort of young people.

Whilst flexibility of research design and methods is undoubtedly appropriate in these situations, there will need to be strategies in place throughout the research process to ensure scientific rigour is maintained and variations in method or approach will need to be taken into account in the data analysis phase and when the findings are reported.

6.3 Concluding comments

The number of disabled children being placed in out authority schools has been declining over the past few years. However, it would seem that, at least in the short to medium term, residential out authority schools will continue to be seen as an option by local authorities seeking to meet the educational needs of certain groups of disabled children, particularly children with sensory impairments and those with very challenging behaviour and significant learning difficulties or autism.

Although they constitute a small proportion of the population of disabled children and young people, their needs and situation mean that they are at increased risk for problems with transition planning and poor outcomes of transitions. The findings from

this small scale project have contributed to our understanding of the factors which impact on the process and outcomes of transitions, and it has been possible to draw implications for practice from these findings.

This was a small piece of exploratory work which sought to not only contribute to the evidence base but also to identify ways forward in terms of future research, particularly in terms of transition outcomes. A number of research topics, including issues specific to different sub-populations, have therefore been proposed. In addition, the findings from the research and the lessons learnt from conducting this work have been used to explore issues with research design and feasibility.

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Appendix 1

Recruitment Materials

Text of email sent to SEN leads

The Department of Health has funded the Social Policy Research Unit at the University of York to conduct a small piece of scoping work on transitions to adult services by disabled young people who attend 'out-authority' residential schools. The purpose of the project is to map existing practice on how these transitions are managed and to explore the feasibility of conducting research into the outcomes of these transitions.

The scoping work is taking place in ten local authorities across England selected to represent different types of local authority and rural/urban locations across England. In each local authority we plan to speak to key individuals in children's and adult services. Directors of children's services in each authority have been informed about this project.

To begin we are making initial contacts with SEN leads in the local authorities, hence this email.

I am writing to enquire if you are the appropriate person with the education department to contact about how transitions for this group of disabled young people are managed by your local authority.

If you are the appropriate person, would you agree to a short (30 minute), confidential telephone interview (arranged at a time suitable for you over the next couple of months)? (Further information about the topics which would be covered in the interview would be sent in advance.)

If you are not the appropriate person, I would be very grateful if you could let me know the contact details of the individual I should be contacting.

Thank you.

Yours sincerely

TRANSITION TO ADULT SERVICES BY YOUNG PEOPLE ATTENDING OUT AUTHORITY RESIDENTIAL SCHOOLS

Information for interviewees

The focus of the work

We are focusing on disabled children placed in residential schools which are also geographically outside the home local authority. We are **primarily interested in the transfer from school to post-school provision at 19+yrs**. The project does **not** include children where emotional/behavioural/social difficulties is the primary need.

The interviews

For practical reasons, we would like to audio record the interviews. We will ask your permission to do this at the beginning of the phone call. We are happy to make notes of the interview if you would prefer not to be recorded. Recordings will be transcribed and then destroyed. All data collected will be treated in the fullest confidence and will be stored securely. Participants and participating authorities will not be identifiable in the project report. All participants will receive a copy of the project report.

Interview topics

Within each authority we plan to interview people from different agencies/services to obtain a complete picture what happens in each local authority. We therefore do **not** expect interviewees to be able to answer questions on all the topics listed below. We are conscious of the constraints on people's time and do **not** expect interviewees to conduct preparatory work prior to the interview.

- Residential schools currently used, number and nature of post 16 yr placements, funding arrangements.
- Roles and responsibilities re monitoring / contact with children placed out authority
- Destinations of young people making transitions from out authority schools at 19 yrs.

Transition planning

- Roles and responsibilities re transitions for young people placed out authority
- At what age does transition planning start?
- Who is involved?
- Any systems in place for joint working?
- Describe typical (and, if necessary) atypical process
- Involvement of parents in transition planning
- Involvement of young people in transition planning
- Facilitators/barriers to ensuring good outcomes of transition
- Post transition monitoring
- Views on unresolved issues/ difficulties not already covered?
- Who else should we be talking to in your local authority about this topic?

Appendix 2

Topic Guide

Topic Guide

- Confirm scope of interview – primary focus on transition @ 19 yrs, out authority, 38/52 week placements; own perspectives; not expecting able to comment on all topics.
- Check re recording
- Confirm their job role/title
- Individual's role and responsibility re transitions for young people placed out authority
- Residential schools currently used, funding arrangements, number and nature of post 16 yr placements
- Destinations of young people making transitions from out authority schools at 19 yrs.
 - Does the authority have policy on this?
 - Do they come back to home authority?
 - What sorts of things/placements do they end up in?
- Individual's roles and responsibilities re monitoring / contact with children placed out authority
- Individual's role and responsibility re transitions for young people placed out authority.
- At what age does transition planning start?
- When does their involvement start, and how involved?
- Who else is involved?
 - probe adult services and health (re therapies, management of health condition, mental health)
- Any systems in place for joint working?
- Describe typical (and, if necessary) atypical process
- Involvement of parents in transition planning
- Involvement of young people in transition planning
- Does the school have a role to play in informing expectations of child/parent re outcome of transition (in terms of where and what to do)
- Facilitators/barriers to ensuring smooth transition
- Facilitators/barriers to good outcomes of transition
- Involved in any post transition monitoring
- Views on unresolved issues/difficulties not already covered?
- Who else should we be talking to in your local authority about this topic?
- Thanks and inform re receiving research findings.