

National Institute for Health and Care Excellence

Draft for consultation

Disabled children and young people up to 25 with severe complex needs: integrated service delivery and organisation across health, social care and education

[J] Evidence review for planning and managing transition from children's to adults' services

NICE guideline number TBC

Evidence reviews

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Draft for consultation

These evidence reviews were developed by the National Guideline Alliance which is a part of the Royal College of Obstetricians and Gynaecologists

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1 Planning and managing transition from 2 children's to adults' services

3 Recommendations supported by this evidence review

4 This evidence review supports recommendations 1.8.1, 1.8.3, 1.8.5 - 1.8.9, 1.8.13. Other
5 evidence supporting these recommendations can be found in the evidence reviews on Views
6 and experiences of service users (evidence report A), Barriers and facilitators of joined-up
7 care (evidence report K), Views and experiences of service providers (evidence report M).

8 Review question

9 What is the impact of including education with combined health and social care support
10 models and frameworks on transition from children's to adults' services for disabled children
11 and young people with severe complex needs?

12 Introduction

13 This review aims to identify the optimal transition models and frameworks that support the
14 inclusion of education services combined with health and social care services for disabled
15 children and young people with severe complex needs transitioning from children's to adults'
16 services.

17 At the time of scoping and developing the review protocols, documents referred to health,
18 social care and education in accordance with NICE style. When discussing the evidence and
19 making recommendations, these services will be referred to in the order of education, health
20 and social care for consistency with education, health and care plans.

21 Summary of the protocol

22 See Table 1 for a summary of the Population, Intervention, Comparison and Outcome
23 (PICO) characteristics of this review.

24 Table 1: Summary of the protocol (PICO table)

Population	Disabled children and young people from birth to 25 years with severe complex needs who require health, social care and education support and are transitioning from children's to adult's services.
Intervention	Transition models and frameworks combining health, social care and education. For example: <ul style="list-style-type: none">• Person-focussed/personalised transition (e.g., transition preparation training program, student-directed transition planning).• Hospital-based education (for inpatients or children spending a lot of time in clinics)• Virtual school• EHCP annual review and sign-off by local authority• Team-based (outside the health service, usually in education or social services)• Named-person/key worker• Multiagency transition services (e.g., transition service integration model)• Family group training sessions• Follow-up assistance

Comparison	<ul style="list-style-type: none">• Any other transition model or framework combining health, social care and education• Transition models or frameworks combining health and social care but not education
Outcome	<p>Critical</p> <ul style="list-style-type: none">• Continuity of care<ul style="list-style-type: none">○ Waiting time for specialist appointments○ Leaving residential education to return to family home○ Communication between young people's service providers and adult service providers○ Rates of continued EHCP• Educational achievement or attainment• Extent to which health, social care and educational needs are met (e.g., as measured by validated scales or whether EHC plans are met) <p>Important</p> <ul style="list-style-type: none">• Employment (of disabled children and young people)• Satisfaction with services (e.g., as measured by validated scales or assisted communication aids such as talking mats or 'it's all about me')• Quality of life (both health- and social-related quality) (e.g., as measured by validated scales or assisted communication aids such as talking mats or 'it's all about me')• Timeliness• Legal tribunal rates

1 *EHC: education, health and care; EHCP: education, health and care plan*

2 For further details see the review protocol in appendix A.

3 **Methods and processes**

4 This evidence review was developed using the methods and process described in
5 [Developing NICE guidelines: the manual](#). Methods specific to this review question are
6 described in the review protocol in appendix A and the methods document (Supplement A).

7 Declarations of interest were recorded according to [NICE's conflicts of interest policy](#).

8 **Effectiveness evidence**

9 **Included studies**

10 Two studies were included in this review; 1 quasi-randomised controlled trial (Hatfield 2017),
11 and 1 mixed methods study (Sloper 2010).

12 The included studies are summarised in Table 2.

13 One study compared a joint education, health and care transition program called BOOST-A
14 against transition as usual (Hatfield 2017) and 1 study compared different joint education,
15 health and care services, and specific aspects of these services, against each other (Sloper
16 2010).

17 See the literature search strategy in appendix B and study selection flow chart in appendix C.

18 **Excluded studies**

19 Studies not included in this review are listed, and reasons for their exclusion are provided in
20 appendix J.

1 Summary of studies included in the effectiveness evidence

2 Summaries of the studies that were included in this review are presented in Table 2.

3 **Table 2: Summary of included studies**

Study	Population	Intervention	Comparison	Outcomes	Comments
Hatfield 2017 Quasi-RCT Australia	N=94 CYP diagnosed with ASD according to DSM-IV or DSM V; in school years 8 to 11; able to write at year 5 reading level and has basic computer skills.	<u>BOOST-A (n=49)</u> Online program for adolescents with ASD to support transition from high school. Consists of 4 modules including online learning and multiagency team meetings.	<u>Transition as usual (n=45)</u> Regular practice, which may have included transition planning but this was not structured or specifically tailored for CYP with disabilities.	<ul style="list-style-type: none"> Quality of life 	<p>Professionals involved in the teams is not reported, but the pilot study for this program included, teachers, local government coordinators, occupational therapists, speech pathologist, support worker.</p> <p>Limited information is reported about the transition as usual group so it is unclear what services are involved.</p>
Sloper 2010 Mixed methods UK	N=143 Families who were going through transition within 5 multiagency transition services, or had been through transition within the last 2 years.	<p><u>Joint EHC transition service B (n=17)</u></p> <p>Transition manager/co-ordinator based 50:50 in child and adult social services. Strategic management group meets monthly and includes child and adult social services, education/training, Connexions and health)</p> <p><u>Joint EHC transition service C (n=30)</u></p>	<p><u>JOINT EHC transition service E (n=23)</u></p> <p>Multiagency team, consisting of social workers, family support practitioner, learning disability nurse and business support officer, based in drop-in centred for young people with disabilities. Wider team/steering group includes Connexions,</p>	<ul style="list-style-type: none"> Extent to which health, social care and educational needs are met Satisfaction with services 	<p>Limited data was reported for outcomes based on transition service. Therefore, comparisons were only possible for a subgroup of families who were currently going through transition for service B compared with service C (for parents' satisfaction) and service B compared with service C (for young peoples' unmet transition needs).</p> <p>Additional comparative data was</p>

Study	Population	Intervention	Comparison	Outcomes	Comments
		Multiagency transition service consisting of transition manager, social worker, social work assistant and business support officer. Steering group includes child and adult social care services, health and education/training.	education, CAMHS LD lead, adult social care and local authority.		reported comparing specific aspects of transition across services (e.g., whether or not families had a transition worker).

1 ASD: autistic spectrum disorder; CAMHS: child and adolescent mental health services; CYP: child or young
2 person; DSM-IV: Diagnostic and Statistical Manual of Mental Disorders-version 4; DSM-V: Diagnostic and
3 Statistical Manual of Mental Disorders-version 5; EHC: education, health and care; LD: learning disabilities; RCT:
4 randomised controlled trial

5 See the full evidence tables in appendix D. No meta-analysis was conducted (and so there
6 are no forest plots in appendix E).

7 Summary of the effectiveness evidence

8 Overall, services with transition workers, written transition plans, and service managers and
9 parents involved at the strategic level had important benefits over those without transition
10 workers, written plans, and service manager/parental involvement at the strategic level,
11 respectively, for parents' satisfaction with transition services. There was also an important
12 benefit of having clarity about the role of the transition worker in terms of reducing the level of
13 unmet needs and parents were more satisfied when transition workers set up the adult
14 package and negotiated funding. Parents were less satisfied with joint EHC transition service
15 B compared with joint EHC transition service C. However, there were higher levels of unmet
16 information needs for service C compared with service joint EHC transition service E.

17 There was no difference in quality of life as a result of the BOOST-A transition program or in
18 parent's satisfaction with services with and without designated transition workers or that did
19 or did not use person-centred planning.

20 Only two studies were found for this review question and the majority of the evidence was
21 low quality, from single studies and seriously imprecise. Neither study reported continuity of
22 care, educational achievement or attainment, employment, timeliness or legal tribunal rates.

23 See appendix F for full GRADE tables.

24 Economic evidence

25 Included studies

26 Three economic studies were identified which were relevant to this question (Cordis Bright
27 Consulting 2018, Cowen 2010, Sloper 2010). A single economic search was undertaken for
28 all topics included in the scope of this guideline. See Supplement B for details.

1 Excluded studies

2 Economic studies not included in this review are listed, and reasons for their exclusion are
3 provided in appendix J.

4 Summary of included economic evidence

5 The systematic search of the economic literature undertaken for the guideline identified:

- 6 • One UK study on the costs of a 'Dynamic Future' transition model where individual
7 disabled young people were matched with a transition worker who worked with the
8 young person and their family to find appropriate bespoke and outcomes-focused
9 solutions to realising the young person's aspirations and abilities (Cordis Bright
10 Consulting 2018);
- 11 • One UK study on the costs of the 'Talbot model' a personalised transition model
12 comprising of family leadership, curriculum for Citizenship, individual budgets, and
13 coordinated support for young people with undefined complex needs (Cowen 2010);
- 14 • One UK study on the costs of various multiagency coordinated transition services for
15 disabled young people and those with complex health needs (Sloper 2010).

16 See the economic evidence tables in appendix H. See Table 3 for the economic evidence
17 profiles of the included studies.

1 **Table 3: Economic evidence profiles for personalised, coordinated transition services from children's to adults' services**

Study and country	Limitations	Applicability	Other comments	Incremental costs	Incremental effects	Cost-effectiveness	Uncertainty
Cordis Bright Consulting 2018 UK (Wrexham)	Potentially serious limitations ¹	Directly applicable ²	Type of economic analysis: Cost-offset analysis Intervention: A Dynamic Future, disabled young people and their families are matched with one transition project worker to find appropriate bespoke and outcomes Comparator: NA, i.e. cost-offset analysis, non-comparative Time horizon: Lifetime Primary measure of outcome: Number accessing education, training and employment	NA	NA	Life-time savings ranged from £17,163 (conservative estimate) and £31,282 (optimistic estimate) per participant	Deterministic sensitivity analyses: none Probabilistic sensitivity analysis (PSA): not undertaken
Cowen 2010 UK	Potentially serious limitations ³	Partially applicable ⁴	Type of economic analysis: Cost analysis Intervention: The Talbot model, personalised transition model comprising family leadership, curriculum for Citizenship, individual budgets, coordinated expert support Comparator: pre-transition services, i.e. no personalised transition services Time horizon: Unclear	NA	£7,406	Increase in costs of £7,406 per participant	Deterministic sensitivity analyses: none PSA: not undertaken

Study and country	Limitations	Applicability	Other comments	Incremental costs	Incremental effects	Cost-effectiveness	Uncertainty
Sloper 2010 UK	Potentially serious limitations ⁵	Directly applicable ⁶	Type of economic analysis: Cost-offset analysis Intervention: various multiagency coordinated transition services Comparator: NA, i.e. cost-offset analysis, non-comparative Time horizon: 1 year Primary measure of outcome: reduction in public sector costs	£2,582 per annum (assuming that the standard care is no transition service).	-£4,848 per annum	Annual cost savings of £2,266 per participant	Deterministic sensitivity analyses: none PSA: not undertaken

Abbreviations: NA: not applicable; PSA: Probabilistic sensitivity analysis

1. Only the composite outcome of education, employment and training included; the likelihood of young people engaged with the project becoming (or remaining) not in education, employment or training (NEET) was based on the assumptions (i.e. project workers who supported the young person); unclear what public sector costs of a young person being NEET comprised; limited sensitivity analysis
2. UK study; public sector perspective
3. Small before-after study (n=43); source of unit cost data unclear; unclear what the included cost categories comprised of i.e. what did the NHS costs included etc.); time horizon unclear; cost difference could be attributed to (1) the differences in case-load i.e. differences in needs, and also policy changes (i.e. the policy changes at the NHS and the LSC have tended to trigger entitlements at lower levels than they would have done previously which may resulted in increase in overall NHS funding)
4. UK study; complex needs not defined
5. Short time horizon for the analysis estimating the mean service costs associated with health, social care and education (i.e. prior three months); sample post transition small (n=23); no attempt was made by the authors to estimate the cost-offset
6. UK study; public sector perspective

1 Economic model

2 No economic modelling was undertaken for this review because the committee agreed that
3 other topics were higher priorities for economic evaluation.

4 Evidence statements

5 Economic

6 • There was mixed evidence from three UK studies on the value for money of transition
7 services from children's to adults' services. Two cost-offset analyses found transition
8 services for disabled young people to be cost-saving. One analysis was based on a
9 cohort study (N=199) and modelling, and the other analysis was based on modelling.
10 Both studies were directly applicable to the NICE decision-making context and
11 characterised by potentially serious limitations. In one study, only the composite
12 outcome of education, employment and training was included; the likelihood of young
13 people becoming not in education, employment or training, was based on
14 assumptions. One other cost analysis based on a before-after study (N=43) found
15 that the personalised transition model increased costs. Although derived from a UK
16 study, this evidence is partially applicable to the NICE decision-making context as it
17 did not define complex needs and is characterised by potentially serious limitations,
18 including a small study sample, unclear cost categories, and source of unit cost data
19 not specified. Also, in this study, the samples of children before and after were
20 different and at the time of the study there were policy changes that may have driven
21 the result.

22 The committee's discussion and interpretation of the evidence

23 The outcomes that matter most

24 Continuity of care, educational achievement or attainment and extent to which health, social
25 care and educational needs are met were prioritised as critical outcomes by the committee.
26 Continuity of care and extent to which health, social care and educational needs are met
27 were prioritised because they may be disrupted during transition between child and adult
28 services, due to the need for handover and referral to other services and potentially different
29 eligibility criteria for adult services compared with child services. Such disruption may have
30 long term impact on children and young people and their families. Educational achievement
31 or attainment, including non-academic achievements, was prioritised as a critical outcome
32 because this has implications for successful transition to independent living, which is one of
33 the goals of the Preparing for Adulthood programme funded by the Department for
34 Education.

35 Employment, satisfaction with services, quality of life, timeliness and legal tribunal rates were
36 considered by the committee to be important outcomes. Employment was considered as an
37 important outcome as it is another of the Preparing for Adulthood programme goals. It was
38 not considered as critical as education achievement or attainment as the committee agreed it
39 may not be a realistic outcome for all disabled children and young people with severe
40 complex needs. Satisfaction with services and quality of life were considered as important
41 outcomes due to the importance of providing person-centred services. Timeliness was
42 included as an important outcome as delays in provision of support can exacerbate children
43 and young peoples' needs and, in the case of delayed transition, can result in them being
44 cared for in services that are not age-appropriate. Legal tribunal rates was considered as an
45 important outcome as this will capture some aspects of SEND Code of Practice compliance,
46 and when children and young people and their families are not satisfied with decision making
47 or service provision.

1 No evidence was found that reported continuity of care, educational achievement or
2 attainment, employment, timeliness or legal tribunal rates.

3 **The quality of the evidence**

4 The quality of the evidence was assessed with GRADE and was rated as very low to
5 moderate. Concerns about risk of bias ranged from “very serious” to “serious”. The most
6 serious concern for the quasi-RCT was bias arising from the randomisation process,
7 whereas the most serious concerns for the mixed methods study were biases arising from
8 confounding, selection of participants, missing data, measurement of outcomes and selection
9 of the reported result. There was “no serious inconsistency” for all outcomes, due to only one
10 study reporting each outcome of interest. Indirectness ranged from “serious” to “no serious
11 indirectness”; for all outcomes rated as having “serious indirectness”, this was due to an
12 indirect comparison. Concerns about imprecision ranged from “very serious” to “no serious
13 imprecision. This was due to 95% confidence intervals crossing boundaries for minimally
14 important differences and lack of information available to adjust sample sizes for quasi-
15 cluster design.

16 **Benefits and harms**

17 The committee agreed that the comparisons between specific transition services (joint EHC
18 transition services B, C and E) were not useful for informing recommendations as too many
19 factors differed between services so it was not possible to isolate the impact of any one
20 factor.

21 There was some evidence that having managers and parents involved in steering groups
22 tasked with developing, implementing and reviewing transition protocols and strategies
23 reduced levels of unmet needs and improved parents' satisfaction. Therefore, the committee
24 cross-referred to recommendations in the NICE guideline on transition from children's to
25 adults' health and social care services (NG43; NICE 2016) about involving young people,
26 their carers and service managers in service design, implementation and evaluation [1.8.13].

27 The SEND Code of Practice (2015) states that preparation for adulthood must be included in
28 EHC plan reviews from year 9 onwards. However, there was evidence from the qualitative
29 reviews (see evidence report A, sub-theme 11.5 and evidence report K, sub-theme 17.1) that
30 preparation for adulthood and decision making for transition is insufficient and left too late.
31 The committee agreed that when aspirational goals, such as continuing further education,
32 are raised close to the point of transition they may seem unachievable to children, young
33 people and their parent or carers. Therefore, they agreed it was important to emphasise what
34 the SEND code of practice says in this area [1.8.1]. Further, the committee agreed it was
35 important to include short-term and long-term goals in the plans as the child or young person
36 may find it difficult to see how they can progress towards a long-term goal without breaking it
37 down into manageable steps, so only including long-term goals may hinder the progress of
38 child or young people [1.8.6]. The committee also recommended that practitioners follow the
39 SEND Code of Practice (2015) and NG43 guidance on what should be included in a
40 transition plan, as they agreed that some EHC plans include very little related to preparation
41 for adulthood [1.8.13].

42 The committee were concerned that, as transition occurs in all services during the same time
43 period of approximately 16 to 18 years of age, the only point of continuity is the family, which
44 can result in them being left with the overall responsibility for the transition plan. There was
45 also some low to moderate quality evidence that parents were more satisfied with services
46 when they had a transition worker compared to those who did not have a transition worker.
47 The committee agreed that having a named worker would result in a more positive transition
48 experience for the parents of young people and the young person themselves. Therefore,
49 they agreed to cross refer to recommendations about named worker involvement in NG43
50 (NICE 2016) [1.8.13]. The committee also agreed to cross refer to recommendations in

1 NG43 to ensure there is a gradual, coordinated transition to prevent young people being
2 accidentally dropped by services [1.8.13].

3 The committee were aware that both the SEND Code of Practice (2015) and NG43 say that
4 children, young people and their parents or carers should be involved in transition planning.
5 However, in their experience, this is quite variable; parents are often involved but young
6 people may not be. This was supported by qualitative evidence that children and young
7 people felt positively when involved and that their input lead to a more accurate reflection of
8 their needs, and that parents and carers felt positive when given the opportunity to provide
9 their views and negative when their views were ignored (see evidence report A, sub-themes
10 8.1, 8.3, 9.1 and 9.2). Therefore, they agreed it was important to emphasise that they should
11 be involved and cross-referred to recommendations in NG43 about using a person-centred
12 approach [1.8.13].

13 The committee agreed that it was important that all services are involved in developing the
14 transition plan, which is a statutory requirement for those with EHC plans. However, the
15 committee acknowledged that services often complete their sections of the plan
16 independently and that this can lead to a lack of alignment across sections and a transition
17 plan that is not practical to implement. This was supported by qualitative evidence that
18 transition lacked coordination and was experienced as a period of uncertainty and stress,
19 and that having a key worker or lead professional is important for having a holistic view and
20 coordinating services (see evidence report A, sub-themes 4.2 and 11.5; evidence report K,
21 sub-theme 16.2). Therefore, the committee agreed that services should coordinate with each
22 other to plan transition and read the sections of the plan produced by other practitioners to
23 make sure that the plan works as a whole, otherwise it could lead to a plan that is not
24 practical to implement [1.8.5].

25 The SEND Code of Practice (2015) states that Local Authorities should ensure there are
26 pathways into employment, independent living and participation in society, and that they
27 must work with children, young people and families to develop co-ordinated approaches to
28 securing better outcomes for adult life. However, the committee discussed that a lot of the
29 preparation for adulthood work is done in educational settings and, therefore, tends to have a
30 focus on staying in education. This may lead to children and young people believing further
31 education is their only option. There are a number of other options, such as supported
32 internships that children, young people and their families may not be aware of. There was
33 also evidence from one of the qualitative reviews that children and young people need more
34 support to understand their options and reach their full potential [see evidence report M, sub-
35 theme 1.4]). Therefore, the committee agreed it was important that all options are discussed
36 in sufficient detail to allow for informed decision making [1.8.3]. The committee discussed
37 whether recommendations should be made for those who do not want to continue education.
38 They agreed to highlight to practitioners that not all young people will go on to further
39 education [1.8.7]. They also agreed to cross refer to the SEND Code of Practice (2015),
40 which has guidance on both the support needed and EHC plan considerations for this group
41 1.8.9]. As with transition planning as a whole, the committee agreed that it was important to
42 plan in advance to allow time to prepare young people for alternatives to education [1.8.8].
43 This was further supported by the qualitative evidence mentioned above (see evidence
44 report M, sub-theme 1.4).

45 **Cost effectiveness and resource use**

46 There was evidence from three existing UK economic studies. Two studies showed that
47 transition models that support the inclusion of education services combined with health and
48 social care services for disabled children and young people with severe complex needs may
49 potentially be cost-saving. One further study found that such a transition model resulted in a
50 cost increase. Both Cordis Bright Consulting 2018 and Sloper 2010 were directly applicable
51 to the NICE decision making context, Cowen 2010 was only partially applicable. All three
52 studies were characterised by potentially serious methodological limitations. The committee

1 considered the economic evidence, however, they could not draw any firm conclusions from
2 it.

3 The committee explained that the recommendations made reflect current practice as
4 specified by the SEND Code of Practice (2015) and existing NICE guidance, although, the
5 implementation of existing guidance is variable and practices are inconsistent. Early
6 preparation for adulthood at EHC plan transition reviews will ensure that there is plenty of
7 time to achieve the outcomes specified and not left to the final annual review by which time it
8 is too late to do any developmental work. The committee also explained that the involvement
9 of children and young people in transition planning is variable. It was noted that the
10 recommendations in this area are likely to result in more efficient processes centred around
11 the individual and may potentially result in better long-term outcomes / goals being achieved
12 and overall savings to the services. The committee also discussed informed decision making
13 in this population i.e. giving young people information on a full range of options available to
14 them. The committee referred to an example where neither school nor the young person was
15 aware of the supported internship programme. The committee explained that this can have
16 important economic consequences in terms of an individual not going into employment / paid
17 work.

18 Overall, the committee was of a view that the recommendations represent current practice
19 for most services and would not have significant resource implications. There may be modest
20 resource implications where practices around transition planning are sub-optimal or services
21 are underperforming, however preparing for adulthood and transition planning are statutory
22 requirements of the SEND Code of Practice (2015) so the funding for this already exists.

23 **Recommendations supported by this evidence review**

24 This evidence review supports recommendations 1.8.1, 1.8.3, 1.8.5 - 1.8.9, 1.8.13. Other
25 evidence supporting these recommendations can be found in the evidence reviews on Views
26 and experiences of service users (evidence report A), Barriers and facilitators of joined-up
27 care (evidence report K), Views and experiences of service providers (evidence report M).

28 **References – included studies**

29 **Effectiveness**

30 **Hatfield 2017**

31 Hatfield, M. Falkmer, M. Falkmer, T. Ciccarelli, M., Effectiveness of the BOOST-A online
32 transition planning program for adolescents on the autism spectrum: a quasi-randomized
33 controlled trial, *Child and Adolescent Psychiatry and Mental Health*, 11, 54, 2017

34 **Sloper 2010**

35 Sloper, P., Beecham, J., Clarke, S., Franklin, A., Moran, N., Cusworth, L., Models of Multi-
36 agency Services for Transition to Adult Services for Disabled Young People and those with
37 Complex Health Needs: Impact and Costs. Report to the Department of Health. Social Policy
38 Research Unit, University of York, 2010

1 **Economic**

2 **Cordis Bright Consulting 2018**

3 Cordis Bright Consulting., Dynamic Wrexham. Evaluation of A Dynamic Future: final report.
4 Cordis Bright Consulting, 2018

5 **Cowen 2010**

6 Cowen, A., Personalised Transition. Innovations in health, education and support. The
7 Centre for Welfare Reform, 2010

8 **Sloper 2010**

9 Sloper, P., Beecham, J., Clarke, S., Franklin, A., Moran, N., Cusworth, L., Models of Multi-
10 agency Services for Transition to Adult Services for Disabled Young People and those with
11 Complex Health Needs: Impact and Costs. Report to the Department of Health. Social Policy
12 Research Unit, University of York, 2010

13 **Other**

14 **Department for Education and Department for Health 2015**

15 Department for Education and Department for Health, Special educational needs and
16 disability code of practice: 0 to 25 years. Statutory guidance for organisations which work
17 with and support children and young people who have special educational needs or
18 disabilities. Available at:
19 [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND Code of Practice January 2015.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf) [Accessed 05/11/2020]
20

21 **NICE 2016**

22 National Institute for Health and Care Excellence, Transition from children's to adults'
23 services for young people using health or social care services, NG43, 2018

24

1 Appendices

2 Appendix A – Review protocol

3 Review protocol for review question: What is the impact of including education with combined health and social care 4 support models and frameworks on transition from children's to adults' services for disabled children and young people 5 with severe complex needs?

6 **Table 4: Review protocol**

ID	Field	Content
0.	PROSPERO registration number	CRD42020162306
1.	Review title	Scope question: What is the impact of including education with combined health and social care support models and frameworks on transition from children's to adults' services for disabled children and young people with severe complex needs?
2.	Review question	What is the impact of including education with combined health and social care support models and frameworks on transition from children's to adults' services for disabled children and young people with severe complex needs?
3.	Objective	To identify the optimal transition models and frameworks that support the inclusion of education services combined with health and social care services for disabled children and young people with severe complex needs transitioning from children's to adults' services. Transition models and frameworks that only include health and social care services will not be included in this review question NG43 (https://www.nice.org.uk/guidance/ng43) covers transition between child and adult health and social care services.
4.	Searches	The following databases will be searched: <ul style="list-style-type: none"> • Cochrane Central Register of Controlled Trials (CENTRAL) • Cochrane Database of Systematic Reviews (CDSR) • Embase • MEDLINE • Health Technology Assessment (HTA) • Database of Abstracts of Reviews of Effects (DARE) • British Education Index (BEI) • Educational Information Resources Center (ERIC) • Health Management Information Consortium (HMIC) • Applied Social Science Index and Abstracts (ASSIA)

ID	Field	Content
		<ul style="list-style-type: none"> • Social Care Online • Social Policy and Practice • Social Science Citation Index • Social Services Abstracts • Sociological Abstracts • PsycINFO • CINAHL • Emcare <p>Searches will be restricted by:</p> <ul style="list-style-type: none"> • Date: 2000 onwards • Language: English <p>Other searches:</p> <ul style="list-style-type: none"> • Inclusion lists of systematic reviews • Kings Fund Reports (https://www.kingsfund.org.uk/publications) • National Audit Office • Audit Commission • Open Grey (if insufficient studies are found from other sources) <p>The searches will be re-run 6 weeks before final submission of the review and further studies retrieved for inclusion.</p> <p>The full search strategies for MEDLINE database will be published in the final review.</p>
5.	Condition or domain being studied	Disabled children and young people from birth to 25 years with severe complex needs requiring health, social care and education support.
6.	Population	<p>Inclusion: Disabled children and young people from birth to 25 years with severe complex needs who require health, social care and education support and are transitioning from children's to adult's services.</p> <p>Exclusion: Children and young people who do not have needs in all three areas of health, social care and education. Children and young people who are not transitioning from children's to adult's services.</p>

ID	Field	Content
7.	Intervention/Exposure/Test	<p>Transition models and frameworks combining health, social care and education.</p> <p>For example:</p> <ul style="list-style-type: none"> • Person-focussed/personalised transition (e.g., transition preparation training program, student-directed transition planning). • Hospital-based education (for inpatients or children spending a lot of time in clinics) • Virtual school • EHCP annual review and sign-off by local authority • Team-based (outside the health service, usually in education or social services) • Named-person/key worker • Multiagency transition services (e.g., transition service integration model) • Family group training sessions • Follow-up assistance
8.	Comparator/Reference standard/Confounding factors	<ul style="list-style-type: none"> • Any other transition model or framework combining health, social care and education • Transition models or frameworks combining health and social care but not education
9.	Types of study to be included	<p>Systematic reviews of RCTs or non-randomised comparative studies (including cohort studies, before and after studies and interrupted time series), and RCTS will be included. Non-randomised studies will be included in the absence of RCTs for a given class of interventions. Service evaluations, process evaluations and audits will be included in the absence of comparative non-randomised studies.</p> <p>Conference abstracts will not be included.</p> <p>Non-randomised studies should adjust for confounders in their analysis such as: dominant provision (e.g. primarily autism, primarily physical disability), definitions of eligibility for service (e.g. for primary SEN), socioeconomic status. Studies will be downgraded for risk of bias if important confounding factors are not adequately adjusted for but will not be excluded for this reason.</p>
10.	Other exclusion criteria	<p>Studies will not be included for the following reasons:</p> <ul style="list-style-type: none"> • Published prior to 2000 • Not published in the English language • Non Organisation for Economic Co-operation and Development (OCED) country (https://www.oecd.org/about/members-and-partners/) <p>Studies published prior to 2000 will not be considered due to legislative changes, specifically the Children and Families Care Act 2014, and the Aiming High for Disabled Children (AHDC) programme 2007.</p> <p>Studies published in languages other than English will not be considered due to time and resource constraints</p>

ID	Field	Content
		<p>with translation.</p> <p>Studies published by non OCED countries will not be considered due to differences in health, social care and education services to those implemented in the UK.</p>
11.	Context	All settings will be considered where health, social care and education is provided for disabled children and young people from birth to 25 years with severe complex needs.
12.	Primary outcomes (critical outcomes)	<p>Critical Outcomes:</p> <ul style="list-style-type: none"> • Person focused: <ul style="list-style-type: none"> ○ Continuity of care ○ Waiting time for specialist appointments ○ Leaving residential education to return to family home ○ Communication between young people's service providers and adult service providers ○ Rates of continued EHCP ○ Educational achievement or attainment • Service focused: <ul style="list-style-type: none"> ○ Extent to which health, social care and educational needs are met (e.g., as measured by validated scales or whether EHC plans are met)
13.	Secondary outcomes (important outcomes)	<p>Important Outcomes:</p> <ul style="list-style-type: none"> • Person focused: <ul style="list-style-type: none"> ○ Employment (of disabled children and young people) ○ Satisfaction with services (e.g., as measured by validated scales or assisted communication aids such as talking mats or 'it's all about me') ○ Quality of life (both health- and social-related quality) (e.g., as measured by validated scales or assisted communication aids such as talking mats or 'it's all about me') • Service focused: <ul style="list-style-type: none"> ○ Timeliness ○ Legal tribunal rates
14.	Data extraction (selection and coding)	<p>All references identified by the searches and from other sources will be uploaded into STAR and de-duplicated.</p> <p>Titles and abstracts of the retrieved citations will be screened to identify studies that potentially meet the inclusion criteria outlined in the review protocol. Dual sifting will be performed on at least 10% of records; 90% agreement is required. Disagreements will be resolved via discussion between the two reviewers, and consultation with senior staff if necessary.</p> <p>Full versions of the selected studies will be obtained for assessment. Studies that fail to meet the inclusion criteria once the full version has been checked will be excluded at this stage. Each study excluded after</p>

ID	Field	Content
		<p>checking the full version will be listed, along with the reason for its exclusion.</p> <p>A standardised form will be used to extract data from studies. The following data will be extracted: study details (reference, country where study was carried out, type and dates), participant characteristics, inclusion and exclusion criteria, details of the interventions, setting and follow-up, relevant outcome data and source of funding. One reviewer will extract relevant data into a standardised form, and this will be quality assessed by a senior reviewer.</p>
15.	Risk of bias (quality) assessment	<p>Quality assessment of individual studies will be performed using the following checklists:</p> <ul style="list-style-type: none"> • ROBIS tool for systematic reviews • Cochrane RoB tool v.2 for RCTs and quasi-RCTs • Cochrane ROBINS-I tool for non-randomised (clinical) controlled trials and cohort studies • Effective Practice and Organisation of Care (EPOC) RoB Tool for before and after studies • Effective Practice and Organisation of Care (EPOC) RoB Tool for interrupted time series <p>The quality assessment will be performed by one reviewer and this will be quality assessed by a senior reviewer.</p>
16.	Strategy for data synthesis	<p>Intervention review:</p> <p>Depending on the availability of the evidence, the findings will be summarised narratively or quantitatively. Where possible, meta-analyses will be conducted using Cochrane Review Manager software. A fixed effect meta-analysis will be conducted and data will be presented as risk ratios or odds ratios for dichotomous outcomes, and mean differences or standardised mean differences for continuous outcomes. Heterogeneity in the effect estimates of the individual studies will be assessed using the I² statistic. I² values of greater than 50% and 80% will be considered as significant and very significant heterogeneity, respectively. Heterogeneity will be explored as appropriate using sensitivity analyses and pre-specified subgroup analyses. If heterogeneity cannot be explained through subgroup analysis then a random effects model will be used for meta-analysis, or the data will not be pooled if the I² statistic is greater than 80%.</p> <p>The confidence in the findings across all available evidence will be evaluated for each outcome using an adaptation of the 'Grading of Recommendations Assessment, Development and Evaluation (GRADE) toolbox' developed by the international GRADE working group: http://www.gradeworkinggroup.org/</p> <p>Minimally important differences:</p> <p>We will check the rehabilitation measures database (www.sralab.org) for published MIDs for scales reported by included studies and use these if available. If not, we will use GRADE default MIDs.</p> <p>For extent to which needs are met, we will use any statistically significant difference.</p> <p>For all remaining continuous outcomes, we will use GRADE default MID of 0.5 times SD of the control groups at baseline (or at follow-up if the SD is not available a baseline). For all remaining dichotomous outcomes (RRs, ORs and HRs), we will use the GRADE default for RRs of 0.8 and 1.25 for consistency.</p>
17.	Analysis of sub-groups	<p>In the case of heterogeneity, the following groups may be investigated:</p> <p>Looked after children</p>

ID	Field	Content		
		Children and young people with higher cognitive function		
18.	Type and method of review	<input checked="" type="checkbox"/>	Intervention	
		<input type="checkbox"/>	Diagnostic	
		<input type="checkbox"/>	Prognostic	
		<input type="checkbox"/>	Qualitative	
		<input type="checkbox"/>	Epidemiologic	
		<input checked="" type="checkbox"/>	Service Delivery	
		<input type="checkbox"/>	Other (please specify)	
19.	Language	English		
20.	Country	England		
21.	Anticipated or actual start date	09/12/19		
22.	Anticipated completion date	24 February 2021		
23.	Stage of review at time of this submission	Review stage	Started	Completed
		Preliminary searches	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
		Piloting of the study selection process	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
		Formal screening of search results against eligibility criteria	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
		Data extraction	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
		Risk of bias (quality) assessment	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
		Data analysis	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
24.	Named contact	5a. Named contact National Guideline Alliance		
		5b Named contact e-mail CYPseverecomplexneeds@nice.org.uk		
		5e Organisational affiliation of the review National Institute for Health and Care Excellence (NICE) and National Guideline Alliance		

ID	Field	Content
25.	Review team members	National Guideline Alliance
26.	Funding sources/sponsor	This systematic review is being completed by the National Guideline Alliance which receives funding from NICE.
27.	Conflicts of interest	All guideline committee members and anyone who has direct input into NICE guidelines (including the evidence review team and expert witnesses) must declare any potential conflicts of interest in line with NICE's code of practice for declaring and dealing with conflicts of interest. Any relevant interests, or changes to interests, will also be declared publicly at the start of each guideline committee meeting. Before each meeting, any potential conflicts of interest will be considered by the guideline committee Chair and a senior member of the development team. Any decisions to exclude a person from all or part of a meeting will be documented. Any changes to a member's declaration of interests will be recorded in the minutes of the meeting. Declarations of interests will be published with the final guideline.
28.	Collaborators	Development of this systematic review will be overseen by an advisory committee who will use the review to inform the development of evidence-based recommendations in line with section 3 of Developing NICE guidelines: the manual . Members of the guideline committee are available on the NICE website: https://www.nice.org.uk/guidance/indevelopment/gid-ng10113
29.	Other registration details	None
30.	Reference/URL for published protocol	https://www.crd.york.ac.uk/prospero/display_record.php?ID=CRD42020162306
31.	Dissemination plans	NICE may use a range of different methods to raise awareness of the guideline. These include standard approaches such as: notifying registered stakeholders of publication publicising the guideline through NICE's newsletter and alerts issuing a press release or briefing as appropriate, posting news articles on the NICE website, using social media channels, and publicising the guideline within NICE.
32.	Keywords	Child, infant, young person, disability, health care, education, social care, service delivery, service organisation, transition
33.	Details of existing review of same topic by same authors	None
34.	Current review status	<input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> Completed but not published <input type="checkbox"/> Completed and published <input type="checkbox"/> Completed, published and being updated <input type="checkbox"/> Discontinued

ID	Field	Content
35..	Additional information	None
36.	Details of final publication	www.nice.org.uk

1 AHDC: Aiming High for Disabled Children; ASSIA: Applied Social Science Index and Abstracts; BEI: British Education Index; CDSR: Cochrane Database of Systematic
2 Reviews; CENTRAL: Cochrane Central Register of Controlled Trials; CINAHL: Cumulative Index to Nursing & Allied Health; DARE: Database of Abstracts of Reviews of
3 Effects; EHC: education, health and care; EHCP: education, health and care plan; EPOC: Effective Practice and Organisation of Care; ERIC: Educational Information
4 Resources Center; ERIC: Educational Information Resources Center; GRADE: Grading of Recommendations Assessment, Development and Evaluation; HMIIC: Health
5 Management Information Consortium; HR: hazard ratio; HTA: Health Technology Assessment; MID: minimally important difference; NICE: National Institute for Health and
6 Care Excellence; OECD: Organisation for Economic Co-operation and Development; OR: odds ratio; RCT: randomised controlled trial; RoB: risk of bias; ROBINS-I: risk of bias
7 in non-randomised studies – of interventions; ROBIS: Risk of Bias in Systematic Reviews; RR: risk ratio; SD: standard deviation; SEN: special educational needs

1 Appendix B – Literature search strategies

2 Literature search strategies for review question: What is the impact of including
 3 education with combined health and social care support models and
 4 frameworks on transition from children's to adults' services for disabled
 5 children and young people with severe complex needs?

6 Databases: Medline; Medline Epub Ahead of Print; and Medline In-Process &
 7 Other Non-Indexed Citations

8 Date of last search: 03/12/2019

#	Searches
1	ADOLESCENT/ or MINORS/
2	(adolescen\$ or teen\$ or youth\$ or young or juvenile? or minors or highschool\$).ti,ab.
3	exp CHILD/
4	(child\$ or schoolchild\$ or "school age" or "school aged" or preschool\$ or toddler\$ or kid? or kindergar\$ or boy? or girl?).ti,ab.
5	exp INFANT/
6	(infan\$ or neonat\$ or newborn\$ or baby or babies).ti,ab.
7	exp PEDIATRICS/
8	p?ediatric\$.ti,ab.
9	YOUNG ADULT/
10	young\$ adult?.ti,ab.
11	or/1-10
12	exp DISABLED PERSONS/
13	exp MENTAL DISORDERS/
14	exp COMMUNICATION DISORDERS/
15	exp INTELLECTUAL DISABILITY/
16	(disable? or disabilit\$ or handicap\$ or retard\$ or disorder? or impair\$ or condition? or difficulty or difficulties or deficit? or dysfunct\$).ti.
17	((sever\$ or complex\$ or special or high) adj3 need?).ti,ab.
18	SHCN.ti,ab.
19	or/12-18
20	11 and 19
21	DISABLED CHILDREN/
22	CSHCN.ti,ab.
23	"Education Health and Care plan?".ti,ab.
24	EHC plan?.ti,ab.
25	EHCP?.ti,ab.
26	or/20-25
27	INTERINSTITUTIONAL RELATIONS/
28	INTERSECTORAL COLLABORATION/
29	"DELIVERY OF HEALTH CARE, INTEGRATED"/
30	(interinstitution\$ or multiinstitution\$ or jointinstitution\$).ti,ab.
31	(interorgani?ation\$ or multiorgani?ation\$ or jointorgani?ation\$).ti,ab.
32	(intersector\$ or multisector\$ or jointsector\$).ti,ab.
33	(interagenc\$ or multiagenc\$ or jointagenc\$).ti,ab.
34	(interprofession\$ or multiprofession\$ or jointprofession\$).ti,ab.
35	((inter or multi or joint) adj3 (institution\$ or organi?ation\$ or sector\$ or agenc\$ or profession\$)).ti,ab.
36	((institution\$ or organi?ation\$ or sector\$ or agenc\$ or profession\$ or care or service? or department\$) adj5 (collaborat\$ or coordinat\$ or co-ordinat\$ or cooperat\$ or co-operat\$ or integrat\$ or partner\$)).ti.
37	or/27-36
38	(HEALTH SERVICES/ or CHILD HEALTH SERVICES/ or ADOLESCENT HEALTH SERVICES/ or COMMUNITY HEALTH SERVICES/ or HOME CARE SERVICES/ or HEALTH SERVICES FOR PEOPLE WITH DISABILITIES/ or MENTAL HEALTH SERVICES/ or NURSING SERVICES/ or exp HEALTH PERSONNEL/) and (exp SOCIAL WORK/ or SOCIAL WORK, PSYCHIATRIC/ or SOCIAL WORKERS/ or SOCIAL SUPPORT/)
39	(HEALTH SERVICES/ or CHILD HEALTH SERVICES/ or ADOLESCENT HEALTH SERVICES/ or COMMUNITY HEALTH SERVICES/ or HOME CARE SERVICES/ or HEALTH SERVICES FOR PEOPLE WITH DISABILITIES/ or MENTAL HEALTH SERVICES/ or NURSING SERVICES/ or exp HEALTH PERSONNEL/) and (EDUCATION/ or exp EDUCATION, SPECIAL/ or SCHOOLS/ or SCHOOL HEALTH SERVICES/ or SCHOOLS, NURSERY/ or exp NURSERIES/ or CHILD DAY CARE CENTERS/ or UNIVERSITIES/ or TEACHING/ or REMEDIAL TEACHING/ or SCHOOL TEACHERS/)
40	(exp SOCIAL WORK/ or SOCIAL WORK, PSYCHIATRIC/ or SOCIAL WORKERS/ or SOCIAL SUPPORT/) and (EDUCATION/ or exp EDUCATION, SPECIAL/ or SCHOOLS/ or SCHOOL HEALTH SERVICES/ or SCHOOLS, NURSERY/ or exp NURSERIES/ or CHILD DAY CARE CENTERS/ or UNIVERSITIES/ or TEACHING/ or REMEDIAL TEACHING/ or SCHOOL TEACHERS/)

#	Searches
41	or/38-40
42	((health\$ or NHS or clinical or clinician? or medical or medic? or physician? or consultant? or nurse? or general practitioner? or GP? or occupational therapist? or OT? or allied health professional? or AHP? or ((speech or language) adj3 therapist?) or SLT?) adj5 social\$.ti,ab.
43	((health\$ or NHS or clinical or clinician? or medical or medic? or physician? or consultant? or nurse? or general practitioner? or GP? or occupational therapist? or OT? or allied health professional? or AHP? or ((speech or language) adj3 therapist?) or SLT?) adj5 (educat\$ or school\$ or teach\$ or headmaster? or headmistress\$ or SENCO? or DfE?).ti,ab.
44	(social\$ adj5 (educat\$ or school\$ or teach\$ or headmaster? or headmistress\$ or SENCO? or DfE?)).ti,ab.
45	or/42-44
46	STATE MEDICINE/og [Organization & Administration]
47	CHILD HEALTH SERVICES/og [Organization & Administration]
48	ADOLESCENT HEALTH SERVICES/og [Organization & Administration]
49	EDUCATION/og [Organization & Administration]
50	exp EDUCATION, SPECIAL/og [Organization & Administration]
51	exp SOCIAL WORK/og [Organization & Administration]
52	or/46-51
53	TRANSITION TO ADULT CARE/
54	TRANSITIONAL CARE/
55	transition\$.ti,ab.
56	or/53-55
57	26 and 37 and 56
58	26 and 41 and 56
59	26 and 45 and 56
60	26 and 52 and 56
61	or/57-60
62	limit 61 to english language
63	limit 62 to yr="2000 -Current"
64	LETTER/
65	EDITORIAL/
66	NEWS/
67	exp HISTORICAL ARTICLE/
68	ANECDOTES AS TOPIC/
69	COMMENT/
70	CASE REPORT/
71	(letter or comment*).ti.
72	or/64-71
73	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
74	72 not 73
75	ANIMALS/ not HUMANS/
76	exp ANIMALS, LABORATORY/
77	exp ANIMAL EXPERIMENTATION/
78	exp MODELS, ANIMAL/
79	exp RODENTIA/
80	(rat or rats or mouse or mice).ti.
81	or/74-80
82	63 not 81

1 Databases: Embase; and Embase Classic

2 Date of last search: 03/12/2019

#	Searches
1	exp ADOLESCENT/
2	(adolescenc\$ or teen\$ or youth\$ or young or juvenile? or minors or highschool\$.ti,ab.
3	exp CHILD/
4	(child\$ or schoolchild\$ or "school age" or "school aged" or preschool\$ or toddler\$ or kid? or kindergar\$ or boy? or girl?).ti,ab.
5	exp INFANT/
6	(infan\$ or neonat\$ or newborn\$ or baby or babies).ti,ab.
7	exp PEDIATRICS/
8	p?ediatric\$.ti,ab.
9	YOUNG ADULT/
10	young\$ adult?.ti,ab.
11	or/1-10
12	exp DISABLED PERSON/
13	exp MENTAL DISEASE/
14	INTELLECTUAL IMPAIRMENT/
15	(disable? or disabilit\$ or handicap\$ or retard\$ or disorder? or impair\$ or condition? or difficulty or difficulties or deficit? or dysfunct\$.ti.
16	((sever\$ or complex\$ or special or high) adj3 need?).ti,ab.

#	Searches
17	SHCN.ti,ab.
18	or/12-17
19	11 and 18
20	HANDICAPPED CHILD/
21	CSHCN.ti,ab.
22	"Education Health and Care plan?".ti,ab.
23	EHC plan?.ti,ab.
24	EHCP?.ti,ab.
25	or/19-24
26	PUBLIC RELATIONS/
27	INTERSECTORAL COLLABORATION/
28	INTEGRATED HEALTH CARE SYSTEM/
29	(interinstitution\$ or multiinstitution\$ or jointinstitution\$).ti,ab.
30	(interorgani?ation\$ or multiorgani?ation\$ or jointorgani?ation\$).ti,ab.
31	(intersector\$ or multisector\$ or jointsector\$).ti,ab.
32	(interagenc\$ or multiagenc\$ or jointagenc\$).ti,ab.
33	(interprofession\$ or multiprofession\$ or jointprofession\$).ti,ab.
34	((inter or multi or joint) adj3 (institution\$ or organi?ation\$ or sector\$ or agenc\$ or profession\$)).ti,ab.
35	((institution\$ or organi?ation\$ or sector\$ or agenc\$ or profession\$ or care or service? or department\$) adj5 (collaborat\$ or coordinat\$ or co-ordinat\$ or cooperat\$ or co-operat\$ or integrat\$ or partner\$)).ti.
36	or/26-35
37	(HEALTH SERVICE/ or CHILD HEALTH CARE/ or COMMUNITY CARE/ or HOME CARE/ or MENTAL HEALTH SERVICE/ or *NURSING/ or exp HEALTH CARE PERSONNEL/) and (SOCIAL CARE/ or SOCIAL WORK/ or SOCIAL WORKER/ or SOCIAL SUPPORT/)
38	(HEALTH SERVICE/ or CHILD HEALTH CARE/ or COMMUNITY CARE/ or HOME CARE/ or MENTAL HEALTH SERVICE/ or *NURSING/ or exp HEALTH CARE PERSONNEL/) and (EDUCATION/ or exp SPECIAL EDUCATION/ or SCHOOL/ or SCHOOL HEALTH SERVICE/ or NURSERY SCHOOL/ or NURSERY/ or KINDERGARTEN/ or PRIMARY SCHOOL/ or MIDDLE SCHOOL/ or HIGH SCHOOL/ or COLLEGE/ or COMMUNITY COLLEGE/ or UNIVERSITY/ or TEACHING/ or exp TEACHER/)
39	(SOCIAL CARE/ or SOCIAL WORK/ or SOCIAL WORKER/ or SOCIAL SUPPORT/) and (EDUCATION/ or exp SPECIAL EDUCATION/ or SCHOOL/ or SCHOOL HEALTH SERVICE/ or NURSERY SCHOOL/ or NURSERY/ or KINDERGARTEN/ or PRIMARY SCHOOL/ or MIDDLE SCHOOL/ or HIGH SCHOOL/ or COLLEGE/ or COMMUNITY COLLEGE/ or UNIVERSITY/ or TEACHING/ or exp TEACHER/)
40	or/37-39
41	((health\$ or NHS or clinical or clinician? or medical or medic? or physician? or consultant? or nurse? or general practitioner? or GP? or occupational therapist? or OT? or allied health professional? or AHP? or ((speech or language) adj3 therapist?) or SLT?) adj5 social\$).ti,ab.
42	((health\$ or NHS or clinical or clinician? or medical or medic? or physician? or consultant? or nurse? or general practitioner? or GP? or occupational therapist? or OT? or allied health professional? or AHP? or ((speech or language) adj3 therapist?) or SLT?) adj5 (educat\$ or school\$ or teach\$ or headmaster? or headmistress\$ or SENCO? or DfE?)).ti,ab.
43	(social\$ adj5 (educat\$ or school\$ or teach\$ or headmaster? or headmistress\$ or SENCO? or DfE?)).ti,ab.
44	or/41-43
45	NATIONAL HEALTH SERVICE/ and ORGANIZATION/
46	CHILD HEALTH CARE/ and ORGANIZATION/
47	EDUCATION/ and ORGANIZATION/
48	exp SPECIAL EDUCATION/ and ORGANIZATION/
49	SOCIAL WORK/ and ORGANIZATION/
50	or/45-49
51	TRANSITION TO ADULT CARE/
52	TRANSITIONAL CARE/
53	transition\$.ti,ab.
54	or/51-53
55	25 and 36 and 54
56	25 and 40 and 54
57	25 and 44 and 54
58	25 and 50 and 54
59	or/55-58
60	limit 59 to english language
61	limit 60 to yr="2000 -Current"
62	letter.pt. or LETTER/
63	note.pt.
64	editorial.pt.
65	CASE REPORT/ or CASE STUDY/
66	(letter or comment*).ti.
67	or/62-66
68	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
69	67 not 68
70	ANIMAL/ not HUMAN/
71	NONHUMAN/
72	exp ANIMAL EXPERIMENT/

#	Searches
73	exp EXPERIMENTAL ANIMAL/
74	ANIMAL MODEL/
75	exp RODENT/
76	(rat or rats or mouse or mice).ti.
77	or/69-76
78	61 not 77

1 Database: Health Management Information Consortium (HMIC)

2 Date of last search: 03/12/2019

#	Searches
1	exp YOUNG PEOPLE/
2	(adolescen\$ or teen\$ or youth\$ or young or juvenile? or minors or highschool\$.ti,ab.
3	exp CHILDREN/
4	(child\$ or schoolchild\$ or "school age" or "school aged" or preschool\$ or toddler\$ or kid? or kindergar\$ or boy? or girl?).ti,ab.
5	(infan\$ or neonat\$ or newborn\$ or baby or babies).ti,ab.
6	exp PAEDIATRICS/
7	p?ediatric\$.ti,ab.
8	YOUNG ADULTS/
9	young\$ adult?.ti,ab.
10	or/1-9
11	DISABLED PEOPLE/
12	exp DISABILITIES/
13	(disable? or disabilit\$ or handicap\$ or retard\$ or disorder? or impair\$ or condition? or difficulty or difficulties or deficit? or dysfunct\$.ti.
14	((sever\$ or complex\$ or special or high) adj3 need?).ti,ab.
15	SHCN.ti,ab.
16	or/11-15
17	10 and 16
18	CSHCN.ti,ab.
19	"Education Health and Care plan?".ti,ab.
20	EHC plan?.ti,ab.
21	EHCP?.ti,ab.
22	or/17-21
23	COLLABORATION/
24	exp INTERAGENCY COLLABORATION/
25	INTERPROFESSIONAL COLLABORATION/
26	COLLABORATIVE CARE/
27	INTEGRATED PROVIDERS/
28	INTEGRATED CARE/
29	INTERDISCIPLINARY SERVICES/
30	JOINT WORKING/
31	HEALTH & SOCIAL SERVICES INTERACTION/
32	COMMUNICATION/
33	HEALTH SERVICE PROVISION/
34	(interinstitution\$ or multiinstitution\$ or jointinstitution\$.ti,ab.
35	(interorgani?ation\$ or multiorgani?ation\$ or jointorgani?ation\$.ti,ab.
36	(intersector\$ or multisector\$ or jointsector\$.ti,ab.
37	(interagenc\$ or multiagenc\$ or jointagenc\$.ti,ab.
38	(interprofession\$ or multiprofession\$ or jointprofession\$.ti,ab.
39	((inter or multi or joint) adj3 (institution\$ or organi?ation\$ or sector\$ or agenc\$ or profession\$)).ti,ab.
40	((institution\$ or organi?ation\$ or sector\$ or agenc\$ or profession\$ or care or service? or department\$) adj5 (collaborat\$ or coordinat\$ or co-ordinat\$ or cooperat\$ or co-operat\$ or integrat\$ or partner\$)).ti.
41	or/23-40
42	(HEALTH SERVICES/ or exp CHILD HEALTH SERVICES/ or COMMUNITY HEALTH SERVICES/ or exp MENTAL HEALTH SERVICES/ or NURSING CARE/ or exp HEALTH SERVICE STAFF/) and (exp SOCIAL WORK/ or SOCIAL WORK SERVICE/ or SOCIAL WORK PROFESSION/ or SOCIAL WORKERS/ or exp SOCIAL WORKER TEAMS/ or SOCIAL CARE/ or exp SOCIAL CARE SERVICES/ or SOCIAL SERVICES/ or SOCIAL SERVICES DEPARTMENTS/ or SOCIAL SUPPORT/ or SUPPORTIVE SOCIAL WORK/)
43	(HEALTH SERVICES/ or exp CHILD HEALTH SERVICES/ or COMMUNITY HEALTH SERVICES/ or exp MENTAL HEALTH SERVICES/ or NURSING CARE/ or exp HEALTH SERVICE STAFF/) and (EDUCATION/ or PRIMARY EDUCATION/ or SECONDARY EDUCATION/ or exp SPECIAL EDUCATION/ or exp SCHOOLS/ or exp SCHOOL HEALTH SERVICES/ or exp NURSERY/ or UNIVERSITIES/ or TEACHING/ or REMEDIAL TEACHING/ or TEACHERS/)
44	(exp SOCIAL WORK/ or SOCIAL WORK SERVICE/ or SOCIAL WORK PROFESSION/ or SOCIAL WORKERS/ or exp SOCIAL WORKER TEAMS/ or SOCIAL CARE/ or exp SOCIAL CARE SERVICES/ or SOCIAL SERVICES/ or SOCIAL SERVICES DEPARTMENTS/ or SOCIAL SUPPORT/ or SUPPORTIVE SOCIAL WORK/) and (EDUCATION/ or PRIMARY EDUCATION/ or SECONDARY EDUCATION/ or exp SPECIAL EDUCATION/ or exp SCHOOLS/ or exp SCHOOL HEALTH SERVICES/ or exp NURSERY/ or UNIVERSITIES/ or TEACHING/ or REMEDIAL TEACHING/ or

#	Searches
	TEACHERS/)
45	or/42-44
46	((health\$ or NHS or clinical or clinician? or medical or medic? or physician? or consultant? or nurse? or general practitioner? or GP? or occupational therapist? or OT? or allied health professional? or AHP? or ((speech or language) adj3 therapist?) or SLT?) adj5 social\$.ti,ab.
47	((health\$ or NHS or clinical or clinician? or medical or medic? or physician? or consultant? or nurse? or general practitioner? or GP? or occupational therapist? or OT? or allied health professional? or AHP? or ((speech or language) adj3 therapist?) or SLT?) adj5 (educat\$ or school\$ or teach\$ or headmaster? or headmistress\$ or SENCO? or DfE?).ti,ab.
48	(social\$ adj5 (educat\$ or school\$ or teach\$ or headmaster? or headmistress\$ or SENCO? or DfE?).ti,ab.
49	or/46-48
50	transition\$.ti,ab.
51	22 and 41 and 50
52	22 and 45 and 50
53	22 and 49 and 50
54	or/51-53
55	limit 54 to yr="2000 -Current"

1 Database: Social Policy and Practice

2 Date of last search: 03/12/2019

#	Searches
1	(adolescen\$ or teen\$ or youth\$ or young or juvenile? or minors or highschool\$.ti,ab.
2	(child\$ or schoolchild\$ or "school age" or "school aged" or preschool\$ or toddler\$ or kid? or kindergar\$ or boy? or girl?).ti,ab.
3	(infan\$ or neonat\$ or newborn\$ or baby or babies).ti,ab.
4	p?ediatric\$.ti,ab.
5	young\$ adult\$.ti,ab.
6	or/1-5
7	(disable? or disabilit\$ or handicap\$ or retard\$ or disorder? or impair\$ or condition? or difficulty or difficulties or deficit? or dysfunct\$.ti.
8	((sever\$ or complex\$ or special or high) adj3 need?).ti,ab.
9	SHCN.ti,ab.
10	or/7-9
11	6 and 10
12	CSHCN.ti,ab.
13	"Education Health and Care plan?".ti,ab.
14	EHC plan?.ti,ab.
15	EHCP?.ti,ab.
16	or/11-15
17	(interinstitution\$ or multiinstitution\$ or jointinstitution\$.ti,ab.
18	(interorgani?ation\$ or multiorgani?ation\$ or jointorgani?ation\$.ti,ab.
19	(intersector\$ or multisector\$ or jointsector\$.ti,ab.
20	(interagenc\$ or multiagenc\$ or jointagenc\$.ti,ab.
21	(interprofession\$ or multiprofession\$ or jointprofession\$.ti,ab.
22	((inter or multi or joint) adj3 (institution\$ or organi?ation\$ or sector\$ or agenc\$ or profession\$.ti,ab.
23	((institution\$ or organi?ation\$ or sector\$ or agenc\$ or profession\$ or care or service? or department\$) adj5 (collaborat\$ or coordinat\$ or co-ordinat\$ or cooperat\$ or co-operat\$ or integrat\$ or partner\$.ti.
24	or/17-23
25	((health\$ or NHS or clinical or clinician? or medical or medic? or physician? or consultant? or nurse? or general practitioner? or GP? or occupational therapist? or OT? or allied health professional? or AHP? or ((speech or language) adj3 therapist?) or SLT?) adj5 social\$.ti,ab.
26	((health\$ or NHS or clinical or clinician? or medical or medic? or physician? or consultant? or nurse? or general practitioner? or GP? or occupational therapist? or OT? or allied health professional? or AHP? or ((speech or language) adj3 therapist?) or SLT?) adj5 (educat\$ or school\$ or teach\$ or headmaster? or headmistress\$ or SENCO? or DfE?).ti,ab.
27	(social\$ adj5 (educat\$ or school\$ or teach\$ or headmaster? or headmistress\$ or SENCO? or DfE?).ti,ab.
28	or/25-27
29	transition\$.ti,ab.
30	16 and 24 and 29
31	16 and 28 and 29
32	or/30-31
33	limit 32 to yr="2000 -Current"

3 Database: PsycInfo

4 Date of last search: 03/12/2019

#	Searches
1	(adolescen\$ or teen\$ or youth\$ or young or juvenile? or minors or highschool\$.ti,ab.

#	Searches
2	(child\$ or schoolchild\$ or "school age" or "school aged" or preschool\$ or toddler\$ or kid? or kindergar\$ or boy? or girl?).ti,ab.
3	(infan\$ or neonat\$ or newborn\$ or baby or babies).ti,ab.
4	PEDIATRICS/
5	p?ediatric\$.ti,ab.
6	young\$ adult?.ti,ab.
7	or/1-6
8	DISORDERS/
9	exp DISABILITIES/
10	PHYSICAL DISORDERS/
11	exp SENSE ORGAN DISORDERS/
12	exp MENTAL DISORDERS/
13	exp COMMUNICATION DISORDERS/
14	SPECIAL NEEDS/
15	(disable? or disabilit\$ or handicap\$ or retard\$ or disorder? or impair\$ or condition? or difficulty or difficulties or deficit? or dysfunct\$).ti.
16	((sever\$ or complex\$ or special or high) adj3 need?).ti,ab.
17	SHCN.ti,ab.
18	or/8-17
19	7 and 18
20	CSHCN.ti,ab.
21	"Education Health and Care plan?".ti,ab.
22	EHC plan?.ti,ab.
23	EHCP?.ti,ab.
24	or/19-23
25	INTEGRATED SERVICES/
26	INTERDISCIPLINARY TREATMENT APPROACH/
27	(interinstitution\$ or multiinstitution\$ or jointinstitution\$).ti,ab.
28	(interorgani?ation\$ or multiorgani?ation\$ or jointorgani?ation\$).ti,ab.
29	(intersector\$ or multisector\$ or jointsector\$).ti,ab.
30	(interagenc\$ or multiagenc\$ or jointagenc\$).ti,ab.
31	(interprofession\$ or multiprofession\$ or jointprofession\$).ti,ab.
32	((inter or multi or joint) adj3 (institution\$ or organi?ation\$ or sector\$ or agenc\$ or profession\$)).ti,ab.
33	((institution\$ or organi?ation\$ or sector\$ or agenc\$ or profession\$ or care or service? or department\$) adj5 (collaborat\$ or coordinat\$ or co-ordinat\$ or cooperat\$ or co-operat\$ or integrat\$ or partner\$)).ti.
34	or/25-33
35	(HEALTH CARE SERVICES/ or COMMUNITY SERVICES/ or HOME CARE/ or MENTAL HEALTH SERVICES/ or COMMUNITY MENTAL HEALTH SERVICES/ or NURSING/ or exp HEALTH PERSONNEL/) and (exp SOCIAL CASEWORK/ or exp SOCIAL WORKERS/ or SOCIAL SUPPORT/)
36	(HEALTH CARE SERVICES/ or COMMUNITY SERVICES/ or HOME CARE/ or MENTAL HEALTH SERVICES/ or COMMUNITY MENTAL HEALTH SERVICES/ or NURSING/ or exp HEALTH PERSONNEL/) and (EDUCATION/ or ELEMENTARY EDUCATION/ or MIDDLE SCHOOL EDUCATION/ or HIGH SCHOOL EDUCATION/ or SECONDARY EDUCATION/ or HIGHER EDUCATION/ or SPECIAL EDUCATION/ or "MAINSTREAMING (EDUCATIONAL)"/ or REMEDIAL EDUCATION/ or exp SCHOOLS/ or TEACHING/ or TEACHERS/ or PRESCHOOL TEACHERS/ or ELEMENTARY SCHOOL TEACHERS/ or JUNIOR HIGH SCHOOL TEACHERS/ or MIDDLE SCHOOL TEACHERS/ or HIGH SCHOOL TEACHERS/ or COLLEGE TEACHERS/ or VOCATIONAL EDUCATION TEACHERS/ or SPECIAL EDUCATION TEACHERS/)
37	(exp SOCIAL CASEWORK/ or exp SOCIAL WORKERS/ or SOCIAL SUPPORT/) and (EDUCATION/ or ELEMENTARY EDUCATION/ or MIDDLE SCHOOL EDUCATION/ or HIGH SCHOOL EDUCATION/ or SECONDARY EDUCATION/ or HIGHER EDUCATION/ or SPECIAL EDUCATION/ or "MAINSTREAMING (EDUCATIONAL)"/ or REMEDIAL EDUCATION/ or exp SCHOOLS/ or TEACHING/ or TEACHERS/ or PRESCHOOL TEACHERS/ or ELEMENTARY SCHOOL TEACHERS/ or JUNIOR HIGH SCHOOL TEACHERS/ or MIDDLE SCHOOL TEACHERS/ or HIGH SCHOOL TEACHERS/ or COLLEGE TEACHERS/ or VOCATIONAL EDUCATION TEACHERS/ or SPECIAL EDUCATION TEACHERS/)
38	or/35-37
39	((health\$ or NHS or clinical or clinician? or medical or medic? or physician? or consultant? or nurse? or general practitioner? or GP? or occupational therapist? or OT? or allied health professional? or AHP? or ((speech or language) adj3 therapist?) or SLT?) adj5 social\$ adj5 (service? or department? or institution\$ or organi?ation\$ or sector\$ or agenc\$ or provider? or policy or policies or collaborat\$ or coordinat\$ or co-ordinat\$ or cooperat\$ or co-operat\$ or integrat\$ or partnership? or partnering or network\$ or inter or multi or joint\$ or across or share? or sharing or together or communicat\$ or barrier? or facilitat\$ or deliver\$)).ti,ab.
40	((health\$ or NHS or clinical or clinician? or medical or medic? or physician? or consultant? or nurse? or general practitioner? or GP? or occupational therapist? or OT? or allied health professional? or AHP? or ((speech or language) adj3 therapist?) or SLT?) adj5 (educat\$ or school\$ or teach\$ or headmaster? or headmistress\$ or SENCO? or DfE?) adj5 (service? or department? or institution\$ or organi?ation\$ or sector\$ or agenc\$ or provider? or policy or policies or collaborat\$ or coordinat\$ or co-ordinat\$ or cooperat\$ or co-operat\$ or integrat\$ or partnership? or partnering or network\$ or inter or multi or joint\$ or across or share? or sharing or together or communicat\$ or barrier? or facilitat\$ or deliver\$)).ti,ab.
41	(social\$ adj5 (educat\$ or school\$ or teach\$ or headmaster? or headmistress\$ or SENCO? or DfE?) adj5 (service? or department? or institution\$ or organi?ation\$ or sector\$ or agenc\$ or provider? or policy or policies or collaborat\$ or coordinat\$ or co-ordinat\$ or cooperat\$ or co-operat\$ or integrat\$ or partnership? or partnering or network\$ or inter or multi or joint\$ or across or share? or sharing or together or communicat\$ or barrier? or facilitat\$ or deliver\$)).ti,ab.
42	or/39-41

#	Searches
43	TRANSITION PLANNING/
44	transition\$.ti,ab.
45	or/43-44
46	24 and 34 and 45
47	24 and 38 and 45
48	24 and 42 and 45
49	or/46-48
50	limit 49 to english language
51	limit 50 to yr="2000 -Current"
52	limit 51 to ("0100 journal" or "0110 peer-reviewed journal" or "0120 non-peer-reviewed journal")

1 Database: Emcare

2 Date of last search: 03/12/2019

#	Searches
1	exp ADOLESCENT/
2	(adolescen\$ or teen\$ or youth\$ or young or juvenile? or minors or highschool\$).ti,ab.
3	exp CHILD/
4	(child\$ or schoolchild\$ or "school age" or "school aged" or preschool\$ or toddler\$ or kid? or kindergar\$ or boy? or girl?).ti,ab.
5	exp INFANT/
6	(infan\$ or neonat\$ or newborn\$ or baby or babies).ti,ab.
7	exp PEDIATRICS/
8	p?ediatric\$.ti,ab.
9	YOUNG ADULT/
10	young\$ adult?.ti,ab.
11	or/1-10
12	exp DISABLED PERSON/
13	exp MENTAL DISEASE/
14	INTELLECTUAL IMPAIRMENT/
15	(disable? or disabilit\$ or handicap\$ or retard\$ or disorder? or impair\$ or condition? or difficulty or difficulties or deficit? or dysfunct\$).ti.
16	((sever\$ or complex\$ or special or high) adj3 need?).ti,ab.
17	SHCN.ti,ab.
18	or/12-17
19	11 and 18
20	HANDICAPPED CHILD/
21	CSHCN.ti,ab.
22	"Education Health and Care plan?".ti,ab.
23	EHC plan?.ti,ab.
24	EHCP?.ti,ab.
25	or/19-24
26	PUBLIC RELATIONS/
27	INTERSECTORAL COLLABORATION/
28	INTEGRATED HEALTH CARE SYSTEM/
29	(interinstitution\$ or multiinstitution\$ or jointinstitution\$).ti,ab.
30	(interorgani?ation\$ or multiorgani?ation\$ or jointorgani?ation\$).ti,ab.
31	(intersector\$ or multisector\$ or jointsector\$).ti,ab.
32	(interagenc\$ or multiagenc\$ or jointagenc\$).ti,ab.
33	(interprofession\$ or multiprofession\$ or jointprofession\$).ti,ab.
34	((inter or multi or joint) adj3 (institution\$ or organi?ation\$ or sector\$ or agenc\$ or profession\$)).ti,ab.
35	((institution\$ or organi?ation\$ or sector\$ or agenc\$ or profession\$ or care or service? or department\$) adj5 (collaborat\$ or coordinat\$ or co-ordinat\$ or cooperat\$ or co-operat\$ or integrat\$ or partner\$)).ti.
36	or/26-35
37	(HEALTH SERVICE/ or CHILD HEALTH CARE/ or COMMUNITY CARE/ or HOME CARE/ or MENTAL HEALTH SERVICE/ or *NURSING/ or exp HEALTH CARE PERSONNEL/) and (SOCIAL CARE/ or SOCIAL WORK/ or SOCIAL WORKER/ or SOCIAL SUPPORT/)
38	(HEALTH SERVICE/ or CHILD HEALTH CARE/ or COMMUNITY CARE/ or HOME CARE/ or MENTAL HEALTH SERVICE/ or *NURSING/ or exp HEALTH CARE PERSONNEL/) and (EDUCATION/ or exp SPECIAL EDUCATION/ or SCHOOL/ or SCHOOL HEALTH SERVICE/ or NURSERY SCHOOL/ or NURSERY/ or KINDERGARTEN/ or PRIMARY SCHOOL/ or MIDDLE SCHOOL/ or HIGH SCHOOL/ or COLLEGE/ or COMMUNITY COLLEGE/ or UNIVERSITY/ or TEACHING/ or exp TEACHER/)
39	(SOCIAL CARE/ or SOCIAL WORK/ or SOCIAL WORKER/ or SOCIAL SUPPORT/) and (EDUCATION/ or exp SPECIAL EDUCATION/ or SCHOOL/ or SCHOOL HEALTH SERVICE/ or NURSERY SCHOOL/ or NURSERY/ or KINDERGARTEN/ or PRIMARY SCHOOL/ or MIDDLE SCHOOL/ or HIGH SCHOOL/ or COLLEGE/ or COMMUNITY COLLEGE/ or UNIVERSITY/ or TEACHING/ or exp TEACHER/)
40	or/37-39
41	((health\$ or NHS or clinical or clinician? or medical or medic? or physician? or consultant? or nurse? or general practitioner? or GP? or occupational therapist? or OT? or allied health professional? or AHP? or ((speech or language) adj3 therapist?) or SLT?) adj5 social\$).ti,ab.

#	Searches
42	((health\$ or NHS or clinical or clinician? or medical or medic? or physician? or consultant? or nurse? or general practitioner? or GP? or occupational therapist? or OT? or allied health professional? or AHP? or ((speech or language) adj3 therapist?) or SLT?) adj5 (educat\$ or school\$ or teach\$ or headmaster? or headmistress\$ or SENCO? or DfE?)).ti,ab.
43	(social\$ adj5 (educat\$ or school\$ or teach\$ or headmaster? or headmistress\$ or SENCO? or DfE?)).ti,ab.
44	or/41-43
45	NATIONAL HEALTH SERVICE/ and ORGANIZATION/
46	CHILD HEALTH CARE/ and ORGANIZATION/
47	EDUCATION/ and ORGANIZATION/
48	exp SPECIAL EDUCATION/ and ORGANIZATION/
49	SOCIAL WORK/ and ORGANIZATION/
50	or/45-49
51	TRANSITION TO ADULT CARE/
52	TRANSITIONAL CARE/
53	transition\$.ti,ab.
54	or/51-53
55	25 and 36 and 54
56	25 and 40 and 54
57	25 and 44 and 54
58	25 and 50 and 54
59	or/55-58
60	limit 59 to english language
61	limit 60 to yr="2000 -Current"
62	letter.pt. or LETTER/
63	note.pt.
64	editorial.pt.
65	CASE REPORT/ or CASE STUDY/
66	(letter or comment*).ti.
67	or/62-66
68	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
69	67 not 68
70	ANIMAL/ not HUMAN/
71	NONHUMAN/
72	exp ANIMAL EXPERIMENT/
73	exp EXPERIMENTAL ANIMAL/
74	ANIMAL MODEL/
75	exp RODENT/
76	(rat or rats or mouse or mice).ti.
77	or/69-76
78	61 not 77

1 Databases: Cochrane Central Register of Controlled Trials (CCTR); and Cochrane Database of Systematic Reviews (CDSR)

3 Date of last search: 03/12/2019

#	Searches
#1	[mh ^"ADOLESCENT"]
#2	[mh ^"MINORS"]
#3	(adolescen* or teen* or youth* or young or juvenile* or minors or highschool*):ti,ab
#4	[mh "CHILD"]
#5	(child* or schoolchild* or "school age" or "school aged" or preschool* or toddler* or kid* or kindergar* or boy* or girl*):ti,ab
#6	[mh "INFANT"]
#7	(infan* or neonat* or newborn* or baby or babies):ti,ab
#8	[mh "PEDIATRICS"]
#9	(pediatric* or paediatric*):ti,ab
#10	[mh ^"YOUNG ADULT"]
#11	"young\$ adult*":ti,ab
#12	#1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10 or #11
#13	[mh "DISABLED PERSONS"]
#14	[mh "MENTAL DISORDERS"]
#15	[mh "COMMUNICATION DISORDERS"]
#16	[mh "INTELLECTUAL DISABILITY"]
#17	(disable* or disabilit* or handicap* or retard* or disorder* or impair* or condition* or difficulty or difficulties or deficit* or dysfunct*):ti
#18	((sever* or complex* or special or high) near/3 (need or needs)):ti,ab
#19	SHCN:ti,ab
#20	#13 or #14 or #15 or #16 or #17 or #18 or #19
#21	#12 and #20

#	Searches
#22	[mh ^"DISABLED CHILDREN"]
#23	CSHCN:ti,ab
#24	"Education Health and Care plan":ti,ab
#25	EHC plan*:ti,ab
#26	EHCP*:ti,ab
#27	#21 or #22 or #23 or #24 or #25 or #26
#28	[mh ^"INTERINSTITUTIONAL RELATIONS"]
#29	[mh ^"INTERSECTORAL COLLABORATION"]
#30	[mh ^"DELIVERY OF HEALTH CARE, INTEGRATED"]
#31	(interinstitution* or multiinstitution* or jointinstitution*):ti,ab
#32	(interorganisation* or interorganization* or multiorganisation* or multiorganization* or jointorganisation* or jointorganization*):ti,ab
#33	(intersector* or multisector* or jointsector*):ti,ab
#34	(interagenc* or multiagenc* or jointagenc*):ti,ab
#35	(interprofession* or multiprofession* or jointprofession*):ti,ab
#36	((inter or multi or joint) near/3 (institution* or organisation* or organization* or sector* or agenc* or profession*)):ti,ab
#37	((institution* or organisation* or organization* or sector* or agenc* or profession* or care or service* or department*) near/5 (collaborat* or coordinat* or co-ordinat* or cooperat* or co-operat* or integrat* or partner*)):ti
#38	#28 or #29 or #30 or #31 or #32 or #33 or #34 or #35 or #36 or #37
#39	([mh ^"HEALTH SERVICES"] or [mh ^"CHILD HEALTH SERVICES"] or [mh ^"ADOLESCENT HEALTH SERVICES"] or [mh ^"COMMUNITY HEALTH SERVICES"] or [mh ^"HOME CARE SERVICES"] or [mh ^"HEALTH SERVICES FOR PEOPLE WITH DISABILITIES"] or [mh ^"MENTAL HEALTH SERVICES"] or [mh ^"NURSING SERVICES"] or [mh ^"HEALTH PERSONNEL"]) and ([mh ^"SOCIAL WORK"] or [mh ^"SOCIAL WORK, PSYCHIATRIC"] or [mh ^"SOCIAL WORKERS"] or [mh ^"SOCIAL SUPPORT"])
#40	([mh ^"HEALTH SERVICES"] or [mh ^"CHILD HEALTH SERVICES"] or [mh ^"ADOLESCENT HEALTH SERVICES"] or [mh ^"COMMUNITY HEALTH SERVICES"] or [mh ^"HOME CARE SERVICES"] or [mh ^"HEALTH SERVICES FOR PEOPLE WITH DISABILITIES"] or [mh ^"MENTAL HEALTH SERVICES"] or [mh ^"NURSING SERVICES"] or [mh ^"HEALTH PERSONNEL"]) and ([mh ^"EDUCATION"] or [mh ^"EDUCATION, SPECIAL"] or [mh ^"SCHOOLS"] or [mh ^"SCHOOL HEALTH SERVICES"] or [mh ^"SCHOOLS, NURSERY"] or [mh ^"NURSERIES"] or [mh ^"CHILD DAY CARE CENTERS"] or [mh ^"UNIVERSITIES"] or [mh ^"TEACHING"] or [mh ^"REMEDIAL TEACHING"] or [mh ^"SCHOOL TEACHERS"])
#41	([mh ^"SOCIAL WORK"] or [mh ^"SOCIAL WORK, PSYCHIATRIC"] or [mh ^"SOCIAL WORKERS"] or [mh ^"SOCIAL SUPPORT"]) and ([mh ^"EDUCATION"] or [mh ^"EDUCATION, SPECIAL"] or [mh ^"SCHOOLS"] or [mh ^"SCHOOL HEALTH SERVICES"] or [mh ^"SCHOOLS, NURSERY"] or [mh ^"NURSERIES"] or [mh ^"CHILD DAY CARE CENTERS"] or [mh ^"UNIVERSITIES"] or [mh ^"TEACHING"] or [mh ^"REMEDIAL TEACHING"] or [mh ^"SCHOOL TEACHERS"])
#42	#39 or #40 or #41
#43	((health* or NHS or clinical or clinician* or medical or medic or medics or physician* or consultant* or nurse* or general practitioner* or GP or GPs or occupational therapist* or OT or OTs or allied health professional* or AHP or AHPs or ((speech or language) near/3 therapist*) or SLT or SLTs) near/5 social*):ti,ab
#44	((health* or NHS or clinical or clinician* or medical or medic or medics or physician* or consultant* or nurse* or general practitioner* or GP or GPs or occupational therapist* or OT or OTs or allied health professional* or AHP or AHPs or ((speech or language) near/3 therapist*) or SLT or SLTs) near/5 (educat* or school* or teach* or headmaster* or headmistress* or SENCO or SENCOs or DfE*)):ti,ab
#45	(social* near/5 (educat* or school* or teach* or headmaster* or headmistress* or SENCO or SENCOs or DfE*)):ti,ab
#46	#43 or #44 or #45
#47	[mh ^"STATE MEDICINE"/og]
#48	[mh ^"CHILD HEALTH SERVICES"/og]
#49	[mh ^"ADOLESCENT HEALTH SERVICES"/og]
#50	[mh ^"EDUCATION"/og]
#51	[mh ^"EDUCATION, SPECIAL"/og]
#52	[mh ^"SOCIAL WORK"/og]
#53	#47 or #48 or #49 or #50 or #51 or #52
#54	[mh ^"TRANSITION TO ADULT CARE"]
#55	[mh ^"TRANSITIONAL CARE"]
#56	transition*:ti,ab
#57	#54 or #55 or #56
#58	#27 and #38 and #57
#59	#27 and #42 and #57
#60	#27 and #46 and #57
#61	#27 and #53 and #57
#62	#58 or #59 or #60 or #61
#63	#58 or #59 or #60 or #61 with Cochrane Library publication date Between Jan 2000 and Dec 2019, in Cochrane Reviews
#64	#58 or #59 or #60 or #61 with Publication Year from 2000 to 2019, in Trials

1 Database: Database of Abstracts of Reviews of Effects (DARE)

2 Date of last search: 03/12/2019

#	Searches
1	MeSH DESCRIPTOR ADOLESCENT IN DARE

#	Searches
2	MeSH DESCRIPTOR MINORS IN DARE
3	((adolescen* or teen* or youth* or young or juvenile* or minors or highschool*)) and ((Systematic review:ZDT and Bibliographic:ZPS) OR (Systematic review:ZDT and Abstract:ZPS))
4	MeSH DESCRIPTOR CHILD EXPLODE ALL TREES IN DARE
5	((child* or schoolchild* or "school age" or "school aged" or preschool* or toddler* or kid* or kindergar* or boy* or girl*)) and ((Systematic review:ZDT and Bibliographic:ZPS) OR (Systematic review:ZDT and Abstract:ZPS))
6	MeSH DESCRIPTOR INFANT EXPLODE ALL TREES IN DARE
7	((infan* or neonat* or newborn* or baby or babies)) and ((Systematic review:ZDT and Bibliographic:ZPS) OR (Systematic review:ZDT and Abstract:ZPS))
8	MeSH DESCRIPTOR PEDIATRICS EXPLODE ALL TREES IN DARE
9	((pediatric* or paediatric*)) and ((Systematic review:ZDT and Bibliographic:ZPS) OR (Systematic review:ZDT and Abstract:ZPS))
10	MeSH DESCRIPTOR YOUNG ADULT IN DARE
11	(("young* adult*")) and ((Systematic review:ZDT and Bibliographic:ZPS) OR (Systematic review:ZDT and Abstract:ZPS))
12	#1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9 OR #10 OR #11
13	MeSH DESCRIPTOR DISABLED PERSONS EXPLODE ALL TREES IN DARE
14	MeSH DESCRIPTOR MENTAL DISORDERS EXPLODE ALL TREES IN DARE
15	MeSH DESCRIPTOR COMMUNICATION DISORDERS EXPLODE ALL TREES IN DARE
16	MeSH DESCRIPTOR INTELLECTUAL DISABILITY EXPLODE ALL TREES IN DARE
17	((disable* or disabilit* or handicap* or retard* or disorder* or impair* or condition* or difficulty or difficulties or deficit* or dysfunct*):TI) and ((Systematic review:ZDT and Bibliographic:ZPS) OR (Systematic review:ZDT and Abstract:ZPS))
18	((((sever* or complex* or special or high) adj3 need*))) and ((Systematic review:ZDT and Bibliographic:ZPS) OR (Systematic review:ZDT and Abstract:ZPS))
19	#13 OR #14 OR #15 OR #16 OR #17 OR #18
20	#12 AND #19
21	MeSH DESCRIPTOR DISABLED CHILDREN IN DARE
22	((CSHCN)) and ((Systematic review:ZDT and Bibliographic:ZPS) OR (Systematic review:ZDT and Abstract:ZPS))
23	((("Education Health" adj2 "Care plan*"))) and ((Systematic review:ZDT and Bibliographic:ZPS) OR (Systematic review:ZDT and Abstract:ZPS))
24	((("EHC plan*"))) and ((Systematic review:ZDT and Bibliographic:ZPS) OR (Systematic review:ZDT and Abstract:ZPS))
25	((EHCP*)) and ((Systematic review:ZDT and Bibliographic:ZPS) OR (Systematic review:ZDT and Abstract:ZPS))
26	#20 OR #21 OR #22 OR #23 OR #24 OR #25
27	MeSH DESCRIPTOR TRANSITION TO ADULT CARE IN DARE
28	MeSH DESCRIPTOR TRANSITIONAL CARE IN DARE
29	((transition*)) and ((Systematic review:ZDT and Bibliographic:ZPS) OR (Systematic review:ZDT and Abstract:ZPS))
30	#27 OR #28 OR #29
31	#26 AND #30

1 Database: Health technology Abstracts (HTA)

2 Date of last search: 03/12/2019

#	Searches
1	MeSH DESCRIPTOR ADOLESCENT IN HTA
2	MeSH DESCRIPTOR MINORS IN HTA
3	(adolescen* or teen* or youth* or young or juvenile* or minors or highschool*) IN HTA
4	MeSH DESCRIPTOR CHILD EXPLODE ALL TREES IN HTA
5	(child* or schoolchild* or "school age" or "school aged" or preschool* or toddler* or kid* or kindergar* or boy* or girl*) IN HTA
6	MeSH DESCRIPTOR INFANT EXPLODE ALL TREES IN HTA
7	(infan* or neonat* or newborn* or baby or babies) IN HTA
8	MeSH DESCRIPTOR PEDIATRICS EXPLODE ALL TREES IN HTA
9	(pediatric* or paediatric*) IN HTA
10	MeSH DESCRIPTOR YOUNG ADULT IN HTA
11	("young* adult*") IN HTA
12	#1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9 OR #10 OR #11
13	MeSH DESCRIPTOR DISABLED PERSONS EXPLODE ALL TREES IN HTA
14	MeSH DESCRIPTOR MENTAL DISORDERS EXPLODE ALL TREES IN HTA
15	MeSH DESCRIPTOR COMMUNICATION DISORDERS EXPLODE ALL TREES IN HTA
16	MeSH DESCRIPTOR INTELLECTUAL DISABILITY EXPLODE ALL TREES IN HTA
17	(disable* or disabilit* or handicap* or retard* or disorder* or impair* or condition* or difficulty or difficulties or deficit* or dysfunct*):TI IN HTA
18	((((sever* or complex* or special or high) adj3 need*))) IN HTA
19	#13 OR #14 OR #15 OR #16 OR #17 OR #18
20	#12 AND #19
21	MeSH DESCRIPTOR DISABLED CHILDREN IN HTA
22	(CSHCN) IN HTA
23	((("Education Health" adj2 "Care plan*"))) IN HTA
24	("EHC plan*") IN HTA
25	(EHCP*) IN HTA

#	Searches
26	#20 OR #21 OR #22 OR #23 OR #24 OR #25
27	MeSH DESCRIPTOR TRANSITION TO ADULT CARE IN HTA
28	MeSH DESCRIPTOR TRANSITIONAL CARE IN HTA
29	(transition*) IN HTA
30	#27 OR #28 OR #29
31	#26 AND #30

1 **Databases: Applied Social Sciences Index & Abstracts (ASSIA); Social Services
2 Abstracts; Sociological Abstracts; and ERIC (Education Resources Information
3 Centre)**

4 **Date of last search: 03/12/2019**

#	Searches
1	AB, TI(adolescen* OR teen* OR youth* OR young OR juvenile? OR minors OR highschool* OR child* OR schoolchild* OR "school age" OR "school aged" OR preschool* OR toddler* OR kid? OR kindergar* OR boy? OR girl? OR infan* OR neonat* OR newborn* OR baby OR babies OR p?ediatric* OR "young* adult?")
2	TI(disable? OR disabilit* OR handicap* OR retard* OR disorder? OR impair* OR condition? OR difficulty OR difficulties OR deficit? OR dysfunc* OR ((sever* OR complex* OR special OR high) NEAR/3 need?) OR SHCN OR CSHCN OR "Education Health and Care plan?" OR "EHC plan?" OR EHCP?)
3	AB, TI((health* OR NHS OR clinical OR clinician? OR medical OR medic? OR physician? OR consultant? OR nurse? OR "general practitioner?" OR GP? OR "occupational therapist?" OR OT? OR "allied health professional?" OR AHP? OR "speech therapist?" OR "language therapist?" OR SLT?) AND social* AND (educat* OR school* OR teach* OR headmaster? OR headmistress* OR SENCO? OR DfE?))
4	TI(interinstitution* OR multiinstitution* OR jointinstitution* OR interorgani?ation* OR multiorgani?ation* OR jointorgani?ation* OR intersector* OR multisector* OR jointsector* OR interagenc* OR multiagenc* OR jointagenc* OR interprofession* OR jointprofession* OR service? OR department? OR institution* OR organi?ation* OR sector* OR agenc* OR provider? OR policy OR policies OR collaborat* OR coordinat* OR co-ordinat* OR cooperat* OR co-operat* OR integrat* OR partnership? OR partnering OR network* OR inter OR multi OR joint*)
5	TI(((health* OR NHS OR clinical OR clinician? OR medical OR medic? OR physician? OR consultant? OR nurse? OR "general practitioner?" OR GP? OR "occupational therapist?" OR OT? OR "allied health professional?" OR AHP? OR "speech therapist?" OR "language therapist?" OR SLT?) AND social*) OR ((health* OR NHS OR clinical OR clinician? OR medical OR medic? OR physician? OR consultant? OR nurse? OR "general practitioner?" OR GP? OR "occupational therapist?" OR OT? OR "allied health professional?" OR AHP? OR "speech therapist?" OR "language therapist?" OR SLT?) AND (educat* OR school* OR teach* OR headmaster? OR headmistress* OR SENCO? OR DfE?)) OR (social* AND (educat* OR school* OR teach* OR headmaster? OR headmistress* OR SENCO? OR DfE?)))
6	AB, TI(transition*)
7	1 AND 2 AND 3 AND 6 Additional limits - Date: From January 2000 to December 2019
8	1 AND 2 AND 4 AND 6 Additional limits - Date: From January 2000 to December 2019
9	1 AND 2 AND 5 AND 6 Additional limits - Date: From January 2000 to December 2019
10	7 OR 8 OR 9

5 **Database: British Education Index**

6 **Date of last search: 03/12/2019**

#	Searches
1	TX (transition*) AND TX (adolescen* OR teen* OR youth* OR young OR juvenile? OR minors OR highschool* OR child* OR schoolchild* OR "school age" OR "school aged" OR preschool* OR toddler* OR kid? OR kindergar* OR boy? OR girl? OR infan* OR neonat* OR newborn* OR baby OR babies OR p#ediatric* OR "young* adult?") AND TI (disable? OR disabilit* OR handicap* OR retard* OR disorder? OR impair* OR condition? OR difficulty OR difficulties OR deficit? OR dysfunc* OR "sever* need?" OR "complex* need?" OR "special need?" OR "special educat* need?" OR "high need?" OR SHCN OR CSHCN OR "Education Health and Care plan?" OR "EHC plan?" OR EHCP?) AND TI (interinstitution* OR multiinstitution* OR jointinstitution* OR interorgani?ation* OR multiorgani?ation* OR jointorgani?ation* OR intersector* OR multisector* OR jointsector* OR interagenc* OR multiagenc* OR jointagenc* OR interprofession* OR jointprofession* OR service? OR department? OR institution* OR organi?ation* OR sector* OR agenc* OR provider? OR policy OR policies OR coordinat* OR co-ordinat* OR cooperat* OR co-operat* OR integrat* OR partnership? OR partnering OR network* OR inter OR multi OR joint* OR across OR share? OR sharing OR together OR communicat* OR barrier? OR facilitat* OR deliver* OR team*) Limiters - Publication Date: 20000101-20191231
2	TX (transition*) AND TX (adolescen* OR teen* OR youth* OR young OR juvenile? OR minors OR highschool* OR child* OR schoolchild* OR "school age" OR "school aged" OR preschool* OR toddler* OR kid? OR kindergar* OR boy? OR girl? OR infan* OR neonat* OR newborn* OR baby OR babies OR p#ediatric* OR "young* adult?") AND TI (disable? OR disabilit* OR handicap* OR retard* OR disorder? OR impair* OR condition? OR difficulty OR difficulties OR deficit? OR dysfunc* OR "sever* need?" OR "complex* need?" OR "special need?" OR "special educat* need?" OR "high need?" OR SHCN OR CSHCN OR "Education Health and Care plan?" OR "EHC plan?" OR EHCP?) AND AB ((((health* OR NHS OR clinical OR clinician? OR medical OR medic? OR physician? OR consultant? OR nurse? OR "general practitioner?" OR GP? OR "occupational therapist?" OR OT? OR "allied health professional?" OR AHP? OR "speech therapist?" OR "language therapist?" OR SLT?) AND social*) OR ((health* OR NHS OR clinical OR clinician? OR medical OR medic? OR physician? OR consultant? OR nurse? OR "general practitioner?" OR GP? OR "occupational therapist?" OR OT? OR "allied health professional?" OR AHP? OR "speech therapist?" OR "language therapist?" OR SLT?) AND (educat* OR school* OR teach* OR headmaster? OR headmistress* OR SENCO? OR DfE?)) OR (social*

#	Searches
	AND (educat* OR school* OR teach* OR headmaster? OR headmistress* OR SENCO? OR Dfe?))) Limiters - Publication Date: 20000101-20191231
3	1 or 2

1 Database: CINAHL Plus (Cumulative Index to Nursing and Allied Health Literature)

3 Date of last search: 03/12/2019

#	Searches
1	TI (transition*) AND TX (adolescen* OR teen* OR youth* OR young OR juvenile? OR minors OR highschool* OR child* OR schoolchild* OR "school age" OR "school aged" OR preschool* OR toddler* OR kid? OR kindergar* OR boy? OR girl? OR infan* OR neonat* OR newborn* OR baby OR babies OR p#ediatric* OR "young* adult?") AND TI (disable? OR disabilit* OR handicap* OR retard* OR disorder? OR impair* OR condition? OR difficulty OR difficulties OR deficit? OR dysfunct* OR "sever* need?" OR "complex* need?" OR "special need?" OR "special educat* need?" OR "high need?" OR SHCN OR CSHCN OR "Education Health and Care plan?" OR "EHC plan?" OR EHCP?) AND TI (interinstitution* OR multiinstitution* OR jointinstitution* OR interorgani?ation* OR multiorgani?ation* OR jointorgani?ation* OR intersector* OR multiselector* OR jointsector* OR interagenc* OR multiagenc* OR jointagenc* OR interprofession* OR multiprofession* OR jointprofession* OR service? OR department? OR institution* OR organi?ation* OR sector* OR agenc* OR provider? OR policy OR policies OR collaborat* OR coordinat* OR co-ordinat* OR cooperat* OR co-operat* OR integrat* OR partnership? OR partnering OR network* OR inter OR multi OR joint* OR across OR share? OR sharing OR together OR communicat* OR barrier? OR facilitat* OR deliver* OR team*) Limiters - Publication Date: 20000101-20191231
2	TI (transition*) AND TX (adolescen* OR teen* OR youth* OR young OR juvenile? OR minors OR highschool* OR child* OR schoolchild* OR "school age" OR "school aged" OR preschool* OR toddler* OR kid? OR kindergar* OR boy? OR girl? OR infan* OR neonat* OR newborn* OR baby OR babies OR p#ediatric* OR "young* adult?") AND TI (disable? OR disabilit* OR handicap* OR retard* OR disorder? OR impair* OR condition? OR difficulty OR difficulties OR deficit? OR dysfunct* OR "sever* need?" OR "complex* need?" OR "special need?" OR "special educat* need?" OR "high need?" OR SHCN OR CSHCN OR "Education Health and Care plan?" OR "EHC plan?" OR EHCP?) AND AB ((((health* OR NHS OR clinical OR clinician? OR medical OR medic? OR physician? OR consultant? OR nurse? OR "general practitioner?" OR GP? OR "occupational therapist?" OR OT? OR "allied health professional?" OR AHP? OR "speech therapist?" OR "language therapist?" OR SLT?) AND social*) OR ((health* OR NHS OR clinical OR clinician? OR medical OR medic? OR physician? OR consultant? OR nurse? OR "general practitioner?" OR GP? OR "occupational therapist?" OR OT? OR "allied health professional?" OR AHP? OR "speech therapist?" OR "language therapist?" OR SLT?) AND (educat* OR school* OR teach* OR headmaster? OR headmistress* OR SENCO? OR Dfe?)) OR (social* AND (educat* OR school* OR teach* OR headmaster? OR headmistress* OR SENCO? OR Dfe?)))) Limiters - Publication Date: 20000101-20191231
3	1 or 2

4 Database: Social Sciences Citation Index (SSCI)

5 Date of last search: 03/12/2019

#	Searches
# 1	TOPIC: ((adolescen* or teen* or youth* or young or juvenile\$ or minors or highschool*)) Indexes=SSCI Timespan=2000-2019
# 2	TOPIC: ((child* or schoolchild* or "school age" or "school aged" or preschool* or toddler* or kid\$ or kindergar* or boy\$ or girl\$)) Indexes=SSCI Timespan=2000-2019
# 3	TOPIC: ((infan* or neonat* or newborn* or baby or babies)) Indexes=SSCI Timespan=2000-2019
# 4	TOPIC: (p#ediatric*) Indexes=SSCI Timespan=2000-2019
# 5	TOPIC: ("young* adult\$") Indexes=SSCI Timespan=2000-2019
# 6	#5 OR #4 OR #3 OR #2 OR #1 Indexes=SSCI Timespan=2000-2019
# 7	TITLE: (((disable\$ or disabilit* or handicap* or retard* or disorder\$ or impair* or condition\$ or difficulty or difficulties or deficit\$ or dysfunct*)) Indexes=SSCI Timespan=2000-2019
# 8	TOPIC: (((sever* or complex* or special or high) near/3 need\$)) Indexes=SSCI Timespan=2000-2019
# 9	TOPIC: (SHCN) Indexes=SSCI Timespan=2000-2019
# 10	#9 OR #8 OR #7 Indexes=SSCI Timespan=2000-2019
# 11	#10 AND #6 Indexes=SSCI Timespan=2000-2019
# 12	TOPIC: (CSHCN) Indexes=SSCI Timespan=2000-2019
# 13	TOPIC: ("Education Health and Care plan\$") Indexes=SSCI Timespan=2000-2019
# 14	TOPIC: ("EHC plan\$") Indexes=SSCI Timespan=2000-2019
# 15	TOPIC: (EHCP\$) Indexes=SSCI Timespan=2000-2019
# 16	#15 OR #14 OR #13 OR #12 OR #11 Indexes=SSCI Timespan=2000-2019
# 17	TOPIC: ((interinstitution* or multiinstitution* or jointinstitution*)) Indexes=SSCI Timespan=2000-2019
# 18	TOPIC: ((interorgani\$ation* or multiorgani\$ation* or jointorgani\$ation*)) Indexes=SSCI Timespan=2000-2019
# 19	TOPIC: ((intersector* or multiselector* or jointsector*)) Indexes=SSCI Timespan=2000-2019
# 20	TOPIC: ((interagenc* or multiagenc* or jointagenc*)) Indexes=SSCI Timespan=2000-2019
# 21	TOPIC: ((interprofession* or multiprofession* or jointprofession*)) Indexes=SSCI Timespan=2000-2019
# 22	TOPIC: (((inter or multi or joint) near/3 (institution* or organi\$ation* or sector* or agenc* or profession*)) Indexes=SSCI Timespan=2000-2019
# 23	TITLE: (((institution* or organi\$ation* or sector* or agenc* or profession* or care or service\$ or department*) near/5 (collaborat* or coordinat* or co-ordinat* or cooperat* or co-operat* or integrat* or partner*)) Indexes=SSCI

#	Searches
	Timespan=2000-2019
# 24	#23 OR #22 OR #21 OR #20 OR #19 OR #18 OR #17 Indexes=SSCI Timespan=2000-2019
# 25	TOPIC: (((health or healthcare or NHS or clinical or medical or medic or medics or nurse or nurses) near/5 social)) Indexes=SSCI Timespan=2000-2019
# 26	TOPIC: ((health or healthcare or NHS or clinical or medical or medic or medics or nurse or nurses) near/5 (education or educating or educator or educators or school or schools or teach or teaching or teachers)) Indexes=SSCI Timespan=2000-2019
# 27	TOPIC: ((social near/5 (education or educating or educator or educators or school or schools or teach or teaching or teachers))) Indexes=SSCI Timespan=2000-2019
# 28	#27 OR #26 OR #25 Indexes=SSCI Timespan=2000-2019
# 29	TOPIC: (transition*) Indexes=SSCI Timespan=2000-2019
# 30	#29 AND #24 AND #16 Indexes=SSCI Timespan=2000-2019
# 31	#29 AND #28 AND #16 Indexes=SSCI Timespan=2000-2019
# 32	#31 OR #30 Indexes=SSCI Timespan=2000-2019

1 Database: Social Care Online

2 Date of last search: 03/12/2019

#	Searches
	AND AllFields:'disabled or disability or disabilities or handicap or retard or disorder or impaired or impairment or condition or difficulty or difficulties or deficit or dysfunction or "special need" or "complex need"'
	AND AllFields:'child or children or schoolchild or schoolchildren or "school age" or "school aged" or preschool or toddler or kid or kindergarden or boy or girl or infant or neonate or newborn or baby or babies or pediatric or paediatric or "young people" or "young adults"'
	AND AllFields:'transition'
	AND PublicationYear:'2000 2019'

3

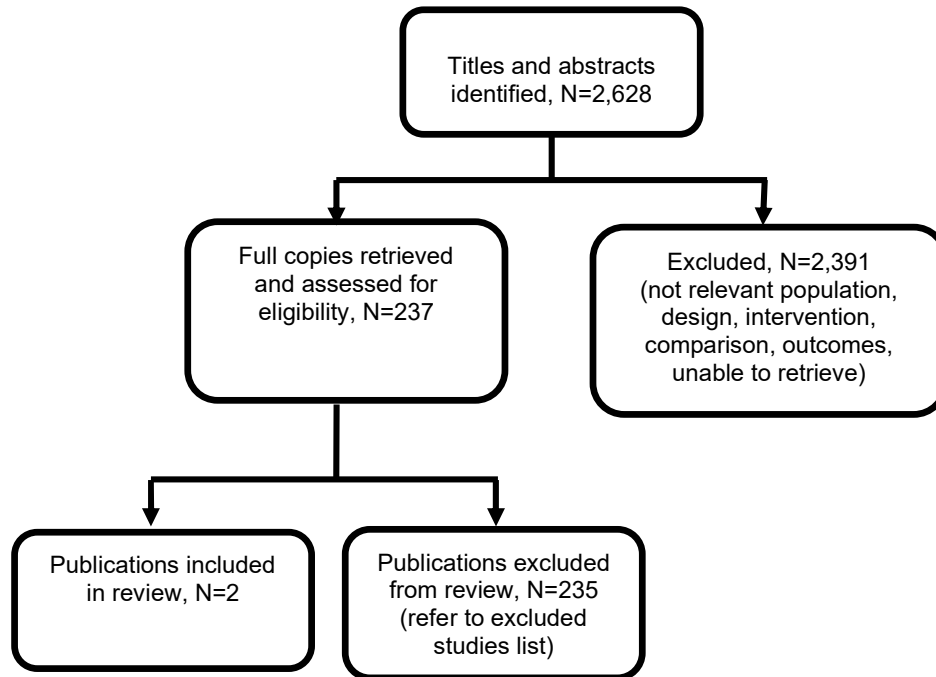
4

5

1 Appendix C – Effectiveness evidence study selection

2 Study selection for review question: What is the impact of including education
3 with combined health and social care support models and frameworks on
4 transition from children's to adults' services for disabled children and young
5 people with severe complex needs?

6 Figure 1: Study selection flow chart



7
8
9

1 Appendix D –Effectiveness evidence

2 Evidence tables for review question: What is the impact of including education with combined health and social care support 3 models and frameworks on transition from children's to adults' services for disabled children and young people with 4 severe complex needs?

5 **Table 5: Evidence tables**

Study details	Results and risk of bias assessment
<p>Full citation Hatfield, Megan, Falkmer, Marita, Falkmer, Torbjorn, Ciccarelli, Marina, Effectiveness of the BOOST-A online transition planning program for adolescents on the autism spectrum: a quasi-randomized controlled trial, Child and adolescent psychiatry and mental health, 11, 54, 2017</p> <p>Ref Id 1191317</p> <p>Country/ies where the study was carried out Australia</p> <p>Study type Quasi-RCT (quasi-cluster design)</p> <p>Study dates June 2015 to November 2015</p> <p>Inclusion criteria Formal diagnosis of ASD according to DSM-IV or DSM-V; living in Australia; in years 8 to 11 at school; able to write at year 5 reading level; has basic computer skills</p>	<p>Results</p> <p>Parent-reported outcomes Change in quality of life - personal wellbeing index -school children (PWI-SC; higher scores represent better quality of life) BOOST-A: M=-0.9, SD=13.5, N=49 versus TAU: M=-1.1, SD=11.3, N=45</p> <p>Change in quality of life - happiness (as measured by PWI-SC; higher scores represent better quality of life) BOOST-A: M=3.1, SD=23.3, N=49 versus TAU: M=1.9, SD=16.1, N=45</p> <p>CYP-reported outcomes Change in quality of life - personal wellbeing index -school children (PWI-SC; higher scores represent better quality of life) BOOST-A: M=-0.7, SD=18.2, N=39 versus TAU: M=-1.5, SD=12.9, N=38</p> <p>Change in quality of life - happiness (as measured by PWI-SC; higher scores represent better quality of life) BOOST-A: M=1.0, SD=25.7, N=39 versus TAU: M=4.1, SD=19.1, N=38</p> <p>1. Bias arising from the randomisation process (Low/High/Some concerns) High concerns: Allocation sequence was alternate (unless new participant was from the same school as existing participant, in which case they were assigned to the same group), not random, and therefore not concealed until after assignment to interventions. Significant differences in socioeconomic status at baseline.</p>

Study details	Results and risk of bias assessment
<p>Exclusion criteria Diagnosis of intellectual disability; currently enrolled in another transition planning program</p> <p>Patient characteristics</p> <p>Intervention group (BOOST-A): n=49 Age (mean; SD; range): 14.8; 1.2; 12 to 17 Gender: n=39 (79.6%) male; n=10 (20.4%) female Autism severity: n=5 (10.2%) mild; n=13 (26.5%) moderate; n=31 (63.3%) severe Comorbid diagnoses: n=7 (14.3%) ADHD; n=5 (10.2%) anxiety; n=1 (2%) dyslexia; n=2 (4.1%) depression</p> <p>Control group (Transition as usual): n=45 Age (mean; SD; range): 15.1; 1.2; 13 to 18 Gender: n=33 (73.3%) male; n=12 (26.7%) female Autism severity: n=5 (11.1%) mild; n=16 (35.6%) moderate; n=24 (53.3%) severe Comorbid diagnoses: n=10 (22.2%) ADHD; n=5 (11.1%) anxiety; n=2 (4.4%) dyslexia; n=2 (4.4%) depression</p> <p>Socioeconomic status significantly higher in intervention group than control group.</p> <p>Interventions</p> <p>Intervention (BOOST-A): Online program for adolescents with ASD to support transition from high school. Consists of 4 modules: 1) 'About me' - adolescents identify interests, strengths, work preferences, life skills, training goals and learning style; 2) 'My team' - adolescents and parents identify team to support transition planning and book first team meeting. Adolescents select their level of involvement in meetings; 3) 'First meeting' - team meet to review career options</p>	<p>2. Bias arising due to deviations from intended interventions (Low/High/Some concerns) Some concerns: Low concerns for effect of assignment: participants, and people delivering intervention, aware of assigned intervention; High concerns for effect of adhering: not enough information to judge whether non-protocol interventions were balanced or whether non-adherence affected outcomes. No estimate of effect of adhering to intervention.</p> <p>3. Bias due to missing outcome data (Low/High/Some concerns) Low concerns for parent-reported outcomes Some concerns for CYP-reported outcomes: missing outcome data which was not corrected for in analysis, and could be influenced by true value of outcome.</p> <p>4. Bias in measurement of the outcome (Low/High/Some concerns) Some concerns: assessment of outcome could have been affected by intervention received.</p> <p>5. Bias in selection of the reported result (Low/High/Some concerns) Some concerns: factors related to successful employment post-school was included as an outcome in the trial protocol but not reported in the paper. However, authors report this is due to insufficient length of follow-up to collect information about employment outcomes.</p> <p>Overall risk of bias (Low/High/Some concerns) High concerns: The study is judged to be at high risk of bias in at least one domain.</p> <p>Source of funding Not industry funded</p> <p>Other information Professionals involved in the teams is not reported, but the pilot study for this program (Hatfield 2017) included, teachers, local government coordinators, occupational therapists, speech pathologist, support worker. Limited information is reported about</p>

Study details	Results and risk of bias assessment
<p>and formulate goals; 4) 'My progress' - team meet once per school term to review goal progression and learning experiences.</p> <p>Control (Transition as usual): Regular practice, which may have included transition planning but this was not structured or specifically tailored for CYP with disabilities.</p> <p>Follow-up Data collected at baseline and 12 months follow-up (at completion of the program).</p>	<p>the transition as usual group so it is unclear what services (e.g., educational, health and care) are involved.</p>
<p>Full citation Sloper, Patricia, et al., Models of multi-agency services for transition to adult services for disabled young people and those with complex health needs: impact and costs, 2010</p> <p>Ref Id 1140156</p> <p>Country/ies where the study was carried out England</p> <p>Study type Mixed methods: Survey, qualitative interviews and cost analysis</p> <p>Study dates 2007-2008</p> <p>Inclusion criteria Families who were going through transition within 5 case study sites, or had been through the process in the last two years. Case study sites were selected from a national survey of local authorities in England who reported having a multi-agency transition service or were identified through the Transition Information Network.</p>	<p>Results</p> <p>Currently going through transition Parents' satisfaction with transition services (scale of 1 [very satisfied] to 4 [not at all satisfied]): Service B: M=2.12, SD=0.99, N=8 versus Service C: M=3.19, SD=0.98, N=21</p> <p>Parents' Satisfaction with transition services (% reporting they were satisfied): Had transition worker: 48/71 versus Did not have transition worker: 5/36 Had written transition plan: 29/35 versus Did not have (or were not aware of) written transition plan: 27/75</p> <p>Young peoples' unmet information needs (mean number of unmet needs; reported by parents): Service C: M=2.64, SD=0.99, N=25 versus Service E: M=1.17, SD=1.27, N=12 Had transition worker: M=1.77, SD=1.41, N=67 versus Did not have transition worker: M=2.39, SD=1.05, N=31 Had written transition plan: M=1.19, SD=1.38, N=32 versus Did not have (or were not aware of) written transition plan: M=2.37, SD=1.12, N=6</p> <p>Young peoples' unmet transition needs (mean number of unmet needs; reported by parents): Had transition worker: M=10.12, SD=7.75, N=48 versus Did not have transition worker: M=15.81, SD=4.17, N=21</p>

Study details	Results and risk of bias assessment
<p>Exclusion criteria No additional criteria reported.</p> <p>Patient characteristics</p> <p>Currently going through transition Age (mean; SD; range): 16.98 years; 1.85; 14 to 22 Gender: n=70 (63.6%) male; n=40 (36.4%) female Ethnicity: n=76 (69.1%) White; 6 (5.4%) Indian; 5 (4.5%) Black-African; 3 (2.7%) Black-Caribbean; 1 (0.9%) Pakistani; 1 (0.9%) Chinese; 6 (5.4%) Mixed race; 7 (6.4%) Other Diagnosis: n=43 (39.1%) Autistic spectrum; n=17 (15.5%) cerebral palsy; n=16 (14.5%) epilepsy; n=12 (10.9%) Down's syndrome; n=10 (9.1%) other chromosomal abnormalities Difficulties: n=106 (98.2%) communication; n=89 (84.8%) behaviour; n=107 (99.1%) learning; n=63 (63.6%) mobility; n=61 (60.4%) health; n=50 (50%) vision; n=28 (27.5%) hearing; n=54 (52.9%) continence Statement of educational needs: n=105 (95.5%)</p> <p>Completed transition Age (mean; SD; range): 19.47 years; 1.34; 18 to 22 Gender: n=21 (63.6%) male; n=12 (36.4%) female Ethnicity: n=22 (66.6%) White; n=4 (12.1%) Black-Caribbean; n=3 (9.1%) Black-African; n=1 (3%) Indian; n=1 (3%) Pakistani; n=2 (6.1%) Mixed race Diagnosis: n=10 (30.3%) Autistic spectrum; n=6 (18.2%) epilepsy; n=4 (12.1%) Down's syndrome; n=5 (15.2%) other chromosomal abnormalities Difficulties: n=32 (97%) communication; n=24 (72.7%) behaviour; n=32 (97%) learning; n=20 (66.7%) mobility; n=21 (67.8%) health; n=8 (29.6%) vision; n=1 (3.3%) hearing; n=16 (53.3%) continence Statement of educational needs: n=32 (97%)</p>	<p>Had written transition plan: M=8.91, SD=7.65, N=22 versus Did not have (or were not aware of) written transition plan: M=13.33, SD=6.68, N=49</p> <p>Young peoples' unmet needs (mean number of unmet needs; reported by young people): Had transition worker: M=9.73, SD=6.28, N=30 versus Did not have transition worker: M=10.87, SD=6.05, N=16</p> <p>Whole population Parents' satisfaction with transition services (scale of 1 [very satisfied] to 4 [not at all satisfied]): <i>Individual-level factors</i> Had transition worker: M=2.23, SD=0.87, N=91 versus Did not have transition worker: M=3.24, SD=0.87, N=33 Had written transition plan: M=1.98, SD=0.77, N=53 versus Did not have (or were not aware of) written transition plan: M=2.90, SD=0.94, N=72 <i>Service-level factors</i> Service has designated transition workers: M=2.38, SD=0.92, N=90 versus Service does not have designated transition workers: M=2.86, SD=1.06, N=35 Clarity on role of transition workers: M=2.38, SD=0.93, N=103 versus Role of transition worker not clear: M=3.14, SD=3.14, N=22 Manager involved in service at strategic level: M=2.29, SD=0.90, N=82 versus No Manager involved in service at strategic level: M=2.93, SD=1.01, N=43 Service has parents involved in the steering group: M=2.38, SD=0.93, N=103 versus Service does not have parents involved in the steering group: M=3.14; SD=0.99, N=22 Transition worker set up adult package and negotiated funding: M=2.28, SD=0.87, N=69 versus Transition worker did not set up adult package: M=2.80, SD=1.03, N=69 Person-centred planning: M=2.23, SD=0.831, N=48 versus Not person-centred planning: M=2.69, SD=1.03, N=77</p> <p>Young peoples' unmet needs (mean number of unmet needs; reported by parents): <i>Individual-level factors</i> Had transition worker: M=9.99, SD=7.72, N=65 versus Did not have transition worker: M=15.42, SD=4.18, N=24</p>

Study details	Results and risk of bias assessment
<p>Note. data extracted corresponds to characteristics of all young people for which parents and/or young people responded to surveys</p> <p>Interventions</p> <p>Joint EHC transition service A: Funded by adult learning disability services, connexions and adult social care; a manager from Connexions oversees day-to-day running of the service. One transition worker (employed by Connexions) assigned to families; multiagency transition steering group meets quarterly (involves team, service and area managers but services/professions are not specified).</p> <p>Joint EHC transition service B: Funded by adult and child social services; transition manager/coordinator employed by social services and based 50:50 in adult:child services. Multiagency strategic management group developed a transition strategy; no designated transition workers. Strategic management group meets monthly (involves children's services, adult services, education/training, Connexions and health).</p> <p>Joint EHC transition service C: Funded mainly by social care. Multiagency transition service; consists of transition manager, social worker, social work assistant and business support officer. Steering group meets every 6 weeks (involves children's services, adult services, health, education/training).</p> <p>Joint EHC transition service D: Funded by Children's services, Primary Care Trust and Connexions. Based in education department of disabled children's service. Transition team consists of manager, social workers, key workers and a nurse with educational psychologist and Connexions advisers attached to the team. Overseen by steering group (involves children's services, adult services, education/training, local authority, Connexions).</p> <p>Joint EHC transition service E: Funded by Children's services and</p>	<p>Had written transition plan: M=8.86, SD=7.56, N=36 versus Did not have (or were not aware of) written transition plan: M=13.29, SD=6.57, N=55</p> <p><i>Service-level factors</i></p> <p>Clarity on role of transition workers: M=10.58, SD=7.30, N=72 versus Role of transition worker not clear: M=15.16, SD=6.08, N=19</p> <p>Manager involved in service at strategic level: M=10.19, SD=7.37, N=58 versus No Manager involved in service at strategic level: M=13.91, SD=6.55, N=33</p> <p>Service has parents involved in the steering group: M=10.58, SD=7.30, N=72 versus Service does not have parents involved in the steering group: M=15.16; SD=6.08, N=19</p> <p>Transition worker set up adult package and negotiated funding: M=10.06, SD=7.39, N=48 versus Transition worker did not set up adult package: M=13.19, SD=6.85, N=43</p> <p>1. Bias due to confounding (Low/Moderate/Serious/Critical/No information) Serious - at least one known important domain was not appropriately measured, or not controlled for.</p> <p>2. Bias in selection of participants into the study (Low/Moderate/Serious/Critical/No information) Serious - selection into the study may have been related to intervention and outcome and this could not be adjusted for in analyses.</p> <p>3. Bias in classification of interventions (Low/Moderate/Serious/Critical/No information) Moderate - intervention status is well defined and some aspects of the assignments of intervention status were determined retrospectively.</p> <p>4. Bias due to deviations from intended interventions (Low/Moderate/Serious/Critical/No information) No information - No information is reported on whether there is deviation from the intended intervention.</p> <p>5. Bias due to missing data (Low/Moderate/Serious/Critical/No information) Serious - Proportions of missing participants differ substantially across interventions (when classifying interventions based on site)/ No information - No information is</p>

Study details	Results and risk of bias assessment
<p>Primary Care Trust. Based in drop-in centre for young people with disabilities. At the time of the research, transition team consisted of senior social worker practitioner, social worker and business support officer; should also include family support practitioner and learning disability nurse. Wider team includes special needs officer from education, Connexions personal advisor, and a leaving care worker. Overseen by steering group which meets 3 times a year (involves Connexions, CAMHS LD lead, adult social work, local authority).</p> <p>Follow-up Not applicable</p>	<p>available to judge whether proportions of missing participants differ substantially across interventions (when classifying interventions based on characteristics of service/service received).</p> <p>6. Bias in measurement of outcomes (Low/Moderate/Serious/Critical/No information) Serious - The outcome measure was subjective (i.e. vulnerable to influence by knowledge of the intervention received by study participants) and the outcome was assessed by assessors aware of the intervention received by study participants.</p> <p>7. Bias in selection of the reported result (Low/Moderate/Serious/Critical/No information) Serious - There is a high risk of selective reporting from among multiple analyses</p> <p>Overall risk of bias (Low/Moderate/Serious/Critical/No information) Serious - The study is judged to be at serious risk of bias in at least one domain, but not at critical risk of bias in any domain.</p> <p>Source of funding Not industry funded.</p> <p>Other information For the purpose of this review we were only interested in stage 3 of this study (surveys of young people and their parents). Therefore, data extracted corresponds to this part of the study only. Comparative data was not reported for some outcomes, or for the subgroup of young people who had completed transition, due to small numbers in some groups.</p>

1 ADHD: attention deficit hyperactivity disorder; ASD: autistic spectrum disorder; BOOST-A: better outcomes & successful transition for autism; CAMHS: child and adolescent
 2 mental health services; CYP: child or young person; DSM-IV: Diagnostic and Statistical Manual of Mental Disorders-version 4; DSM-V: Diagnostic and Statistical Manual of
 3 Mental Disorders-version 5; EHC: education, health and care; LD: learning disabilities; M: mean; N: number of participants; PWI-SC: personal wellbeing index – school children;
 4 RCT: randomised controlled trial; SD: standard deviation

5 **Appendix E – Forest plots**

- 6 **Forest plots for review question: What is the impact of including education with**
7 **combined health and social care support models and frameworks on transition**
8 **from children's to adults' services for disabled children and young people with**
9 **severe complex needs?**
- 10 No meta-analysis was conducted for this review question and so there are no forest plots.

1 Appendix F – GRADE tables

2 **GRADE tables for review question: What is the impact of including education with combined health and social care support**
 3 **models and frameworks on transition from children's to adults' services for disabled children and young people with**
 4 **severe complex needs?**

5 **Table 6: Evidence profile for comparison 1: BOOST-A versus transition as usual**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	BOOST -A	Transition as usual	Relative (95% CI)	Absolute		
Change in quality of life - personal wellbeing index - Parent-reported (Better indicated by higher values)												
1 (Hatfield 2017)	randomised trials	very serious ¹	no serious inconsistency	serious ²	serious ³	none	49	45	-	MD 0.2 higher (4.82 lower to 5.22 higher)	VERY LOW	IMPORTANT
Change in quality of life - personal wellbeing index - CYP-reported (Better indicated by higher values)												
1 (Hatfield 2017)	randomised trials	very serious ¹	no serious inconsistency	serious ²	serious ⁴	none	39	38	-	MD 0.8 higher (6.23 lower to 7.83 higher)	VERY LOW	IMPORTANT
Change in quality of life - happiness (measured by PWI-SC) - Parent-reported (Better indicated by higher values)												
1 (Hatfield 2017)	randomised trials	very serious ¹	no serious inconsistency	serious ²	serious ⁵	none	49	45	-	MD 1.2 higher (6.84 lower to 9.24 higher)	VERY LOW	IMPORTANT
Change in quality of life - happiness (measured by PWI-SC) - CYP-reported (Better indicated by higher values)												
1 (Hatfield 2017)	randomised trials	very serious ¹	no serious inconsistency	serious ²	serious ⁶	none	39	38	-	MD 3.1 lower (13.2 lower to 7 higher)	VERY LOW	IMPORTANT

6 BOOST-A: better outcomes & successful transition for autism; CI: confidence interval; CYP: child or young person; MD: mean difference; MID: minimally important difference;

7 PWI-SC: personal wellbeing index – school children; RoB 2: Cochrane risk of bias tool version 2; SD: standard deviation

8 ¹ Very serious risk of bias in the evidence contributing to the outcomes as per RoB 2

9 ² Comparison is indirect

10 ³ Study provided insufficient information to adjust sample size for quasi-cluster design

11 ⁴ 95% CI crosses 1 MID (0.5x control group SD, for 'change in quality of life - personal wellbeing index - CYP reported' = 6.45)

12 ⁵ 95% CI crosses 1 MID (for 'change in quality of life - happiness - parent-reported' = 8.05;

1 ⁶ 95% CI crosses 1 MID (for 'change in quality of life - happiness - CYP-reported' = 9.55)

2 **Table 7: Evidence profile for comparison 2: Joint EHC transition service B versus Joint EHC transition service C**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Joint EHC transition service B	Joint EHC transition service C	Relative (95% CI)	Absolute		
Parents' satisfaction with transition services (Better indicated by lower values)												
1 (Sloper 2010)	observational studies	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	8	21	-	MD 1.07 lower (1.87 to 0.27 lower)	LOW	IMPORTANT

3 *CI: confidence interval; EHC: education, health and care; MD: mean difference; MID: minimally important difference; ROBINS-I: risk of bias in non-randomized studies - of*
 4 *interventions; SD: standard deviation*

5 ¹ Serious risk of bias in the evidence contributing to the outcomes as per ROBINS-I

6 ² 95% CI crosses 1 MID (0.5x control group SD, for 'parents' satisfaction with transition services' = 0.49)

7 **Table 8: Evidence profile for comparison 3: Joint EHC transition service C versus Joint EHC transition service E**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Joint EHC transition service C	Joint EHC transition service E	Relative (95% CI)	Absolute		
Young peoples' unmet information needs (reported by parents) (Better indicated by lower values)												
1 (Sloper 2010)	observational studies	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	25	12	-	MD 1.47 higher (0.65 to 2.29 higher)	MODERATE	CRITICAL

8 *CI: confidence interval; EHC: education, health and care; MD: mean difference; ROBINS-I: risk of bias in non-randomized studies - of interventions*

9 ¹ Serious risk of bias in the evidence contributing to the outcomes as per ROBINS-I

10 **Table 9: Evidence profile for comparison 4: Transition worker versus No transition worker**

Quality assessment							No of patients		Effect		Quality	Importance
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No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Transition worker	No transition worker	Relative (95% CI)	Absolute		
Young peoples' unmet information needs (reported by parents; currently going through transition) (Better indicated by lower values)												
1 (Sloper 2010)	observational studies	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	67	31	-	MD 0.62 lower (1.12 to 0.12 lower)	LOW	CRITICAL
Young peoples' unmet transition needs (reported by parents; currently going through transition) (Better indicated by lower values)												
1 (Sloper 2010)	observational studies	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	48	21	-	MD 5.69 lower (8.52 to 2.86 lower)	MODERATE	CRITICAL
Young peoples' unmet needs - Reported by young people currently going through transition (Better indicated by lower values)												
1 (Sloper 2010)	observational studies	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	30	16	-	MD 1.14 lower (4.86 lower to 2.58 higher)	LOW	CRITICAL
Young peoples' unmet needs - Reported by parents (whole population) (Better indicated by lower values)												
1 (Sloper 2010)	observational studies	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	65	24	-	MD 5.43 lower (7.94 to 2.92 lower)	MODERATE	CRITICAL
Parents' satisfied with transition services (currently going through transition)												
1 (Sloper 2010)	observational studies	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	48/71 (67.6%)	5/36 (13.9%)	RR 4.87 (2.12 to 11.15)	538 more per 1000 (from 156 more to 1000 more)	MODERATE	IMPORTANT
Parents' satisfaction with transition services (whole population) (Better indicated by lower values)												
1 (Sloper 2010)	observational studies	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	91	33	-	MD 1.01 lower (1.36 to 0.66 lower)	MODERATE	IMPORTANT

1 CI: confidence interval; MD: mean difference; MID: minimally important difference; RR: risk ratio; ROBINS-I: risk of bias in non-randomized studies - of interventions; SD: standard deviation
 2
 3 ¹ Serious risk of bias in the evidence contributing to the outcomes as per ROBINS-I
 4 ² 95% CI crosses 1 MID (0.5x control group SD, for 'young peoples' unmet information needs [reported by parents; currently going through transition]' = 0.53; for 'young peoples' unmet needs - reported by young people; currently going through transition' = 3.03)
 5

1 **Table 10: Evidence profile for comparison 5: Designated transition workers versus No designated transition workers**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Designated transition workers	No designated transition workers	Relative (95% CI)	Absolute		
Parents' satisfaction with transition services (whole population) (Better indicated by lower values)												
1 (Sloper 2010)	observational studies	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	90	35	-	MD 0.48 lower (0.88 to 0.08 lower)	LOW	IMPORTANT

- 2 *CI: confidence interval; MD: mean difference; MID: minimally important difference; ROBINS-I: risk of bias in non-randomized studies - of interventions; SD: standard deviation*
 3 ¹ *Serious risk of bias in the evidence contributing to the outcomes as per ROBINS-I*
 4 ² *95% CI crosses 1 MID (0.5x control group SD, for 'parents' satisfaction with transition services' = 0.53)*

5 **Table 11: Evidence profile for comparison 6: Clarity on role of transition workers versus Role of transition worker not clear**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Clarity on role of transition workers	Role of transition worker not clear	Relative (95% CI)	Absolute		
Young peoples' unmet needs (reported by parents; whole population) (Better indicated by lower values)												
1 (Sloper 2010)	observational studies	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	72	19	-	MD 4.58 lower (7.79 to 1.37 lower)	LOW	CRITICAL
Parents' satisfaction with transition services (whole population) (Better indicated by lower values)												
1 (Sloper 2010)	observational studies	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	103	22	-	MD 0.76 lower (2.08 lower to 0.56 higher)	LOW	IMPORTANT

- 6 *CI: confidence interval; MD: mean difference; MID: minimally important difference; ROBINS-I: risk of bias in non-randomized studies - of interventions; SD: standard deviation*
 7 ¹ *Serious risk of bias in the evidence contributing to the outcomes as per ROBINS-I*
 8 ² *95% CI crosses 1 MID (0.5x control group SD, for 'parents' satisfaction with transition services [whole population] = 1.57; for 'young peoples' unmet needs [reported by parents; whole population] = 3.04)*
 9

1 **Table 12: Evidence profile for comparison 7: Transition worker set up adult package and negotiated funding versus Transition worker**
 2 **did not set up adult package and negotiate funding**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Transition worker set up adult package and negotiated funding	Transition worker did not set up adult package and negotiate funding	Relative (95% CI)	Absolute		
Young peoples' unmet needs (reported by parents; whole population) (Better indicated by lower values)												
1 (Sloper 2010)	observational studies	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	48	43	-	MD 3.13 lower (6.06 to 0.2 lower)	LOW	CRITICAL
Parents' satisfaction with transition services (whole population) (Better indicated by lower values)												
1 (Sloper 2010)	observational studies	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	69	69	-	MD 0.52 lower (0.84 to 0.2 lower)	LOW	IMPORTANT

3 *CI: confidence interval; MD: mean difference; MID: minimally important difference; ROBINS-I: risk of bias in non-randomized studies - of interventions; SD: standard deviation*
 4 ¹ *Serious risk of bias in the evidence contributing to the outcomes as per ROBINS-I*
 5 ² *95% CI crosses 1 MID (0.5x control group SD, for 'parents' satisfaction with transition services [whole population] = 0.52; 'young peoples' unmet needs [reported by parents; whole population]' = 3.43)*
 6

7 **Table 13: Evidence profile for comparison 8: Written transition plan versus No written transition plan**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Written transition plan	No written transition plan	Relative (95% CI)	Absolute		
Young peoples' unmet information needs (reported by parents; currently going through transition) (Better indicated by lower values)												
1 (Sloper 2010)	observational studies	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	32	6	-	MD 1.18 lower (2.2 to 0.16 lower)	LOW	CRITICAL

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Written transition plan	No written transition plan	Relative (95% CI)	Absolute		
Young peoples' unmet transition needs (reported by parents; currently going through transition) (Better indicated by lower values)												
1 (Sloper 2010)	observational studies	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	22	49	-	MD 4.42 lower (8.12 to 0.72 lower)	LOW	CRITICAL
Young peoples' unmet needs (reported by parents; whole population) (Better indicated by lower values)												
1 (Sloper 2010)	observational studies	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	36	55	-	MD 4.43 lower (7.45 to 1.41 lower)	LOW	CRITICAL
Parents' satisfied with transition services (currently going through transition)												
1 (Sloper 2010)	observational studies	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	29/35 (82.9%)	27/75 (36%)	RR 2.3 (1.64 to 3.22)	468 more per 1000 (from 230 more to 799 more)	MODERATE	IMPORTANT
Parents' satisfaction with transition services (whole population) (Better indicated by lower values)												
1 (Sloper 2010)	observational studies	serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	53	72	-	MD 0.92 lower (1.22 to 0.62 lower)	MODERATE	IMPORTANT

1 CI: confidence interval; MD: mean difference; MID: minimally important difference; ROBINS-I: risk of bias in non-randomized studies - of interventions; RR: risk ratio; SD: standard deviation
 2
 3 ¹ Serious risk of bias in the evidence contributing to the outcomes as per ROBINS-I
 4 ² 95% CI crosses 1 MID (0.5x control group SD, for 'young peoples' unmet information needs [reported by parents; currently going through transition]' = 0.56; for 'young peoples' unmet transition needs [reported by parents; currently going through transition]' = 3.34; for 'young peoples' unmet needs [reported by parents; whole population]' = 3.29)
 5
 6

7

8 **Table 14: Evidence profile for comparison 9: Manager involved at strategic level versus No manager involved at strategic level**

Quality assessment	No of patients	Effect	Quality	Importance
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No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Manager involved at strategic level	No manager involved at strategic level	Relative (95% CI)	Absolute	Quality	Importance
Young peoples' unmet needs (reported by parents; whole population) (Better indicated by lower values)												
1 (Sloper 2010)	observational studies	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	58	33	-	MD 3.72 lower (6.65 to 0.79 lower)	LOW	CRITICAL
Parents' satisfaction with transition services (whole population) (Better indicated by lower values)												
1 (Sloper 2010)	observational studies	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	82	43	-	MD 0.64 lower (1 to 0.28 lower)	LOW	IMPORTANT

- 1 *CI: confidence interval; MD: mean difference; MID: minimally important difference; ROBINS-I: risk of bias in non-randomized studies - of interventions; SD: standard deviation*
 2 ¹ *Serious risk of bias in the evidence contributing to the outcomes as per ROBINS-I*
 3 ² *95% CI crosses 1 MID (0.5x control group SD, for 'parents' satisfaction with transition services [whole population]' = 0.51; for 'young peoples' unmet needs' [reported by*
 4 *parents; whole population]' = 3.28)*

5 **Table 15: Evidence profile for comparison 10: Service has parents involved in steering group versus services does not have parents**
 6 **involved in steering group**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Service has parents involved in steering group	Service does not have parents involved in steering group	Relative (95% CI)	Absolute		
Young peoples' unmet needs (reported by parents; whole population) (Better indicated by lower values)												
1 (Sloper 2010)	observational studies	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	72	19	-	MD 4.58 lower (7.79 to 1.37 lower)	LOW	CRITICAL
Parents' satisfaction with transition services (whole population) (Better indicated by lower values)												
1	observational	serious ¹	no serious	no serious	serious ³	none	103	22	-	MD 0.76	LOW	IMPORTANT

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Service has parents involved in steering group	Service does not have parents involved in steering group	Relative (95% CI)	Absolute		
(Sloper 2010)	studies		inconsistency	indirectness						lower (1.21 to 0.31 lower)		

- 1 *CI: confidence interval; MD: mean difference; MID: minimally important difference; ROBINS-I: risk of bias in non-randomized studies - of interventions; SD: standard deviation*
 2 ¹ *Serious risk of bias in the evidence contributing to the outcomes as per ROBINS-I*
 3 ² *No explanation was provided*
 4 ³ *95% CI crosses 1 MID (0.5x control group SD, for 'parents' satisfaction with transition services [whole population] = 0.50; for young peoples' unmet needs [reported by*
 5 *parents; whole population]' = 3.04)*

6 **Table 16: Evidence profile for comparison 11: Person-centred planning versus Not person-centred planning**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Person-centred planning	Not person-centred planning	Relative (95% CI)	Absolute		
Parents' satisfaction with transition services (whole population) (Better indicated by lower values)												
1 (Sloper 2010)	observational studies	serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	48	77	-	MD 0.46 lower (0.79 to 0.13 lower)	LOW	IMPORTANT

- 7 *CI: confidence interval; MD: mean difference; MID: minimally important difference; ROBINS-I: risk of bias in non-randomized studies - of interventions; SD: standard deviation*
 8 ¹ *Serious risk of bias in the evidence contributing to the outcomes as per ROBINS-I*
 9 ² *95% CI crosses 1 MID (0.5x control group SD, for 'parents' satisfaction with transition services [whole population]' = 0.52)*

1 **Appendix G – Economic evidence study selection**

- 2 **Economic evidence study selection for review question: What is the impact of**
3 **including education with combined health and social care support models and**
4 **frameworks on transition from children's to adults' services for disabled**
5 **children and young people with severe complex needs?**
- 6 One global search was undertaken – please see Supplement B for details on study selection.

1 Appendix H – Economic evidence tables

2 Economic evidence tables for review question: What is the impact of including education with combined health and social 3 care support models and frameworks on transition from children's to adults' services for disabled children and young 4 people with severe complex needs?

5 **Table 17: Economic evidence tables: personalised, coordinated transition services from children's to adults' services**

Study Country Study type	Intervention details	Study population Study design Data sources	Costs: description and values Outcomes: description and values	Results: Cost-effectiveness	Comments
Cordis Bright Consulting 2018 UK (Wrexham) Cost-offset analysis Conflict of interest: not reported Funding: Big Lottery Fund	A Dynamic Future: Individual disabled young people and their families are matched with one transition project worker who works with the young person and their family to find appropriate bespoke and outcomes-focused solutions to realising the young person's aspirations and abilities. This includes the transition project workers working closely with local agencies that can offer disabled young people opportunities to participate in the local community, improve educational attainment and career development planning and gain work experience. On average young people engaged with the project for eight months and received three hours of face to face contact per week of their	Disabled young people with Autism spectrum disorder, ADHD, Learning disabilities/difficulties, Asperger's, Dyspraxia, Anxiety, Language/communication difficulties, Other physical health issue, Other mental health issue, Dyslexia, Depression, Epilepsy, Visual impairment, Ripen syndrome, Cerebral palsy, Myotonic Dystrophy, Tourette's syndrome, PTSD. The most common problems were Autistic spectrum disorders, Attention deficit disorders, and Learning disabilities/Learning difficulties. The most	Costs: Service provision including salaries, staff expenses, recruitment, coping with risky behaviours (CRB) training, insurance, severance costs, volunteer expenses and training, activity and sessional costs, mobile communication and website, project evaluation, management costs, office and governance, premises; public sector costs associated with being not in education, employment or training (NEET) Mean cost per participant: £4,368 Mean cost per hour of face to face contact: £42 Primary outcome measure: Number accessing	Scenario analysis: Savings assuming conservative and generous estimate of the number of young people who avoided becoming or remaining NEET were £3,415,424 and £6,225,024, respectively. This is equivalent to £17,163 and £31,282 per participant.	Perspective: public sector Currency: UK£ Cost year: likely 2017 Time horizon: lifetime Discounting: unclear Applicability: directly applicable Quality: potentially serious limitations

Study Country Study type	Intervention details	Study population Study design Data sources	Costs: description and values Outcomes: description and values	Results: Cost-effectiveness	Comments
	engagement. Comparator: NA, i.e. cost-offset analysis, non-comparative	common age at engagement was 16 years. Observational cohort study and economic modelling Source of effectiveness data: observational cohort study participants (n= 199, n=163 completed engagement) and assumptions Source of resource use data: annual budget and expenditure data; assumptions Source of unit costs: unclear	education, training and employment (ETE) In ETE: 91% (i.e. 139/152) Additionally, young people, parent's and carers and project workers reported improvements in confidence; independence; better access to different services; access new recreational or leisure activities and new activates; understanding of the transition process; and positive impact for the wider family. It was also reported that there was improvement in life skills and relationship with services		
Cowen 2010 UK (Sheffield) Cost analysis Conflict of interest: not reported	The Talbot model: Personalised transition model comprising of family leadership (families are recognised as the proper foundations for planning and developing the education); curriculum for Citizenship (schools prepare young people for active citizenship with a focus on self-advocacy, communication,	Young people with (undefined) complex needs. The age of the cohort was not specified. However, it seems to be around 16-18 years when people start thinking about transition. Observational before-after study	Costs: adult social care, NHS costs, Learning and Skills Council (LSC), Independent living fund (ILF) Mean cost per average package size stratified by the funding source: Before: Adult social care: £19,953 NHS: £8,760	Personalised transition model resulted in an increases in costs of £7,406	Perspective: public sector Currency: UK£ Cost year: 2009 Time horizon: unclear Discounting: none Applicability: partially applicable Quality: potentially serious limitations

Study Country Study type	Intervention details	Study population Study design Data sources	Costs: description and values Outcomes: description and values	Results: Cost-effectiveness	Comments
Funding: Yorkshire and Humber Improvement Partnership	work and active participation in community life); individual budgets (systems which allow for an early identification of needs and a corresponding budget); coordinated expert support. Comparator: pre-transition services, i.e. no personalised transition services	Source of resource use data: before-after study participants (n=23 pre, n=20 post) Source of unit costs: unclear	LSC: £10,798 ILF: £619 Total: £40,130 After: Adult social care: £11,807 NHS: £15,967 LSC: £18,870 ILF: £891 Total: £47,536		
Sloper 2010 UK Cost-offset analysis Conflict of interest: not reported Funding: Department of Health Policy Research Programme Children, Young People and Maternity Services National Service	Four analyses were undertaken Analysis (A1) A national review of multiagency coordinated transition services across the country to derive the mean annual cost per case supported. Analysis (A2) Costings of 5 transition services: (Service A) covers a large rural country and is based in the Connexions service and is supported by a multi-agency Steering Group that meets four times a year; (Service B) based in a small unitary authority, works	Disabled young people and those with complex health needs. Client groups of services included severe learning disabilities, autistic spectrum disorders complex health needs, physical disabilities, moderate learning disabilities, life limiting/threatening, sensory disabilities, complex mental health needs, emotional and behavioural disorders, mild learning disabilities Economic modelling Source of resource use data: (1) survey data (i.e. finance data),	Costs: (A1) staff salary costs including transition worker, manager, clerical admin, other services (undefined), building costs, overheads, special grants; (A2) costs of transition support services including managers, coordinators, virtual team members, social workers (children's team and adult team), Connexions adviser, nurse, trainee psychologist, other supervision and support, steering groups, transition sub-groups; (A3) transition worker (face to face or telephone); (A4) primary care costs (GP, practice nurse, dentist), hospital care (A&E, inpatient stays), mental health (psychologist and psychiatrist), community health (community nurse,	Cost-offset (calculated by NGA economist): The mean annual cost of service is approximately £1,890 per case supported plus the cost of visits & telephone support at £692 (£173 x 4), giving a total of £2,582; transition services result in a reduction in public sector costs of £4,848 per annum (£1,212 x 4). Based on the above transition services are expected to result in the annual	Perspective: public sector Currency: UK£ Cost year: 2007-2008 Time horizon: (A1) & (A2) 1 year, (A3) & (A4) 3 months Discounting: NA Applicability: directly applicable Quality: potentially serious limitations

Study Country Study type	Intervention details	Study population Study design Data sources	Costs: description and values Outcomes: description and values	Results: Cost-effectiveness	Comments
Framework Research Initiative	<p>closely with personnel in social services, health and education, local voluntary organisation undertakes personal care planning and is in regular contact with the transition coordinator, supported by strategic management group and transition sub-groups;</p> <p>(Service C) has no case-holding responsibilities or budget but works to co-ordinate transitions;</p> <p>(Service D) located in education department within an integrated disabled children's service;</p> <p>(Service E) comprises a core team and wider team of people who work on transition in addition to their usual roles, various groups supported transition service including a country-wide steering group, cohort meetings and panel meetings.</p> <p>Analysis 3 The mean costs of face to face and telephone contacts for Services A-E</p>	<p>assumptions; 105 local authorities responded, 55 had a multiagency transition service, 16 provided some sort of cost data; (2) survey finance data and staff interviews; (3) interviews with families (n=110, Service A [n=34], Service B [n=15], Service C [n =15], Service D [n=9], Service E [n=6]), (4) interviews with families' pre-transition n=105, post transition n=23)</p> <p>Source of unit costs: mostly national, with some local</p>	<p>community paediatrician, physiotherapist, speech and language therapist, occupational therapy, chiropodist, diabetic nurse), school-based services (school nurse, Connexions), social care services (child and adult social worker, voluntary worker, short breaks, care support worker, care agency worker, autism support group), residential services (including education and accommodation)</p> <p>(A1) The mean annual costs per case: £1,483 (SD: £841, range £910-£3,000)</p> <p>(A2) The mean annual cost per case: Service A: £1,025 Service B: £460 Service C: £904 Service D: £3,610 Service E: £3,460 Average for services A-E: £1,890</p> <p>(A3)</p>	cost savings of approx. £2,266 per supported child.	

Study Country Study type	Intervention details	Study population Study design Data sources	Costs: description and values Outcomes: description and values	Results: Cost-effectiveness	Comments
	<p>Analysis 4</p> <p>The mean cost of service use for children accessing coordinated transition services vs. ad-hoc uncoordinated services</p> <p>Comparator: NA, i.e. cost-offset analysis, non-comparative</p>		<p>The mean cost of contact and telephone calls for the prior three months per family (mean, median, SD):</p> <p>Service A: £73, £58, £72</p> <p>Service B: £126, £95, £102</p> <p>Service C: £511, £296, £654</p> <p>Service D: £128, £94, £100</p> <p>Service E: £218, £182, £66</p> <p>Average for services A-E: £173, £87, £314</p> <p>(A4)</p> <p>The mean service costs for the prior three months:</p> <p>Pre-transition sample: £6,259 (Range £1,212-£13,600)</p> <p>Post transition sample: £5,047 £3,081-£9,153)</p> <p>The difference: -£1,212</p>		

- 1 Abbreviations: A&E: Accident and emergency; ADHD: Attention deficit hyperactivity disorder; CRB: Coping with risky behaviours; ETE: education, training and employment;
 2 GP: General Practitioner; ILF: Independent living fund; LSC: Learning and Skills Council; NA: not applicable; NEET: Not in education, employment or training; NHS: National
 3 Health Service; PTSD: Post-traumatic stress disorder; SD: Standard deviation

1 **Appendix I – Economic model**

2 **Economic model for review question: What is the impact of including education**
3 **with combined health and social care support models and frameworks on**
4 **transition from children's to adults' services for disabled children and young**
5 **people with severe complex needs?**

6 No economic analysis was conducted for this review question.

7

1 Appendix J – Excluded studies

2 Excluded studies for review question: What is the impact of including education 3 with combined health and social care support models and frameworks on 4 transition from children's to adults' services for disabled children and young 5 people with severe complex needs?

6 Effectiveness studies

7 **Table 18: Excluded studies and reasons for their exclusion**

Study	Reason for Exclusion
Current Challenges Facing the Future of Secondary Education and Transition Services for Youth with Disabilities in the United States. Discussion Paper, 1-23, 2004	Publication type: Narrative review/commentary
Minnesota Secondary Transition Toolkit for Families: A Guide to Preparing Your Child with a Disability for Life beyond High School, 1-76, 2017	Publication type: Resource for families. No data on effectiveness
Career-Focused Services for Students with Disabilities at Community Colleges, 1-81, 2009	Publication type: Review of state-level policies, recommendations from state-level leaders and examples of innovative practice. No data on effectiveness
Youth with Disabilities in the Foster Care System: Barriers to Success and Proposed Policy Solutions, 1-190, 2008	Publication type: Narrative review and policy paper - no data on effectiveness
Acharya, Kruti, Meza, Regina, Msall, Michael E., Disparities in Life Course Outcomes for Transition-Aged Youth with Disabilities, Pediatric Annals, 46, e371-e376, 2017	Publication type: Narrative review
Action For, Children, Growing up: supporting young people to a successful adulthood, 28, 2017	Publication type: Survey of children and young people's views, review of policies, and examples of innovative projects. No data on effectiveness
Albanese-O'Neill, A., Beauchamp, G., Thomas, N., Westen, S. C., Johnson, N., Schatz, D., Haller, M. J., Transition education for young adults with type 1 diabetes: Pilot feasibility study for a group telehealth intervention, Journal of Medical Internet Research, 20, e10909, 2018	Intervention: Diabetes education and support programme
Albertini, Giorgio, Informational Digest Bulletin from the San Raffaele Foundation and Tosinvest Sanita (No. 10). The "Child, Adult, and Ageing Development Center" at the IRCCS San Raffaele Pisana: Our Experience with a Multidisciplinary, Lifespan, Family, and Person-Centered Model, Journal of Policy and Practice in Intellectual Disabilities, 3, 277-278, 2006	Publication type: Overview of model. No data on effectiveness
Allard, Amanda, Great Britain Parliament. All Party Parliamentary Group on Autism, Transition to adulthood: inquiry into transition to adulthood for young people with autism, 19p., 2009	Publication type: Qualitative accounts and examples of good practice. No data on effectiveness
Allcock, Annelies, Disability, poverty and transitional support: ESSS Outline, 28, 2019	Publication type: Narrative review
Alwell, M., Cobb, B., A systematic review of the	Publication type: Abstract only

Study	Reason for Exclusion
effects of curricular interventions on the acquisition of functional life skills by youth with disabilities, 2006	
Alwell, M., Cobb, B., Social/communicative interventions and transition outcomes for youth with disabilities: a systematic review, 1-58, 2007	Intervention and outcomes: Social and communication interventions with outcomes related to social and communication skills
Amaria, Khush, Stinson, Jennifer, Cullen-Dean, Geraldine, Sappleton, Karen, Kaufman, Miriam, Tools for addressing systems issues in transition, Healthcare quarterly (Toronto, Ont.), 14 Spec No 3, 72-6, 2011	Publication type: Narrative review
Appleton, Steve, Pugh, Kathryn, Planning mental health services for young adults: improving transition: a resource for health and social care commissioners, 38p., 2011	Publication type: Practice guide and examples. No data on effectiveness
Ascherman, L. I., Shaftel, J., Facilitating Transition from High School and Special Education to Adult Life: Focus on Youth with Learning Disorders, Attention-Deficit/Hyperactivity Disorder, and Speech/Language Impairments, Child and Adolescent Psychiatric Clinics of North America, 26, 311-327, 2017	Publication type: Commentary
Ashburner, Jill K., Bobir, Natasha I., van Dooren, Kate, Evaluation of an Innovative Interest-Based Post-School Transition Programme for Young People with Autism Spectrum Disorder, International Journal of Disability, Development & Education, 65, 262-285, 2018	Intervention: Interactive workshop delivered by third sector to support young people with autistic spectrum disorders in transition to employment, training or further education
Association For Real, Change, Moving on up: a guide for professionals about transition for people with learning disabilities from ethnic minorities, 17p., 2007	Publication type: Practice guide and examples. No data on effectiveness
Balcazar, Fabricio E., Taylor-Ritzler, Tina, Dimpfl, Shawn, Portillo-Pena, Nelson, Guzman, Alberto, Schiff, Rachel, Murvay, Michele, Alston, Baer Balcazar Belch Cameto Cordova-Wentling Dowrick Eckes Eisenman Fabian Fujiura Garcia-Iriarte Garrison-Wade Green Hasnain Horn Kohler Kosine LaPlante Loprest Luecking McDonald Murvay Roessler Sabbatino Shadish Sheldon Sitlington Taylor-Ritzler Wagner, Improving the transition outcomes of low-income minority youth with disabilities, Exceptionality, 20, 114-132, 2012	Intervention: College connection program. Does not appear to include health services
Ballan, M. S., Freyer, M. B., Autism Spectrum Disorder, Adolescence, and Sexuality Education: Suggested Interventions for Mental Health Professionals, Sexuality and Disability, 1-13, 2017	Publication type: Commentary
Barelds, Anna, Van De Goor, Ien, Bos, Maria, Van Heck, Guus, Schols, Jos, Adair, Ahgren Attree Axelsson Bachrach Beresford Betz Bickman Bindman Bridges Butterworth Coleman De Jong De Klerk De Wilde Donaldson Evashwick Freeman Gardner Geenen Gray Haggerty Hardy Harrington Jansen Jedeloo Johnson Kodner Kok Lamb Lotstein Luckasson McBryde-Foster Mur-Veeman Ouwens Plochg Rous Saultz Schalock Schneider Shortell Spreeuwenberg Stainton Van Daal Van der Aa Van der Linden Ward Ware Wester, Care and service	Publication type and study design: Qualitative study and narrative review

Study	Reason for Exclusion
trajectories for people with intellectual disabilities: Defining its course and quality determinants from the client's perspective, <i>Journal of Policy and Practice in Intellectual Disabilities</i> , 6, 163-172, 2009	
Bargeron, Jodie, Contri, Darcy, Gibbons, Linda J., Ruch-Ross, Holly S., Sanabria, Kathy, <i>Transition Planning for Youth With Special Health Care Needs (YSHCN) in Illinois Schools</i> , <i>The Journal of school nursing : the official publication of the National Association of School Nurses</i> , 31, 253-60, 2015	Study design: Survey of current practice, knowledge and attitudes about transition planning
Barnard-Brak, Lucy, Schmidt, Marcelo, Wei, Tianlan, Hodges, Tamara, Robinson, Eric L., <i>Providing Postsecondary Transition Services to Youth with Disabilities: Results of a Pilot Program</i> , <i>Journal of Postsecondary Education and Disability</i> , 26, 135-144, 2013	Intervention: Pilot program for transition within education services only (transition to post-secondary education)
Barron, Diana, Hassiotis, Angela, <i>Good practice in transition services for young people with learning disabilities: a review</i> , <i>Advances in Mental Health and Learning Disabilities</i> , 2, 18-22, 2008	Publication type: Narrative review
Bates, Kimberly, Bartoshesky, Louis, Friedland, Allen, <i>As the child with chronic disease grows up: transitioning adolescents with special health care needs to adult-centered health care</i> , <i>Delaware medical journal</i> , 75, 217-20, 2003	Publication type: Commentary
Baumer, Nicole, Davidson, Emily J., <i>Supporting a happy, healthy adolescence for young people with Down syndrome and other intellectual disabilities: recommendations for clinicians</i> , <i>Current Opinion in Pediatrics</i> , 26, 428-34, 2014	Publication type: Narrative review/commentary
Bennett, Amanda E., Miller, Judith S., Stollon, Natalie, Prasad, Raghuram, Blum, Nathan J., <i>Autism Spectrum Disorder and Transition-Aged Youth</i> , <i>Current Psychiatry Reports</i> , 20, 103, 2018	Publication type: Narrative review
Bent, N., Tennant, A., Swift, T., Posnett, J., Scuffham, P., Chamberlain, M. A., <i>Team approach versus ad hoc health services for young people with physical disabilities: a retrospective cohort study</i> , <i>Lancet (London, England)</i> , 360, 1280-6, 2002	Intervention: Young adult team approach does not include education services
Beresford, B., <i>On the road to nowhere? Young disabled people and transition</i> , <i>Child: Care, Health and Development</i> , 30, 581-587, 2004	Publication type and outcomes: Narrative review. No data on effectiveness
Beresford, Bryony, Cavet, Judith, <i>Transitions to adult services by disabled young people leaving out of authority residential schools</i> , 4p., 2009	Study design: Qualitative
Betz, C. L., Smith, K. A., Van Speybroeck, A., Hernandez, F. V., Jacobs, R. A., <i>Movin' On Up: An Innovative Nurse-Led Interdisciplinary Health Care Transition Program</i> , <i>Journal of Pediatric Health Care</i> , 30, 323-338, 2016	Outcomes: Overview of interdisciplinary health care transition model. No effectiveness data
Betz, C. L., Smith, K., Van Speybroeck, A., Jacobs, R. A., Rivera, N. E., Lee, J., Saghafi, S., To, H., Tran, T. N., Nguyen, B., Alferes, J., <i>Descriptive analysis and profile of health care transition (HCT) services provided to adolescents and emerging adults (AEA) in the movin' on up HCT program</i> , <i>Journal of Pediatric Rehabilitation Medicine</i> , 10,	Publication type: Abstract only

Study	Reason for Exclusion
S48-S49, 2017	
Betz, Cecily L., Health care transitions of youth with special health care needs: the never ending journey, <i>Communicating nursing research</i> , 41, 13-29, 2008	Publication type: Commentary/narrative review
Betz, Cecily L., Redcay, Gay, Creating Healthy Futures: an innovative nurse-managed transition clinic for adolescents and young adults with special health care needs, <i>Pediatric Nursing</i> , 29, 25-30, 2003	Outcomes: Overview of nurse-led interagency transition model. No effectiveness data
Beyer, Stephen, et, al, What works?: transition to employment for young people with learning disabilities, 34p., 2008	Intervention: Insufficient information provided about models but the focus is on transition to employment, some of models are interventions (e.g., training and work experience) rather than a transition framework and it is not clear if any of the models involve all three services
Beyer, Stephen, Meek, Andrea, Davies, Amy, Supported work experience and its impact on young people with intellectual disabilities, their families and employers, <i>Advances in Mental Health and Intellectual Disabilities</i> , 10, 207-220, 2016	Intervention: Supported work experience programme
Bhawra, J., Toulany, A., Cohen, E., Hepburn, C. M., Guttman, A., Primary care interventions to improve transition of youth with chronic health conditions from paediatric to adult healthcare: a systematic review, <i>BMJ Open</i> , 6, 2016	Intervention: Transition models do not include education (primarily health care transition with some involvement from social workers)
Binks, J. A., Barden, W. S., Burke, T. A., Young, N. L., What do we really know about the transition to adult-centered health care? A focus on cerebral palsy and spina bifida, <i>Archives of Physical Medicine & Rehabilitation</i> , 88, 1064-73, 2007	Outcomes: Systematic review with no data on effectiveness of transition models
Blomquist, K. B., Health and independence of young adults with disabilities - Two years later, <i>Orthopaedic Nursing</i> , 26, 296-309, 2007	Population: Unlikely to have needs in all three areas - population described as having special healthcare needs related to physical disabilities such as hearing, vision, orthopaedic, neurological, cardiac and craniofacial conditions
Blomquist, Kathleen B., Healthy and ready to work--Kentucky: incorporating transition into a state program for children with special health care needs, <i>Pediatric nursing</i> , 32, 515-28, 2006	Outcomes: Insufficient presentation of data on effectiveness
Blomquist, Kathleen B., Health, education, work, and independence of young adults with disabilities, <i>Orthopedic nursing</i> , 25, 168-87, 2006	Population: Unlikely to have needs in all three areas - population described as having special healthcare needs related to physical disabilities such as hearing, vision, orthopaedic, neurological, cardiac and craniofacial conditions and 69% were reported to be independent in activities of daily living
Bloom, Sheila R., Kuhlthau, Karen, Van Cleave, Jeanne, Knapp, Alixandra A., Newacheck, Paul, Perrin, James M., Health care transition for youth with special health care needs, <i>The Journal of adolescent health : official publication of the Society for Adolescent Medicine</i> , 51, 213-9, 2012	Study design: Systematic review including studies with no transition intervention
Bobroff, S., Sax, C. L., The effects of peer tutoring	Intervention and outcomes: Interview skills

Study	Reason for Exclusion
interview skills training with transition-age youth with disabilities, <i>Journal of Vocational Rehabilitation</i> , 33, 143-157, 2010	intervention and outcomes
Bouck, E. C., Secondary students with moderate/severe intellectual disability: considerations of curriculum and post-school outcomes from the National Longitudinal Transition Study-2, <i>Journal of intellectual disability research</i> : JIDR, 56, 1175-86, 2012	Intervention: Different aspects of school curriculums
Brewer, D., Karpur, A., Pi, S., Erickson, W., Unger, D., Malzer, V., Evaluation of a Multi-site Transition to Adulthood Program for Youth with Disabilities, <i>Journal of Rehabilitation</i> , 77, 3-13, 2011	Intervention: Collaboration between local education agencies and vocational rehabilitation services. Does not involve all three services
Bring, R. A., Lane, M., Kostacos, C., Soren, K., Transition of care from adolescent to adult providers among high primary care utilizing patients, <i>Journal of Adolescent Health</i> , 62, S94, 2018	Publication type: Abstract only
Broadhurst, Sarah, Yates, Kathryn, Mullen, Brenda, An evaluation of the My Way transition programme, <i>Tizard Learning Disability Review</i> , 17, 124-134, 2012	Study design: Qualitative
Broadley, Karen, Is there a Role for Adult Protection Services in the Lives of Young People with Disabilities Transitioning from Out-of-home Care?, <i>Australian Social Work</i> , 68, 84-98 15p, 2015	Study design: Qualitative
Brown, Laura, Brown, Sheryl, Glaser, Sue, Improved Transition Outcomes for Students with Visual Impairments Through Interagency Collaboration, <i>Journal of Visual Impairment & Blindness</i> , 107, 406-408, 2013	Publication type: Commentary
Burns, J. J., Sadof, M., Kamat, D., The adolescent with a chronic illness: How to manage treatment issues and provide specialized services in this population, <i>Pediatric Annals</i> , 35, 207-216, 2006	Publication type: Narrative review/commentary
Butler, Vikki, Evaluation report of the 'Building Bridges' project, 35, 2017	Study design: Qualitative evaluation
Byrnes, Zoe, Allen, Beaver Buckley Cuckle Cunningham Fleuridas Jones Orford Slade Squires Stringer Thomson West Wishart Wolfendale, Educational psychologists in the community: Supporting parents of children with Down syndrome through times of transition, <i>Educational and Child Psychology</i> , 29, 81-92, 2012	Publication type and outcomes: Commentary/overview of transition project with some qualitative evaluation. No data on effectiveness
Caan, Woody, Health facilitation in primary care, <i>Primary Health Care Research and Development</i> , 6, 348-355, 2005	Outcomes: No effectiveness data
Care Quality, Commission, From the pond into the sea: children's transition to adult health services, 76, 2014	Outcomes: Examples of existing practice and experiences. No effectiveness data
Carter, E. W., Trainor, A. A., Ditchman, N., Swedeen, B., Owens, L., Evaluation of a Multicomponent Intervention Package to Increase Summer Work Experiences for Transition-Age Youth With Severe Disabilities, <i>Research and Practice for Persons with Severe Disabilities</i> , 34, 1-12, 2009	Intervention: Facilitating access to work experience

Study	Reason for Exclusion
Carter, Erik W., Swedeen, Beth, Moss, Colleen K., Engaging Youth with and without Significant Disabilities in Inclusive Service Learning, TEACHING Exceptional Children, 44, 46-54, 2012	Publication type: Overview of approach and case studies. No data on effectiveness
Cavet, Judith, Beresford, Bryony, University of York. Social Policy Research, Unit, Transitions to adult services by disabled young people leaving out of authority residential schools, 2010	Study design: Qualitative
Certo, Nicholas J., Luecking, Richard G., Blackorby, Boeltzig Braddock Brooke Brown Butterworth Certo Connelly Fesko Hagen-Foley LaPlante Luecking Mank Martin Luecking Mount Pearpoint Silverstein Wehman, Service Integration and School to Work Transition: Customized Employment as an Outcome for Youth with Significant Disabilities, Special Issue: Customized employment for job seekers with significant disabilities, 37, 29-35, 2006	Intervention: Focus of model is transition from school to employment, rather than child to adult services. Unclear if model involves healthcare services
Chen, J. L., Leader, G., Sung, C., Leahy, M., Trends in Employment for Individuals with Autism Spectrum Disorder: a Review of the Research Literature, Review Journal of Autism and Developmental Disorders, 2, 115-127, 2015	Publication type: Narrative review
Chierchia, S., Manassero, A., Ammirati, E., Tadini, B., Merlini, E., Carone, R., Transitional care in patients with congenital neurogenic bladder: An experience of bipolar spina bifida center, Neurourology and Urodynamics, 33, S34, 2014	Publication type: Abstract only
Chouteau, W. A., Allen, S. R., Implementation of a portable medical summary for adolescents and young adults with medical complexity in transition to adult health care, Journal of Pediatric Nursing, 48, 35-41, 2019	Intervention: Does not include education services
Ciccarelli, M. R., Gladstone, E. B., Armstrong Richardson, E. A., Implementation of a Transdisciplinary Team for the Transition Support of Medically and Socially Complex Youth, Journal of Pediatric Nursing, 30, 661-667, 2015	Intervention: Transdisciplinary team does not include education services
Cimera, Robert Evert, Burgess, Sloane, Bedesem, Peña L., Does Providing Transition Services by Age 14 Produce Better Vocational Outcomes for Students with Intellectual Disability?, Research and Practice for Persons with Severe Disabilities, 39, 47-54, 2014	Intervention: Transition within education services only
Clark, H. B., Jaouich, A., Baker, K., The transition to independence process: Implementation of the TIP model for improving the outcomes of youth and young adults with emotional/behavioral difficulties, Advances in Learning and Behavioral Disabilities, 28, 135-171, 2015	Publication type: Overview of model, case study example of implementation. No data on effectiveness
Clarke, Susan, Sloper, Patricia, Moran, Nicola, Cusworth, Linda, Franklin, Anita, Beecham, Jennifer, Multi-agency transition services: greater collaboration needed to meet the priorities of young disabled people with complex needs as they move into adulthood, Journal of Integrated Care, 19, 30-40 11p, 2011	Duplication of results presented in Sloper 2010 1140156
Cmar, J. L., Markoski, K., Promoting Self-	Study design and interventions: Systematic

Study	Reason for Exclusion
Determination for Students with Visual Impairments: A Review of the Literature, Journal of Visual Impairment and Blindness, 113, 100-113, 2019	review including correlational and qualitative studies, and interventions to develop self-determination skills
Cobb, B., Alwell, M., Transition planning/coordinating interventions for youth with disabilities: a systematic review, 1-65, 2007	Publication type: Abstract only
Cobb, R. Brian, Alwell, Morgen, Transition Planning/Coordinating Interventions for Youth with Disabilities: A Systematic Review, Career Development for Exceptional Individuals, 32, 70-81, 2009	Study design: Systematic review including quantitative and qualitative studies
Colver, Allan, Rapley, Tim, Parr, Jeremy R., McConachie, Helen, Dovey-Pearce, Gail, Le Couteur, Ann, McDonagh, Jane E., Bennett, Caroline, Hislop, Jennifer, Maniatopoulos, Gregory, Mann, Kay D., Merrick, Hannah, Pearce, Mark S., Reape, Debbie, Vale, Luke, Facilitating the transition of young people with long-term conditions through health services from childhood to adulthood : the Transition research programme, Programme Grants for Applied Research, 7, 2019	Intervention: Transition within health services only
Cordis, Bright, A Dynamic Future gaps analysis and impact summary, 7, 2018	Publication type: Summary of Cordis Bright 2018
Cordis, Bright, Evaluation of a Dynamic Future: final report, 140, 2018	Study design: Non-comparative
Council For Disabled Children National Transition Support Team, Information and learning from the Aiming High for Disabled Children Transition Support Programme, 55p., 2011	Study design and outcomes: Non-comparative overview of a national transition support programme. Quantitative outcomes are reported at the area/service level, not the person level.
Cowen, Alison, Personalised transition: innovations in health, education and support, 2010	Publication type and outcomes: Overview of model and largely qualitative evaluation. No data on effectiveness
Cowen, Alison, Murray, Pippa, Duffy, Simon, Personalised transition: a collaborative approach to funding individual budgets for young disabled people with complex needs leaving school, Journal of Integrated Care, 19, 30-36, 2011	Publication type and outcomes: Overview of model and largely qualitative evaluation. No data on effectiveness
Croke, Erin E., Thompson, Ashleigh B., Person centered planning in a transition program for Bronx youth with disabilities, Children and Youth Services Review, 33, 810-819, 2011	Intervention: Focus is on preparing students with disabilities for employment or further education. Does not appear to include health services
Cullen, Mairi Ann, Lindsay, Geoff, Dockrell, Julie E., The Role of the Connexions Service in Supporting the Transition from School to Post-16 Education, Employment Training and Work for Young People with a History of Specific Speech and Language Difficulties or Learning Difficulties, Journal of Research in Special Educational Needs, 9, 100-112, 2009	Study design: Qualitative
Cvejic, R. C., Trollor, J. N., Transition to adult mental health services for young people with an intellectual disability, Journal of Paediatrics and Child Health, 54, 1127-1130, 2018	Publication type: Commentary
Davies, Jill, Morgan, Hazel, What kind of future? Leading change at transition, Learning Disability	Study design: Qualitative

Study	Reason for Exclusion
Today, 8, 27-30, 2008	
Davies, Jill, Morgan, Hazel, What kind of future for young people with Down's Syndrome? The views and aspirations of young people and families, Tizard Learning Disability Review, 15, 22-29, 2010	Study design: Qualitative
Davis, A. M., Brown, R. F., Taylor, J. L., Epstein, R. A., McPheeters, M. L., Transition Care for Children With Special Health Care Needs, Pediatrics, 134, 900-908, 2014	Intervention: Insufficient information provided about interventions to determine if they combine all three services
Department for, Education, Skills,, Post-16 transition of pupils with special educational needs (DfES research brief no 315), 2001	Outcomes: Overview of existing transition support received from schools and experiences of this support
Department of Health Central Office of, Information, Person centred planning: advice for using person-centred thinking, planning and reviews in schools and transition, Personalisation through person centred planning, 2010	Publication type and outcomes: Examples of good practice. No data on effectiveness
Dilek, Y., Berna, F. E., Dilek, K., Transition to adult for adolescent with chronic condition and strategies of nursing, Acta Paediatrica, International Journal of Paediatrics, 100, 131-132, 2011	Publication type: Abstract only
Ditchman, N. M., Miller, J. L., Easton, A. B., Vocational Rehabilitation Service Patterns: An Application of Social Network Analysis to Examine Employment Outcomes of Transition-Age Individuals With Autism, Rehabilitation Counseling Bulletin, 61, 143-153, 2018	Intervention: Vocational rehabilitation services
Dogba, Maman Joyce, Rauch, Frank, Wong, Trudy, Ruck, Joanne, Glorieux, Francis H., Bedos, Christophe, From pediatric to adult care: strategic evaluation of a transition program for patients with osteogenesis imperfecta, BMC health services research, 14, 489, 2014	Intervention: Transition within healthcare only
Dolyniuk, Chrystina A., Kamens, Michele Wilson, Corman, Hope, DiNardo, Paulette Opipery, Totaro, Rebecca M., Rockoff, Jessica Corman, Students with Developmental Disabilities Go to College: Description of a Collaborative Transition Project on a Regular College Campus, Focus on Autism and Other Developmental Disabilities, 17, 236-41, 2002	Intervention: Work experience intervention
Doug, M., et, al, Transition to adult services for children and young people with palliative care needs: a systematic review, Archives of Diseases in Childhood, 96, 78-84, 2011	Intervention: Transition within healthcare only
Doulton, D. M., Transition: From cradle to commencement, American Journal of Hematology, 84, E111, 2009	Publication type: Abstract only
Dressler, Paul B., Nguyen, Teresa K., Moody, Eric J., Friedman, Sandra L., Pickler, Laura, Use of Transition Resources by Primary Care Providers for Youth with Intellectual and Developmental Disabilities, Intellectual and Developmental Disabilities, 56, 56-68, 2018	Outcomes: Primary care providers' engagement with transition planning
Duke, Naomi N., Scal, Peter B., Adult care transitioning for adolescents with special health care needs: a pivotal role for family centered care,	Outcomes: Receipt of transition counselling

Study	Reason for Exclusion
Maternal and Child Health Journal, 15, 98-105, 2011	
Eilenberg, J. S., Paff, M., Harrison, A. J., Long, K. A., Disparities Based on Race, Ethnicity, and Socioeconomic Status Over the Transition to Adulthood Among Adolescents and Young Adults on the Autism Spectrum: a Systematic Review, Current Psychiatry Reports, 21, 32, 2019	Comparison: Differences in outcomes based on race, ethnicity and socioeconomic status
Ellison, Marsha L., Klodnick, Vanessa V., Bond, Gary R., Krzos, Izabela M., Kaiser, Susan M., Fagan, Marc A., Davis, Maryann, Ahrens, Arnett Becker Bond Breslau Burns Clark Davidson Fetzer Davis Davis Drake Felsman Ferguson Fetzer Flashman Harris Hooley Karasz Karcher Kim Lee Lent Lloyd MacInnes Marshall McHugo Munchel Munson Newman Nuechterlein Oppenheimer Porteous Reid Rinaldi Ryabov Sargent Souma Spencer Sumter Swanson Vorhies Wagner Wilkinson, Adapting supported employment for emerging adults with serious mental health conditions, The Journal of Behavioral Health Services & Research, 42, 206-222, 2015	Intervention: Supported employment and education intervention
Ernst, G., Menrath, I., Growing-up with a chronic condition - Fit for transition - Transition module within the modular education program ModuS, Allergologie, 40, 358-365, 2017	Publication language: German
Fabian, E. S., Urban youth with disabilities: factors affecting transition employment, Rehabilitation Counseling Bulletin, 50, 130-138, 2007	Intervention: Vocational intervention
Fabian, E., Dong, S. L., Simonsen, M., Luecking, D. M., Deschamps, A., Service System Collaboration in Transition: An Empirical Exploration of its Effects on Rehabilitation Outcomes for Students with Disabilities, Journal of Rehabilitation, 82, 3-10, 2016	Intervention and comparison: Vocational rehabilitation intervention. Comparing effect of perceived collaboration on vocational outcomes
Falcini, F., Denaro, Capannini, S., Fiori, G., Porta, F., Matucci, M., Transition clinic for adolescents and young adults with childhood onset rheumatic diseases: A ten-year Italian experience, Clinical and Experimental Rheumatology, 29, 425, 2011	Publication type: Abstract only
Farrell, B., Elliott, I., Ison, E., Partnership with parents and disabled children. HIA of the All-Inclusive Wraparound Project for children with a disability, Environmental Impact Assessment Review, 24, 245-254, 2004	Publication type and outcomes: Health Impact Assessment. No data on effectiveness
Fisher, Bridget, Dean, Lesley, ARC guide for services: supporting disabled young people from black and minority ethnic communities through the transition to adulthood, 17p., 2011	Publication type and outcomes: Practice guide. No data on effectiveness
Flowers, C., Test, D. W., Povenmire-Kirk, T. C., Diegelmann, K. M., Bunch-Crump, K. R., Kemp-Inman, A., Goodnight, C. I., A Demonstration Model of Interagency Collaboration for Students With Disabilities: A Multilevel Approach, Journal of Special Education, 51, 211-221, 2018	Outcomes: Self-determination and participation of child of young person in IEP meetings
Foley, K. R., Dyke, P., Girdler, S., Bourke, J., Leonard, H., Young adults with intellectual disability transitioning from school to post-school: a literature	Publication type: Narrative review

Study	Reason for Exclusion
review framed within the ICF, Disability and Rehabilitation, 34, 1747-64, 2012	
Folk, Eric D. R., Yamamoto, Kathryn K., Stodden, Robert A., Allen, Allen Baum Carroll Casale-Giannola Frieden Griffin Grigal Hart Lauchlan Leake McEathron Mosoff Neisser Neubert Neubert Neubert Pascarella Shanley Stodden Triandis Uditsky Walker Watkins Zafft, Implementing inclusion and collaborative teaming in a model program of postsecondary education for young adults with intellectual disabilities, Journal of Policy and Practice in Intellectual Disabilities, 9, 257-269, 2012	Publication type: Programme overview and qualitative evaluation
Forbes, Angus, et, al, A multi-method review to identify components of practice which may promote continuity in the transition from child to adult care for young people with chronic illness or disability, 137p., bibliog., 2002	Publication type and analysis: Mixed methods review with primarily thematic analysis and case studies
Francis, G. L., Gross, J. M. S., Magiera, L., Schmalzried, J., Monroe-Gulick, A., Reed, S., Burke, M. M., Supporting Students With Disabilities, Families, and Professionals to Collaborate During the Transition to Adulthood, 54, 71-104, 2018	Publication type: Book chapter
Frawley, J. E., Hebert, R. S., Seriously Ill Pediatric Patients Who Transition to Adulthood #346, Journal of Palliative Medicine, 21, 257-258, 2018	Publication type: Abstract only
Friedman, N. D. B., Warfield, M. E., Parish, S. L., Transition to adulthood for individuals with autism spectrum disorder: Current issues and future perspectives, Neuropsychiatry, 3, 2013	Publication type: Narrative review
Fyson, R., Noyes, A., Onwards transitions from school for young people with intellectual disabilities: A small-scale longitudinal study, Journal of Intellectual Disability Research, 60, 669, 2016	Publication type: Abstract only
Gall, C., Kingsnorth, S., Healy, H., Growing up ready: A shared management approach, Physical and Occupational Therapy in Pediatrics, 26, 47-62, 2006	Publication type and outcomes: Development of a transition framework. No data on effectiveness
Garboden, Molly, We've got a plan, COMMUNITY CARE, 22-23, 2009	Publication type: Newsletter article. No data on effectiveness
Garcia-Iriarte, E., Balcazar, F., Taylor-Ritzler, T., Analysis of case managers' support of youth with disabilities transitioning from school to work, Journal of Vocational Rehabilitation, 26, 129-140, 2007	Intervention: Employment support
Gardner, J., Mulry, C. M., Chalik, S., Considering college?: Adolescents with autism and learning disorders participate in an on-campus service-learning program, Occupational Therapy in Health Care, 26, 257-269, 2012	Intervention: College experience. Does not involve collaboration with all three services (education, health and social care)
Gebhardt, M., Tretter, T., Schwab, S., Gasteiger-Klicpera, B., The transition from school to the workplace for students with learning disabilities: Status quo and the efficiency of pre-vocational and vocational training schemes, European Journal of Special Needs Education, 26, 443-459, 2011	Publication type: Narrative review
Geenen, Sarah, Powers, Laurie E., Phillips, Lee	Population: Does not meet criteria. Young

Study	Reason for Exclusion
Ann, Nelson, May, McKenna, Jessica, Wings-Yanez, Nichole, Blanchette, Linda, Croskey, Adrienne, Dalton, Lawrence D., Salazar, Amy, Swank, Paul, Better futures: a randomized field test of a model for supporting young people in foster care with mental health challenges to participate in higher education, <i>The Journal of Behavioral Health Services & Research</i> , 42, 150-71, 2015	people in foster care with mental health conditions (36% receiving special education services and 10% receiving developmental disability services)
Geerlings, R. P. J., Aldenkamp, A. P., Gottmer-Welschen, L. M. C., De With, P. H. N., Zinger, S., Van Staa, A. L., De Louw, A. J. A., Evaluation of a multidisciplinary epilepsy transition clinic for adolescents, <i>European Journal of Paediatric Neurology</i> , 20, 385-392, 2016	Population and outcomes: CYP with epilepsy. Unlikely to have needs in all three areas (<50% of population had ever received special education). No relevant outcomes reported (focus on clinical investigations/interventions received)
Geerlings, R. P. J., Aldenkamp, A. P., Gottmer-Welschen, L. M. C., Van Staa, A. L., De Louw, A. J. A., Long-term effects of a multidisciplinary transition intervention from paediatric to adult care in patients with epilepsy, <i>Seizure</i> , 38, 46-53, 2016	Population and outcomes: CYP with epilepsy - unclear if they had needs in all three areas. Sensitivity and specificity of intervention and patient-related factors for predicting improvement in medical, educational/vocational and independence/separation/identity performance scores
Geller, Lynda L., Greenberg, Michael, Managing the transition process from high school to college and beyond: challenges for individuals, families, and society, <i>Social Work in Mental Health</i> , 8, 92-116, 2010	Publication type: Commentary
Gillespie, Morag, et, al, Money advice for vulnerable groups: final evaluation report, 90p., 2007	Population: Learning disabilities project is not limited to children and young people
Gore, Nick, et, al, Residential school placements for children and young people with intellectual disabilities: their use and implications for adult social care, 53, 2015	Study design and outcomes: Systematic review of mainly qualitative studies of experience before, during and after residential placements. No data on effectiveness of transition
Gottlieb, E. M., Gottlieb, J. S., Helping adolescents with attention-deficit/ hyperactivity disorder transition toward adulthood, <i>Adolescent Medicine: State of the Art Reviews</i> , 20, 203-222, 2009	Publication type: Narrative review
Great Britain Department for Education, SEND: 19- to 25-year-olds' entitlement to EHC plans, 2017	Publication type: Guidance
Hart, D., Zimbrich, K., Ghiloni, C., Interagency partnerships and funding: Individual supports for youth with significant disabilities as they move into postsecondary education and employment options, <i>Journal of Vocational Rehabilitation</i> , 16, 145-154, 2001	Publication type and outcomes: Overview of programme. No data on effectiveness
Hatfield, Megan, Murray, Nina, Ciccarelli, Marina, Falkmer, Torbjorn, Falkmer, Marita, Pilot of the BOOST-ATM: An online transition planning program for adolescents with autism, <i>Australian Occupational Therapy Journal</i> , 64, 448-456, 2017	Study design and outcomes: Non-comparative and insufficient presentation of results
Hayward, G., Amin, T., Leone, V., Wood, M., Bohm, M., Marzo-Ortega, H., Improving the health and wellbeing of young people with inflammatory musculoskeletal disease: Implementation of a young persons keyworker within the leeds rheumatology service, <i>Rheumatology (United Kingdom)</i> , 57, 2018	Publication type: Abstract only

Study	Reason for Exclusion
Hemmeter, Jeffrey, Donovan, Mark, Cobb, Joyanne, Asbury, Tad, Long term earnings and disability program participation outcomes of the Bridges transition program, <i>Journal of Vocational Rehabilitation</i> , 42, 1-15, 2015	Intervention: Vocational intervention
Hopkins, Graham, Falling through the gap not an option (young people with learning difficulties), <i>COMMUNITY CARE</i> , 2002	Full text unavailable
Hudson, Bob, Making and Missing Connections: Learning Disability Services and the Transition from Adolescence to Adulthood, <i>Disability & Society</i> , 21, 47-60, 2006	Study design: Qualitative
Hudson, Bob, Transition from adolescence to young adulthood : is partnership working up to the task?, <i>Journal of Integrated Care</i> , 11, 43-47, 2003	Publication type: Commentary
Institute For, Research, Innovation In Social, Services, Transition to adulthood for young people with autistic spectrum disorder (ASD), 6p. bibliog., 2010	Publication type: Review article(briefing)
Jan, S., Steinway, C., Greenberg, A., Szalda, D., Wu, K., Kim, R., Trachtenberg, S. W., A tiered approach to transitioning young adults with medical complexity or intellectual disability to adult care, <i>Journal of General Internal Medicine</i> , 32, S731, 2017	Publication type: Abstract only
Johnson, K. R., Wells, C., Camp Cambria, <i>Journal of Adolescent Health</i> , 56, S118, 2015	Publication type: Abstract only
Jurcak, S. E., Wright, R., Successful transition for adolescents with ABI from high school to employment via a nontraditional sheltered workshop, <i>Brain Injury</i> , 30, 741, 2016	Publication type: Abstract only
Kaehne, Axel, Axel, Kaehne, Transition from children and adolescent to adult mental health services for young people with intellectual disabilities: a scoping study of service organisation problems, 5, 9-16, 2011	Study design: Qualitative
Kaehne, Axel, Beyer, Stephen, Can transition meetings in school be done in a person-centred way?, <i>Learning Disability Today</i> , 28-30, 2011	Outcomes: Overview of transition planning meetings, including participation, accessibility and experience. No data on effectiveness
Kaehne, Axel, Beyer, Stephen, Generation gap, <i>Learning Disability Today</i> , 9, 34-36, 2009	Full text unavailable
Kaehne, Axel, Oâ™ Connell, Mary Clare, Transition partnerships and protocols â “ do they help planning transition for young people?, <i>Llais</i> , 13-16, 2010	Full text unavailable
Kang-Yi, C. D., Adams, D. R., Youth with Behavioral Health Disorders Aging Out of Foster Care: a Systematic Review and Implications for Policy, Research, and Practice, <i>Journal of Behavioral Health Services & Research</i> , 44, 25-51, 2017	Population: CYP with behavioural health disorders. Unclear if they have needs in all three areas
Karpur, Arun, Brewer, David, Golden, Thomas, Adedokun, Austin Bates Benz Box Brewer Brookhart Carter D'Agostino Davis Fleming Haber Halpern Heinze Jasti Joffe Karpur Karpur Kohler Landmark Lanehart Lehman MacKinnon Mazzotti	Intervention: Collaboration between local education agencies and vocational rehabilitation services. Does not involve all three services

Study	Reason for Exclusion
Sittington Szymanski Taylor Taylor Turnbull Van Reusen Ward Wehman Wehman Wehmeyer Wehmeyer Wehmeyer Whitney-Thomas Will Williams Zhang, Transition-focused education: Foundation for the future, Special Issue: What Is Special About Special Education?, 37, 174-183, 2003	
Kohler, Paula D., Hood, Lisa K., Improving Student Outcomes: Promising Practices and Programs for 1999-2000. A Directory of Innovative Approaches for Providing Transition Services for Youth with Disabilities, 1-118, 2000	Study design and interventions: Non-comparative and some of the included models do not involve all three services
Kramer, J., Hwang, I., Helfrich, C., Samuel, P., Carrellas, A., Youth and parent perspectives of a problem solving intervention to increase participation of transition-age youth with developmental disabilities, Developmental Medicine and Child Neurology, 58, 96-97, 2016	Publication type: Abstract only
Kramer, Jessica M., Helfrich, Christine, Levin, Melissa, Hwang, I. Ting, Samuel, Preethy S., Carrellas, Ann, Schwartz, Ariel E., Goeva, Aleksandrina, Kolaczyk, Eric D., Hwang, I. Ting, Initial evaluation of the effects of an environmental-focused problem-solving intervention for transition-age young people with developmental disabilities: Project TEAM, Developmental Medicine & Child Neurology, 60, 801-809, 2018	Intervention: Not a transition model
Kramer, Jessica M., Hwang, I. Ting, Helfrich, Christine A., Samuel, Preethy S., Carrellas, Ann, Evaluating the Social Validity of Project TEAM: A Problem-Solving Intervention to Teach Transition Age Youth with Developmental Disabilities to Resolve Environmental Barriers, International Journal of Disability, Development, and Education, 65, 57-75, 2018	Intervention: Social-worker led intervention to identify and remove environmental barriers.
Ladouceur, Magalie, Calderon, Johanna, Traore, Maladon, Cheurfi, Radhia, Pagnon, Christine, Khraiche, Diala, Bajolle, Fanny, Bonnet, Damien, Educational needs of adolescents with congenital heart disease: Impact of a transition intervention programme, Archives of cardiovascular diseases, 110, 317-324, 2017	Population and intervention: Adolescents with congenital heart disease who have complex health needs. Unclear if this includes social and education needs. Structured health education programme delivered in healthcare settings
Lai, T., Berry, A., A retrospective analysis of met and unmet needs for adolescents with intellectual and developmental disabilities one year post transition into adult services, Journal of Intellectual Disability Research, 60, 794, 2016	Publication type: Abstract only
Lai, T., Son, J., Berry, A., Halas, S., O'Connor, L., Lachowicz, A., Evaluation of the Metro-Regional Intellectual Disability Network Schoolkit Transition Clinics: Parents and carers' formative assessment, Journal of Intellectual Disability Research, 60, 794, 2016	Publication type: Abstract only
Lamb, Peg, Brown, Mary, Hodges, Bill, Foy, Dave, Building Bridges Toward Science Careers for Youth with Disabilities. Research to Practice Brief. Improving Secondary Education and Transition Services through Research. Volume 3, Issue 2,	Publication type: Research to practice brief. No data for extraction.

Study	Reason for Exclusion
National Center on Secondary Education and Transition, University of Minnesota (NCSET), 1-6, 2004	
Larson, Katherine A., Turner, K. David, Best Practices for Serving Court Involved Youth with Learning, Attention and Behavioral Disabilities. Monograph Series on Education, Disability and Juvenile Justice, 1-58, 2002	Publication type and intervention: Monograph on transitioning youth involved in the criminal justice system back into the community.
Lawrence, Diane H., Alleckson, Delores A., Bjorklund, Pamela, Beyond the Roadblocks: Transitioning to Adulthood With Asperger's Disorder, Archives of Psychiatric Nursing, 24, 227-238, 2010	Publication type: Narrative review
Lindsay, S., Hartman, L. R., Fellin, M., A systematic review of mentorship programs to facilitate transition to post-secondary education and employment for youth and young adults with disabilities, Disability and Rehabilitation, 38, 1329-1349, 2016	Population and intervention: Includes populations that do not meet criteria for this review and interventions that are no transition models/frameworks and/or do not involve all three services
Lindsay, S., Lamptey, D. L., Cagliostro, E., Srikanthan, D., Mortaji, N., Karon, L., A systematic review of post-secondary transition interventions for youth with disabilities, Disability and Rehabilitation, 41, 2492-2505, 2019	Intervention: Includes educational/vocational interventions delivered by single services - not transition model/frameworks involving all three services
Linroth, R., Meeting the needs of young people and adults with childhood-onset conditions: Gillette Lifetime Specialty Healthcare, Developmental Medicine & Child Neurology, 51 Suppl 4, 174-7, 2009	Publication type: Review article. No data for extraction.
Loukas, Kathryn M., Raymond, Laurie, Perron, Amanda R., McHarg, Laura A., LaCroix Doe, Tynisha C., Occupational transformation: Parental influence and social cognition of young adults with autism, Work (Reading, Mass.), 50, 457-63, 2015	Intervention and outcomes: Multidisciplinary training program; not a transition framework/model and does not include education services. Only qualitative outcomes are presented
Lovell, Chris, Life lessons, Learning Disability Today, 16-18, 2011	Full text unavailable
Luecking, Richard G., Certo, Nicholas J., Integrating Service Systems at the Point of Transition for Youth with Significant Disabilities: A Model That Works. Information Brief, 1-6, 2002	Publication type: Information brief (Review article).
Mahajan, G., Hansen, R. L., Romano, P., Transition of Health Care for Youth with Special Health Care Needs: A Unique Partnership Between Pediatric and Internal Medicine Residents, Journal of Developmental and Behavioral Pediatrics, 38, S3-S4, 2017	Publication type: Abstract only
Malloy, J. M., Bohanon, H., Francoeur, K., Positive Behavioral Interventions and Supports in High Schools: A Case Study From New Hampshire, Journal of Educational and Psychological Consultation, 28, 219-247, 2018	Population and intervention: <50% of those receiving the transition interview had special educational needs and intervention was delivered within education services only
Manteuffel, Brigitte, Stephens, Robert L., Sondheimer, Diane L., Fisher, Sylvia K., Characteristics, service experiences, and outcomes of transition-aged youth in systems of care: programmatic and policy implications, The Journal of Behavioral Health Services & Research, 35, 469-	Outcomes: Description of CYP characteristics, services received and changes in scores on the Child Behavior Checklist and Behavioral and Emotional Rating Scale

Study	Reason for Exclusion
87, 2008	
Mc Govern, E. M., Maillart, E., Bourginaud, M., Manzato, E., Guillonnet, C., Mochel, F., Bourmaleau, J., Lubetzki, C., Baulac, M., Roze, E., Making a 'JUMP' from paediatric to adult healthcare: A transitional program for young adults with chronic neurological disease, <i>Journal of the Neurological Sciences</i> , 395, 77-83, 2018	Intervention: Transition model does not include education services
McAnaney, Donal F., Wynne, Richard F., Linking user and staff perspectives in the evaluation of innovative transition projects for youth with disabilities, <i>Journal of Intellectual Disabilities</i> , 20, 165-182, 2016	Insufficient information provided about the intervention and comparison projects to determine if they meet inclusion criteria and insufficient presentation of results
McGillis, L., Transitioning from pediatric to adult care post-HSCT: A canadian perspective, <i>Bone Marrow Transplantation</i> , 49, S390, 2014	Publication type: Abstract only
McPheeters M, Davis AM, Taylor JL, Brown RF, Potter SA, Epstein RA, Transition care for children with special health needs, 2014	Publication type: Technical brief (Report/Overview)
Milbrath, Christine, Caring for an underserved population: Helping pediatric patients with disabilities transition to adulthood, <i>Creative nursing</i> , 14, 66-9, 2008	Publication type: Commentary/development of transition service
Miller, A. A., Therrien, W. J., Romig, J. E., Reducing Recidivism: Transition and Reentry Practices for Detained and Adjudicated Youth with Disabilities, <i>Education and Treatment of Children</i> , 42, 409-438, 2019	Population: Transitioning from detention/correctional facilities back to the community, not from child to adult services
Mitchell, Fraser, Self-directed support and disabled young people in transition (part 1), <i>JOURNAL OF INTEGRATED CARE</i> , 20, 51-61, 2012	Publication type: Narrative review
Mitchell, Fraser, Self-directed support and disabled young people in transition (part 2), <i>Journal of Integrated Care</i> , 20, 223-230 8p, 2012	Study design: Qualitative
Moore, Sarah, NI 54: services for disabled children, 12p., 2010	Full text unavailable
Nagra, A., McGinnity, P. M., Davis, N., Salmon, A. P., Implementing transition: Ready Steady Go, <i>Archives of Disease in Childhood: Education and Practice Edition</i> , 100, 313-320, 2015	Publication type and intervention: Overview of one transition programme. Transition within healthcare only
National Development Team For, Inclusion, My own place! Transition planning for housing, 21p., 2012	Publication type: Overview of, and recommendations for implementing, a housing/transition pathway
Nct., My Life: evaluation of Self-determination Enhancement for Adolescents in Foster Care, https://clinicaltrials.gov/show/NCT02113085 , 2012	Full text unavailable
Nehring, W. M., Betz, C. L., Lobo, M. L., Uncharted Territory: Systematic Review of Providers' Roles, Understanding, and Views Pertaining to Health Care Transition, <i>Journal of Pediatric Nursing-Nursing Care of Children & Families</i> , 30, 732-747, 2015	Intervention and study design: Primarily focused on healthcare transitions and includes qualitative studies
Noonan, Patricia M., McCall, Zach A., Zheng, Chunmei, Gaumer Erickson, Amy S., Agran, Anderson Anfara Benz Blalock Cashman Daly Defur Dunst Durland Ellsworth Frey Gajda Geertz Guba	Outcomes: Level of collaboration and qualitative experiences

Study	Reason for Exclusion
Halpern Hasazi Hogue Johnson Kleinhammer-Tramill Knoke Krueger Marshall Morningstar Noonan Noyes Peterson Repetto Spillane Spillane Timmons Wehman, An analysis of collaboration in a state-level interagency transition team, Career Development and Transition for Exceptional Individuals, 35, 143-154, 2012	
Oertle, Kathleen Marie, Bragg, Debra D., Transitioning Students With Disabilities: Community College Policies and Practices, Journal of Disability Policy Studies, 25, 59-67, 2014	Publication type: Narrative review and development of conceptual transition model
Ofsted,, The special educational needs and disability review: a statement is not enough, 2010	Publication type: Review article/ Report on legislative framework and arrangements.
Oxford Brookes University Institute of Public Care, Shadow lands: application and impact of eligibility criteria on young people with disabilities, 21p., 2008	Publication type: Review article
Oxford Brookes University Institute of Public Care, Policy and literature review for comprehensive needs assessment of the life pathway for people with disabilities, 24, 2016	Publication type: Policy and narrative review; examples of transition models and good practice. No data on effectiveness
Patwardhan, S. S., Singh, R., Kanster, G., Moving on: From pond to sea provision of transition services for young people with neuro-developmental conditions, Archives of Disease in Childhood, 104, A101-A102, 2019	Publication type: Abstract only
Paul, Moli, Street, Cathy, Wheeler, Nicola, Singh, Swaran P., Transition to adult services for young people with mental health needs: A systematic review, Clinical child psychology and psychiatry, 20, 436-457, 2015	Intervention and study design: Primarily focused on healthcare transition and includes qualitative studies
Rast, J. E., Shattuck, P. T., Roux, A. M., Anderson, K. A., Kuo, A., The Medical Home and Health Care Transition for Youth With Autism, Pediatrics, 141, S378-S384, 2018	Intervention: Health care services only.
Razon, Angelico N., Greenberg, Adam, Trachtenberg, Symme, Stollon, Natalie, Wu, Katherine, Ford, Lauren, El-Hage, Laura, Quinn, Sheila, Szalda, Dava, A Multidisciplinary Transition Consult Service: Patient Referral Characteristics, Journal of Pediatric Nursing, 47, 136-141, 2019	Intervention: Transition framework does not include education services
Redmon, Susan J., Healthcare transition for adolescents and young adults with special healthcare needs and/or disabilities, Professional case management, 15, 170, 2010	Publication type: Commentary
Richmond, Nicole E., Tran, Tri, Berry, Susan, Can the Medical Home eliminate racial and ethnic disparities for transition services among Youth with Special Health Care Needs?, Maternal and Child Health Journal, 16, 824-33, 2012	Comparison: Transition rate as a function of CYP characteristics, particularly race/ethnicity
Rogers, C., Lavin, D., Tran, T., Gantenbein, T., Sharpe, M., Customized Employment: Changing what it means to be qualified in the workforce for transition-aged youth and young adults, Journal of Vocational Rehabilitation, 28, 191-207, 2008	Intervention: Employment intervention. Does not include health services
Rogers, Kathleen, Zeni, Mary Beth, Systematic review of medical home models to promote	Study design: Includes systematic reviews and qualitative studies

Study	Reason for Exclusion
transitions to primary adult health care for adolescents living with autism spectrum disorder, <i>Worldviews on evidence-based nursing</i> , 12, 98-107, 2015	
Rose, John F., Heine, Donna M., Gray, Cristine M., Brief or new: interagency collaboration to support adults with developmental disabilities in college campus living, <i>Occupational therapy in health care</i> , 19, 165-71, 2005	Publication type: Overview of project and case study
Ruble, Lisa A., McGrew, John H., Toland, Michael, Dalrymple, Nancy, Adams, Medina, Snell-Rood, Claire, Randomized Control Trial of COMPASS for Improving Transition Outcomes of Students with Autism Spectrum Disorder, <i>Journal of Autism and Developmental Disorders</i> , 48, 3586-3595, 2018	Intervention: Delivered within education settings only
Sansosti, F. J., Merchant, D., Koch, L. C., Rumrill, P., Herrera, A., Providing supportive transition services to individuals with autism spectrum disorder: Considerations for vocational rehabilitation professionals, <i>Journal of Vocational Rehabilitation</i> , 47, 207-222, 2017	Publication type: Narrative review/commentary
Schwartz, L. A., Tuchman, L. K., Hobbie, W. L., Ginsberg, J. P., A social-ecological model of readiness for transition to adult-oriented care for adolescents and young adults with chronic health conditions, <i>Child Care, Health and Development</i> , 37, 883, 2011	Publication type: Development of theoretical model of transition readiness
Shah, P., Boudos, R., Transitions from adolescent to adult care, <i>Pediatric Annals</i> , 41, 73-78, 2012	Publication type: Commentary/overview of transition programme
Sheldon, James R., Jr., Golden, Thomas P., Conducting Outreach to Transition-Aged Youth: Strategies for Reaching out to Youth with Disabilities, Their Families, and Agencies that Serve Them. <i>Policy and Practice Brief</i> , 1-24, 2012	Publication type: Policy and practice brief.(Review article)
Simoes, Elisabeth, Kronenthaler, Andrea, Emrich, Christine, Rieger, Monika A., Rall, Kristin Katharina, Schaffeler, Norbert, Hiltner, Hanna, Ueding, Esther, Brucker, Sara Y., Development of a provisional model to improve transitional care for female adolescents with a rare genital malformation as an example for orphan diseases, <i>BioMed research international</i> , 2014, 913842, 2014	Publication type: Commentary/discussion. No results/data for extraction.
Sloper Patricia, et al., Transition to adult services for disabled young people and those with complex health needs, 2011	Insufficient information provided about transition services and insufficient presentation of results
Smith, Tammy Jorgensen, Benito, Nila, Practice Brief: Florida College Collaborative--Facilitating Inclusive Postsecondary Education Opportunities for Youth with Intellectual Disabilities, <i>Journal of Postsecondary Education and Disability</i> , 26, 395-402, 2013	Publication type: Publication brief (narrative commentary)
Southward, J. D., Kyzar, K., Predictors of Competitive Employment for Students with Intellectual and/or Developmental Disabilities, <i>Education and Training in Autism and Developmental Disabilities</i> , 52, 26-37, 2017	Publication type: Narrative review with no relevant data for extraction.
Stowitschek, Joseph J., Lovitt, Thomas C.,	Publication type: Overview of collaboration

Study	Reason for Exclusion
Rodriguez, James A., Patterns of Collaboration in Secondary Education for Youth with Special Needs: Profiles of Three High Schools, Urban Education, 36, 93-128, 2001	within secondary education, qualitative experiences and recommendations for practice and future research
Styron, Thomas H., et al, Troubled youth in transition: an evaluation of Connecticut's special services for individuals aging out of adolescent mental health programs, Children and Youth Services Review, 28, 108-1101, 2006	Population: Three cohorts were combined 1) young adults with psychosexual behaviour problems; 2) young adults with pervasive developmental disorders and high-risk behaviours; 3) young adults with behavioural health needs. Unlikely that all cohorts had needs in all three areas
Sveinsdottir, Vigdis, Eriksen, Hege Randi, Baste, Valborg, Hetland, Jorn, Reme, Silje Endresen, Young adults at risk of early work disability: who are they?, BMC Public Health, 18, 1176, 2018	Intervention: Supported Employment vs. traditional vocational rehabilitation in unemployed young adults aged 18 to 29 at risk of early work disability.
Swift, K. D., Sayal, K., Hollis, C., ADHD and transitions to adult mental health services: a scoping review, Child: care, health and development, 40, 775-786, 2014	Intervention and study design: Primarily focused on healthcare transitions and includes reviews and qualitative studies
Szalda, D., Steinway, C., Greenberg, A., Quinn, S., Stollon, N., Wu, K., Trachtenberg, S., Jan, S., Developing a Hospital-Wide Transition Program for Young Adults With Medical Complexity, Journal of Adolescent Health, 65, 476-482, 2019	Intervention: Transition team does not include education services
Szalda, D., Trachtenberg, S., Brown, L., Stollon, N., Steinway, C., Dilanni, J., Reach (rapport, empowerment and advocacy through connections and health), Journal of Adolescent Health, 56, S32, 2015	Publication type: Abstract only
Test, D. W., Terrell, M., Clark, K. A., Rusher, D. E., A Summary of NCSEF-Funded Projects in the Area of Transition Outcomes for Secondary Students With Disabilities, Journal of Disability Policy Studies, 29, 67-81, 2018	Publication type and study design: Narrative review. None of the included studies look at effectiveness
Thrall, Roger S., Blumberg, Jody H., Beck, Stephanie, Bourgoin, Magdalena D., Votto, John J., Barton, Randall W., Beyond the medical home: Special Care Family Academy for children and youth, Pediatric nursing, 38, 331-5, 2012	Publication type: Commentary
Townsend, Ruth, Marriott, Anna, Ward, Linda, Access to independent advocacy: an evidence review, 167p., bibliog., 2009	Publication type: Narrative review
Trainor, Audrey A., Morningstar, Mary E., Murray, Angela, Characteristics of Transition Planning and Services for Students with High-Incidence Disabilities, Learning Disability Quarterly, 39, 113-124, 2016	Comparison: Comparison between transition planning as a function of specific disabilities (emotional disabilities, learning disabilities and ADHD)
Trotman, D., Enow, L., Tucker, S., Young people and alternative provision: Perspectives from participatory-collaborative evaluations in three UK local authorities, British Educational Research Journal, 45, 219-237, 2019	Intervention: Alternative provision for education. Does not involve all three services and is not a transition model/framework
Tuchman, L., D'Angelo, L., Harris, R., McCarter, R., Cost and health care utilization for adolescent and young adult patients with special health care needs one year before and one year after enrollment into a randomized health care transition care coordination	Publication type: Abstract only

Study	Reason for Exclusion
trial, <i>Journal of Adolescent Health</i> , 56, S17, 2015	
Valios, Natalie, <i>Centre of the world, Learning Disability Today</i> , 10, 20-22, 2010	Full text unavailable
Valios, Natalie, <i>Easing the pain of transition, COMMUNITY CARE</i> , 32-33, 2000	Full text unavailable
Verity, Robert, Coates, John, <i>Service innovation: transitional attention-deficit hyperactivity disorder clinic, Psychiatric Bulletin</i> , 31, 99-100, 2007	Publication type: Report/discussion of one transitional ADHD clinic in mental health services.
Vloet, Melissa A., Davidson, Simon, Cappelli, Mario, "We suffer from being lost": formulating policies to reclaim youth in mental health transitions, <i>Healthcare quarterly (Toronto, Ont.)</i> , 14 Spec No 2, 32-8, 2011	Intervention: Transition from child to adult mental health services only.
Vostanis, P., <i>Patients as parents and young people approaching adulthood: How should we manage the interface between mental health services for young people and adults?, Current Opinion in Psychiatry</i> , 18, 449-454, 2005	Publication type: Narrative review
Wales Welsh Assembly Government. Task, Finish Group on Care Pathways for Long Term Neurological, Conditions, Report of the task and finish group on care pathways for long term neurological conditions, 11p., 2010	Full text unavailable
Waller, Jana, Sanford, Marie, Caswell, Tina, Bainbridge, Christine, <i>Comprehensive Social Communication Support for Improving Transitions for Adolescents with Autism Spectrum Disorder (ASD), Perspectives of the ASHA Special Interest Groups</i> , 1, 63-77, 2016	Outcomes: Qualitative evaluation and insufficient presentation of quantitative results
Wallis, E. M., Salek, E. C., Steinway, C., Stollon, N., Trachtenberg, S. W., Schwartz, L. A., Tomescu, O., Peter, N. G., <i>Transition from pediatric to adult healthcare for youth with complex chronic conditions: A primary care pilot study, Journal of Adolescent Health</i> , 56, S125, 2015	Publication type: Abstract only
Walter, Uta M., Petr, Christopher G., <i>Promoting successful transitions from day school to regular school environments for youths with serious emotional disorders, Children and Schools</i> , 26, 175-180, 2004	Population: Transition from day school to less restrictive environments, not from child to adult services
Ward, L., Heslop, P., Mallett, R., Simons, K., <i>Transition: the experiences of young people with learning disabilities and their families in England, Tizard Learning Disability Review</i> , 8, 19-28 10p, 2003	Publication type: Qualitative experiences of transition planning and examples of good practice. No data on effectiveness
Wehman, P., Schall, C., Carr, S., Targett, P., West, M., Cifu, G., <i>Transition From School to Adulthood for Youth With Autism Spectrum Disorder: What We Know and What We Need to Know, Journal of Disability Policy Studies</i> , 25, 30-40, 2014	Publication type: Narrative review and recommendations for practice/policy
Wehmeyer, Michael L., Garner, Nancy, Yeager, Danna, Lawrence, Margaret, <i>Infusing Self-Determination into 18-21 Services for Students with Intellectual or Developmental Disabilities: A Multi-Stage, Multiple Component Model, Education and Training in Developmental Disabilities</i> , 41, 3-13,	Publication type and intervention: Pilot evaluation of transition planning in educational services only.

Study	Reason for Exclusion
2006	
Westwood, A., Langerak, N., Fieggen, G., Transition from child- to adult-orientated care for children with long-term health conditions: a process, not an event, South African Medical Journal. Suid-Afrikaanse Tydskrif Vir Geneeskunde, 104, 310-3, 2014	Publication type: Commentary
White, H., Langman, N., Henderson, S., A school-based transition program for high-risk adolescents, Psychiatric Services, 57, 1211, 2006	Publication type: Narrative report with no data for extraction.
Williams, Corin, Safer crossing ahead, Community Care, 18-19, 2009	Publication type: Commentary
Wittenburg, D. C., Golden, T., Fishman, M., Transition options for youth with disabilities: An overview of the programs and policies that affect the transition from school, Journal of Vocational Rehabilitation, 17, 195-206, 2002	Publication: Overview of existing transition programmes. No data on effectiveness
Woldorf, Julia W., Transitioning adolescents with special healthcare needs: potential barriers and ethical conflicts, Journal for specialists in pediatric nursing : JSPN, 12, 53-5, 2007	Publication type: Commentary
Wolf-Branigin, M., Schuyler, V., White, P., Improving quality of life and career attitudes of youth with disabilities: Experiences from the adolescent employment readiness center, Research on Social Work Practice, 17, 324-333, 2007	Intervention: Employment intervention rather than framework for transition to adult services
Woody, C., Baxter, A., Wright, E., Gossip, K., Leitch, E., Whiteford, H., Scott, J. G., Review of services to inform clinical frameworks for adolescents and young adults with severe, persistent and complex mental illness, Clinical Child Psychology and Psychiatry, 24, 503-528, 2019	Intervention and population: Includes service models other than transition from child to adult services and CYP who do are unlikely to have needs in all three areas
Young-Southward, G., Philo, C., Cooper, S. A., What is the impact of transition on health and well-being in young people with intellectual disabilities? A systematic review, Journal of Intellectual Disability Research, 60, 822, 2016	Publication type: Abstract only
Young-Southward, Genevieve, Philo, Christopher, Cooper, Sally-Ann, What effect does transition have on health and well-being in young people with intellectual disabilities? A systematic review, Journal of Applied Research in Intellectual Disabilities, 30, 805-823, 2017	Intervention and study design: Includes descriptive studies with no intervention
Zhou, H. Q., Roberts, P., Dhaliwal, S., Della, P., Transitioning adolescent and young adults with chronic disease and/or disabilities from paediatric to adult care services - an integrative review, Journal of Clinical Nursing, 25, 3113-3130, 2016	Outcomes: Narrative systematic review with no relevant data for extraction.
Ziring, P. R., Brazdziunas, D., Cooley, W. C., De Pijem, L. G., Kastner, T. A., Kummer, M. E., Quint, R. D., Ruppert, E. S., Sandler, A. D., Anderson, W. C., Arango, P., Burgan, P., Garner, C., McPherson, M., Michaud, L., Yeargin-Allsopp, M., Johnson, C. P., Wheeler, L. S. M., Smith, K., The role of the pediatrician in transitioning children and adolescents with developmental disabilities and chronic illnesses from school to work or college,	Publication type: Commentary/review

Study	Reason for Exclusion
Pediatrics, 106, 854-856, 2000	

1 *ADHD: attention deficit hyperactivity disorder; CYP: child or young person; IEP: individual education plan*

2 Economic studies

3 See Supplement B for the list of excluded studies across all reviews.

4

1 **Appendix K – Research recommendations – full details**

- 2 **Research recommendations for review question: What is the impact of including**
- 3 **education with combined health and social care support models and**
- 4 **frameworks on transition from children's to adults' services for disabled**
- 5 **children and young people with severe complex needs?**
- 6 No research recommendations were made for this review question.