

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**

**[L] Evidence reviews for enabling professionals
to meet the needs of children and young people**

NICE guideline TBC

Evidence reviews

August 2021

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 **Enabling professionals to meet the needs of children and young**
2 **people**

3 **Recommendations supported by this evidence review**

4 This evidence review supports recommendations 1.15.21, 1.15.25, 1.15.26, 1.16.2,
5 1.16.3, 1.18.3. Other evidence supporting these recommendations can be found in
6 the evidence reviews on Views and experiences of service users (evidence report A),
7 Barriers and facilitators of joined-up care (evidence report K), Views and experiences
8 of service providers (evidence report M).

9 **Review question**

10 What are the most effective practices (for example, communication and training) to
11 enable health, social care and education professionals to meet the combined health,
12 social care and education needs of disabled children and young people with severe
13 complex needs?

14 **Introduction**

15 This review aimed to determine the most effective communication and training
16 practiced to enable health, social care and education professionals to meet the
17 combined health, social care and education needs of disabled children and young
18 people with severe complex needs.

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

24 **Summary of the protocol**

25 See [Table 1](#) for a summary of the Population, Intervention, Comparison and
26 Outcome (PICO) characteristics of this review.

27 **Table 1: Summary of the protocol (PICO table)**

Population	Commissioners, providers or practitioners working in health, social care or educational services for disabled children and young people from birth to 25 years with severe complex needs who require health, social care and education support.
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Intervention	<p>Any practices to enable health, social care and education professionals to meet combined health, social care and education needs.</p> <p>For example:</p> <ul style="list-style-type: none">• Delivery arrangements:<ul style="list-style-type: none">◦ Coordination of care and management of care processes:<ul style="list-style-type: none">- Communication / referral between providers• Implementation strategies:<ul style="list-style-type: none">◦ Interventions targeted at health, social care and education workers:<ul style="list-style-type: none">- Communities of practice- Educational games- Educational materials (including e-learning)- Educational meetings (e.g., workshops and conferences)- Educational outreach visits- Inter-professional education- Patient/family/carer mediated interventions and training- Ongoing inter agency competency/clinical supervision- Formal partnerships (to deliver training)- Learning development hub- Lessons learned pathway/ joint investigation (e.g. agreed protocols for near miss incidents)- Employee training passport• Governance arrangements:<ul style="list-style-type: none">◦ Authority and accountability for organisations:<ul style="list-style-type: none">- Joint commissioning teams- Strategic oversight of commissioning
Comparison	<ul style="list-style-type: none">• Any other practices to meet combined health, social care and education needs• Practices to meet separate health, social care or education needs
Outcome	<p>Critical</p> <ul style="list-style-type: none">• Extent to which needs are met (including changing and evolving needs) as measured by validated scales<ul style="list-style-type: none">◦ Health needs (mobility, pain, temperament, emotional wellbeing, sleep)◦ Social care needs (self-care, safety, toileting)◦ Educational needs (communication aids, teaching assistant) <p>Important</p> <ul style="list-style-type: none">• Morbidity• Mortality• Competence (measured as Capability/and Confidence) to meet the needs of the child or young person as measured by validated scales

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

2 **Methods and processes**

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

7 Declarations of interest were recorded according to NICE's conflicts of interest policy.

8 **Effectiveness evidence**

9 **Included studies**

10 Three before and after studies were included in this review (Blayden 2017, Glang
11 2004 and O'Toole 2007).

12 The included studies are summarised in Table 2.

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Two studies compared before and after interventions targeted at education, health and social care practitioners that included educational meetings and inter-professional education (Glang 2004 and O'Toole 2007); one of which also included ongoing interagency competency and clinical supervision (Glang 2004). One study (Blayden 2017) compared before and after a secondment for allied health professionals.

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

Excluded studies

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

Summary of studies included in the effectiveness evidence

Summaries of the studies that were included in this review are presented in [Table 2](#).

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Table 2: Summary of included studies

Study	Population	Intervention	Comparison	Outcomes	Comments
Blayden 2017 Before and after study Australia	Allied health professionals from rural and remote areas of New South Wales.	<u>Allied to Kids (n=89)</u> Secondment for allied health professionals to work alongside educational professionals with the aim of improving self-reported knowledge and confidence. Objectives were related to the complex health needs of children and their families.	<u>Before Allied to Kids (n=89)</u> No information reported.	Competence to meet the needs of the child or young person	Evidence for the population is indirect as it is not clear if the allied health professionals were working with children and young people with needs in all three areas.
Glang 2004 Before and after study USA	Individuals with traumatic brain injury (TBI), parents, teachers, health professionals and local / regional administrators.	<u>TBI Consulting Team training (TBI CTT) (n=not reported)</u> Aimed to develop a group of peer consultants who can provide in-service training and ongoing consultation to educators of students with TBI. Training included strategies for working with students, families and teachers and ongoing	<u>Before TBI CTT</u> No information reported.	Competence to meet the needs of the child or young person	The intervention is the training of the consultation team, not the effectiveness of the consultation in supporting educators.

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Study	Population	Intervention	Comparison	Outcomes	Comments
		mentoring from an experienced TBI consultant.			
O'Toole 2007 Before and after study Ireland	People working in preschool or primary schools for children with mild to severe learning disabilities.	<u>Learning Language and Loving It (LLLL)</u> (n=16) Programme of workshops conducted by speech and language therapists that aimed to train practitioners in using child-oriented, interaction-promoting and language-modelling strategies.	<u>Before LLLL</u> (n=16) No information reported.	Competence to meet the needs of the child or young person	Population is indirect as it is unclear if all practitioners were working with children with severe complex needs in all three areas.

1 CTT: Consulting Team training; LLLL: Learning Language and Loving It; TBI: traumatic brain injury

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

4 **Summary of the effectiveness evidence**

5 There was evidence that Learning Language and Loving It increased competence to
6 implement speech and language strategies for verbal and nonverbal children, but
7 there was no important difference between before and after this intervention for
8 increasing competence to implement speech and language goals in a 1:1 setting or
9 to help children to communicate more effectively. Similarly, there was evidence of an
10 important increase in competence to meet disabled children and young people's
11 social/behavioural, cognitive and academic needs after the Traumatic Brain Injury
12 Consulting Team Training, but there was no important increase in competence to
13 meet physical needs compared with before the intervention. There was evidence that
14 Allied to Kids led to an important increase in the number of practitioners who rated
15 their confidence regarding complex health needs of the child or young person as
16 considerable or good and an important decrease in the number of practitioners who
17 rated their confidence regarding complex health needs as basic or none. However, it
18 was unclear if the reduction in the number of practitioners rating their confidence as
19 none remained 6 months after the intervention. There was no important difference in
20 the number of practitioners who rated their confidence as satisfactory before and
21 after the Allied to Kids intervention.

22 Only three studies were found for this review question and the evidence was very low
23 quality, from single studies and seriously, or very seriously, imprecise. Further, none
24 of the included studies reported the extent to which needs are met, morbidity or
25 mortality.

26 See appendix F for full GRADE tables.

27 **Economic evidence**

28 **Included studies**

29 A systematic review of the economic literature was conducted but no economic
30 studies were identified which were applicable to this review question.

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1 A single economic search was undertaken for all topics included in the scope of this
2 guideline. See Supplement B for details.

3 **Excluded studies**

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

6 **Summary of included economic evidence**

7 No economic studies were identified which were applicable to this review question.

8 **Economic model**

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

11 **Evidence statements**

12 **Economic**

13 No economic studies were identified which were applicable to this review question.

14 **The committee's discussion and interpretation of the evidence**

15 **The outcomes that matter most**

16 Extent to which health, social care and educational needs are met was prioritised as
17 a critical outcome by the committee as the committee agreed that improved training
18 and communication should better enable services to meet the needs of children and
19 young people and failure to meet needs is likely to have a long term impact on a
20 number of other outcomes, such as health and social related quality of life of both
21 children and young people and their families.

22 Morbidity, mortality and competence to meet the needs of the child or young person
23 were considered as important outcomes. Morbidity and mortality were considered
24 important outcomes as they may be impacted by the extent to which needs are met.
25 Competence to meet the needs of the child or young person was considered as an
26 important outcome as this should improve as a result of training.

27 No evidence was found that reported the extent to which needs are met, morbidity or
28 mortality.

29 **The quality of the evidence**

30 The quality of the evidence was assessed with GRADE and was rated as very low.

31 Concerns about risk of bias were "very serious" for all outcomes. The most serious
32 concerns were biases arising from random sequence generation, allocation
33 concealment, knowledge of the interventions, and lack of a separate control group.

34 There was "no serious inconsistency" for all outcomes due to only one study
35 reporting each outcome of interest. Indirectness ranged from "serious" to "no serious
36 indirectness". Indirectness was due to differences between the population of interest
37 and those included in studies. Concerns about imprecision ranged from "very
38 serious" to "no serious imprecision". Serious imprecision was due to 95% confidence
39 intervals crossing boundaries for minimally important differences.

40 **Benefits and harms**

41 There was limited evidence about the content of training to help practitioners meet
42 the needs of disabled children and young people with severe complex needs. The
43 committee agreed that this would be difficult to specify due to the diverse and varied
44 nature of needs across this population. However, the qualitative evidence highlighted
45 that there is a need for more training (see evidence report A, theme 10; evidence
46 report M, theme 6; evidence report K, theme 11). In the committee's experience,
47 learning from other people working in the team with a child or young person is a good
48 way of learning about the child or young person's needs and possible approaches for
49 meeting these needs, and is an approach commonly used in medical education. The
50 committee agreed that this would have an additional benefit of preventing different

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1 services from working in silos and promoting consistency across services. Therefore,
2 the committee made a recommendation in support of this approach [1.16.2]. This
3 was additionally supported by qualitative evidence that using a child or young
4 person-centred approach is valued (see evidence report M, sub-theme 1.1); needing
5 to work at shifting attitudes to look holistically at meeting the needs of children and
6 young people (see evidence report K, sub-theme 4.2), the importance of
7 understanding the roles, responsibilities and expectations of other professionals/staff
8 (see evidence report K, sub-theme 1.3), that information is not always shared nor
9 sufficient to meet the needs of other services (see evidence report K, sub-theme 7.1)
10 and that sharing information increases understanding of the child or young person
11 and their needs (see evidence report K, sub-theme 7.3). The committee agreed,
12 based on their experience and the qualitative evidence mentioned above, that
13 interagency working is not happening consistently and that there is poor
14 implementation of the SEND Code of Practice (2015). Therefore, they recommended
15 that formal processes are in place to improve the quality of services, and therefore
16 the quality of life for disabled children and young people [1.18.3].
17 There was some evidence that workshops, inter-professional education and ongoing
18 supervision increased the competence of a traumatic brain injury consulting team to
19 meet the social/behavioural, cognitive and academic needs of children and young
20 people. However, the committee agreed that, given the resource implications of
21 developing such teams, this evidence was not sufficient to support recommending
22 the development of specialist consulting teams due to the evidence being very low
23 quality and specific to traumatic brain injury. Further, the evidence reported the
24 impact of training on the consultation team, rather than the effectiveness of the
25 consultation team in supporting other practitioners. The committee agreed that there
26 are existing specialist services, for example voluntary and community organisations,
27 and professional networks that can provide specialist support and advice but agreed
28 that some practitioners may not be aware of such services. Therefore, they
29 recommended that this information is shared across specialities during interagency
30 team meetings [1.16.3]. This was supported by qualitative evidence that service
31 providers value the different skillsets and knowledge of others and opportunities to
32 learn from each other and build expertise (see evidence report M, sub-theme 6.1).
33 The committee noted that the traumatic brain injury consulting team training included
34 information about specific strategies for working with people with traumatic brain
35 injury. They agreed it was important that information about specific caring techniques
36 are shared, and that this should relate to the full range of needs that disabled
37 children and young people with complex needs may have, rather than being specific
38 to traumatic brain injury as that would only be a subset of the guideline's population
39 [1.16.3]. This was supported by qualitative evidence that professionals and staff lack
40 the necessary skills and knowledge to work effectively to meet the needs of children
41 and young people (see evidence report K, sub-theme 11.1). Finally, the committee
42 acknowledged that clinical practice, legislation and statutory guidance can change
43 frequently and that, in their experience, it is difficult for individuals to keep up-to-date
44 with all these changes. Therefore, they also recommended sharing knowledge about
45 such changes across specialities to increase awareness, and therefore adherence to,
46 such legislation and guidance [1.16.3].
47 The evidence showed a benefit of gaining experience working in other settings on
48 competence to meet the needs of disabled children and young people. This
49 experience was referred to as a secondment in the evidence, but the committee
50 agreed that due to its short-term nature many people would not consider this a
51 secondment and agreed that short-term placements would more accurately reflect

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1 the level and duration of this experience and made a recommendation in support of
2 these [1.15.25]. This was further supported by the qualitative evidence mentioned
3 above (see evidence report M, sub-theme 6.1 and evidence report K, sub-theme
4 11.1) and additional qualitative evidence that relationships improved when providers
5 worked together and had the opportunity to meet face-to-face, and that sharing staff
6 across multiple settings improved knowledge of the child (see evidence report K,
7 sub-themes 1.5 and 13.1). The committee agreed that the purpose of these
8 placements should be to learn about children and young people's needs in different
9 contexts and understand the approaches that other services use to meet these
10 needs. This is consistent with qualitative evidence that showed that practitioners
11 value the opportunity to learn from, observe and model other services [see evidence
12 report K, sub-theme 11.4] and learn about how children and young people behave in
13 different settings [see evidence report M, sub-theme 6.1]. Finally, the committee
14 agreed it was important that these short-term placements occur annually due to the
15 need to keep up-to-date with changes in clinical practice and guidance, as mentioned
16 above. The committee also agreed it was important to recommend that services
17 ensure they have a process for providing these placements to enable this to happen
18 and avoid situations where people are seeking these opportunities but unable to
19 obtain a placement [1.15.26].

20 There was some evidence that workshops increased competence to implement
21 specific speech and language strategies for disabled children and young people. The
22 committee agreed that workshops would be beneficial for developing knowledge in a
23 range of areas related to the needs of disabled children and young people with
24 severe complex needs. They highlighted the examples of safe eating and drinking,
25 personal care and language development, as these are needs that will apply across
26 all settings and historically safe eating and drinking and personal care needs have
27 been difficult to address. The qualitative evidence also highlighted that professionals
28 and staff lack the necessary skills and knowledge to work effectively to meet the
29 needs of children and young people, that more training and multi-agency work is
30 needed to communicate effectively with children and young people and that service
31 providers valued the opportunity to learn from other services (see evidence report M,
32 sub-theme 6.2; evidence report K, sub-themes 11.1 and 11.4). The committee
33 agreed that workshops should be attended by all services as multi-agency training
34 provides further opportunities to learn from other services and helps to build positive
35 working relationships and a shared understand of children and young people's needs
36 [1.15.21]. This was supported by qualitative evidence that recurrent liaisons and
37 conversations among professionals were valued to improve relationships and
38 effective team working and that multi-agency training is important to bridge the gaps
39 between professionals and get everyone on the same page (see evidence report K,
40 sub-themes 1.5 and 11.3).

41 **Cost effectiveness and resource use**

42 There was no published economic evidence for this review and no economic analysis
43 was undertaken.

44 The recommendations about opportunistic sharing of experiences and knowledge
45 between existing team members will not incur additional resources. Such practices
46 are likely to be very cost-effective as valuable specialist knowledge gained could
47 benefit other children of young people who are part of that practitioner's caseload
48 and potentially improve their outcomes by creating a more holistic and
49 comprehensive care and support plan. At present, interagency dialogue only formally
50 happens when it is a statutory duty.

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1 The committee noted that currently, whilst training is provided within each sector
2 about support needs that are present across settings (e.g. safe eating and drinking
3 and personal care), this training is not run jointly and doing so would be a change in
4 practice. Holding joint training across all 3 sectors is likely to be more efficient as it
5 will remove the need for each sector to provide the same training. It will also enable
6 practitioners to get insight into other professional perspectives which should
7 ultimately improve the support provided to disabled children and young people with
8 severe complex needs. The committee considered that joint training is unlikely to
9 have a significant resource impact as the funds to provide the training already exist
10 they will just be used differently. However, the committee noted that because of
11 constraints on schools, which have fixed opportunities for training their staff, there will
12 need to be cooperation between the services running the training and education
13 managers to ensure joint training is provided in a way that education staff can fully
14 participate.

15 In relation to the recommendation on providing short-term placements so
16 practitioners from one sector can experience a different sector, the committee noted
17 that this is not current practice. However they thought it was unlikely to have
18 significant resource implications because employers already have funds set aside for
19 training their workforce which could be used to fund the placement as this would be
20 part of training the individual.

21 All other recommendations represent current practice and are not expected to result
22 in a resource impact for services.

23 **Recommendations supported by this evidence review**

24 This evidence review supports recommendations 1.15.21, 1.15.25, 1.15.26, 1.16.2,
25 1.16.3, 1.18.3. Other evidence supporting these recommendations can be found in
26 the evidence reviews on Views and experiences of service users (evidence report A),
27 Barriers and facilitators of joined-up care (evidence report K), Views and experiences
28 of service providers (evidence report M).
29

1 **References – included studies**

2 **Effectiveness**

3 **Blayden 2017**

4 Blayden, C., Hughes, S., Nicol, J., Sims, S., Hubbard, I. J., Using secondments in
5 tertiary health facilities to build paediatric expertise in allied health professionals
6 working in rural New South Wales, *The Australian journal of rural health*, 25, 376-
7 381, 2017

8 **Glang 2004**

9 Glang, A., Tyler, J., Pearson, S., Todis, B., Morvant, M., Improving educational
10 services for students with TBI through statewide consulting teams,
11 *NeuroRehabilitation*, 19, 219-31, 2004

12 **O'Toole 2007**

13 O'Toole, C., Kirkpatrick, V., Building collaboration between professionals in health
14 and education through interdisciplinary training, *Child Language Teaching and*
15 *Therapy*, 23, 325-352, 2007

16 **Other**

17 **Department for Education and Department for Health 2015**

18 Department for Education and Department for Health, Special educational needs and
19 disability code of practice: 0 to 25 years. Statutory guidance for organisations which
20 work with and support children and young people who have special educational
21 needs or disabilities. Available at:
22 [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachm](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf)
23 [ent_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
24 05/11/2020]

Appendices

Appendix A – Review protocol

Review protocol for review question: What are the most effective practices (for example, communication and training) to enable health, social care and education professionals to meet the combined health, social care and education needs of disabled children and young people with severe complex needs?

Table 3: Review protocol

ID	Field	Content
0.	PROSPERO registration number	CRD42020164750
1.	Review title	What are the most effective practices (for example, communication and training) to enable health, social care and education professionals to meet the combined health, social care and education needs of disabled children and young people with severe complex needs?
2.	Review question	What are the most effective practices (for example, communication and training) to enable health, social care and education professionals to meet the combined health, social care and education needs of disabled children and young people with severe complex needs?
3.	Objective	To identify the most effective communication and training practices for the delivery of joined-up health, social care and education services for disabled children and young people with severe complex needs.
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) • Social Care Online • Social Policy and Practice • Social Science Citation Index • Social Services Abstracts

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ID	Field	Content
		<ul style="list-style-type: none"> • 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 full search strategies for all databases 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: Commissioners, providers or practitioners working in health, social care or educational services for disabled children and young people from birth to 25 years with severe complex needs who require health, social care and education support.</p> <p>Exclusion: Commissioners, providers or practitioners working in, health, social care or educational services for children and young people who do not have needs in all three areas of health, social care and education.</p>
7.	Intervention/Exposure/Test	<p>Any practices to enable health, social care and education professionals to meet combined health, social care and education needs.</p> <p>For example:</p> <ul style="list-style-type: none"> • Delivery arrangements: <ul style="list-style-type: none"> ◦ Coordination of care and management of care processes: <ul style="list-style-type: none"> - Communication / referral between providers • Implementation strategies:

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ID	Field	Content
		<ul style="list-style-type: none"> ○ Interventions targeted at health, social care and education workers: <ul style="list-style-type: none"> - Communities of practice - Educational games - Educational materials (including e-learning) - Educational meetings (e.g., workshops and conferences) - Educational outreach visits - Inter-professional education - Patient/family/carer mediated interventions and training - Ongoing inter agency competency/clinical supervision - Formal partnerships (to deliver training) - Learning development hub - Lessons learned pathway/ joint investigation (e.g. agreed protocols for near miss incidents) - Employee training passport ● Governance arrangements: <ul style="list-style-type: none"> ○ Authority and accountability for organisations: <ul style="list-style-type: none"> - Joint commissioning teams - Strategic oversight of commissioning
8.	Comparator/Reference standard/Confounding factors	<ul style="list-style-type: none"> ● Any other practices to meet combined health, social care and education needs ● Practices to meet separate health, social care or education needs
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

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ID	Field	Content
		<p>(https://www.oecd.org/about/members-and-partners/)</p> <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 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"> • Service focussed: <ul style="list-style-type: none"> ○ Extent to which needs are met (including changing and evolving needs) as measured by validated scales <ul style="list-style-type: none"> - Health needs (mobility, pain, temperament, emotional wellbeing, sleep) - Social care needs (self-care, safety, toileting) - Educational needs (communication aids, teaching assistant)
13.	Secondary outcomes (important outcomes)	<p>Important Outcomes:</p> <ul style="list-style-type: none"> • Person focussed: <ul style="list-style-type: none"> ○ Morbidity ○ Mortality • Provider/ Practitioner focussed <ul style="list-style-type: none"> ○ Competence (measured as Capability/ and Confidence) to meet the needs of the child or young person as measured by validated scales
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.</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 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	Quality assessment of individual studies will be performed using the following checklists:

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ID	Field	Content												
		<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. If heterogeneity cannot be explained through sensitivity 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 MID values for scales reported by included studies and use these if available. If not, we will use GRADE default MID values.</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	N/A												
18.	Type and method of review	<table border="1"> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>Intervention</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Diagnostic</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Prognostic</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Qualitative</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Epidemiologic</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Service Delivery</td> </tr> </tbody> </table>	<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 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													

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ID	Field	Content		
		<input type="checkbox"/>	Other (please specify)	
19.	Language	English		
20.	Country	England		
21.	Anticipated or actual start date	08/01/20		
22.	Anticipated completion date	May 2021		
23.	Stage of review at time of this submission	Review stage	Started	Completed
		Preliminary searches	<input type="checkbox"/>	<input type="checkbox"/>
		Piloting of the study selection process	<input type="checkbox"/>	<input type="checkbox"/>
		Formal screening of search results against eligibility criteria	<input type="checkbox"/>	<input type="checkbox"/>
		Data extraction	<input type="checkbox"/>	<input type="checkbox"/>
		Risk of bias (quality) assessment	<input type="checkbox"/>	<input type="checkbox"/>
		Data analysis	<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		
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		

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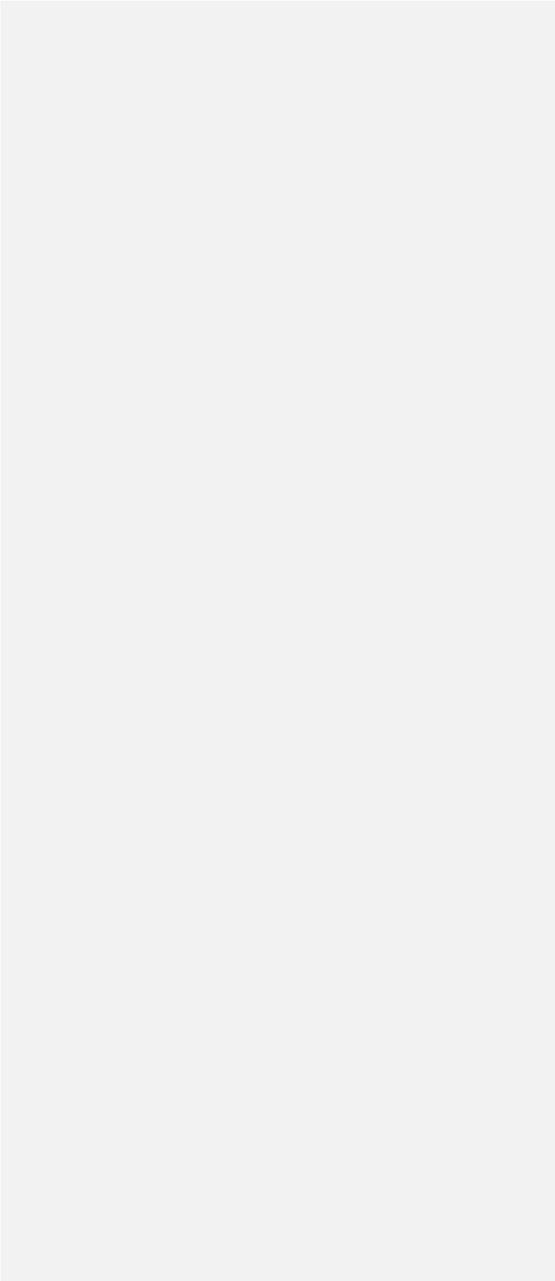
ID	Field	Content
		the development team. Any decisions to exclude a person from all or part of a meeting will be documented. Any changes to a member's declaration of interests will be recorded in the minutes of the meeting. Declarations of interests will be published with the final guideline.
28.	Collaborators	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=CRD42020164750
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
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
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; EPOC: Effective Practice and Organisation of Care; ERIC: Educational Information Resources Center; GRADE: Grading of Recommendations Assessment,
 4 Development and Evaluation; HMIC: Health Management Information Consortium; HR: hazard ratio; HTA: Health Technology Assessment; MID: minimally important
 5 difference; NICE: National Institute for Health and Care Excellence; OECD: Organisation for Economic Co-operation and Development; OR: odds ratio; RCT: randomised
 6 controlled trial; RoB: risk of bias; ROBINS-I: risk of bias in non-randomised studies – of interventions; ROBIS: Risk of Bias in Systematic Reviews; RR: risk ratio; SD: standard
 7 deviation; SEN: special educational needs

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1 **Appendix B – Literature search strategies**

2 **Literature search strategies for review question: What are the most effective**
3 **practices (for example, communication and training) to enable health, social**
4 **care and education professionals to meet the combined health, social care and**
5 **education needs of disabled children and young people with severe complex**
6 **needs?**

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

10 **Date of last search: 04/05/2020**

#	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	(interprovider? or multiprovider? or jointprovider?).ti,ab.
35	(interstakeholder? or multistakeholder? or jointstakeholder?).ti,ab.
36	(interprofession\$ or multiprofession\$ or jointprofession\$).ti,ab.
37	((inter or multi\$ or joint) adj3 (institution\$ or organi?ation\$ or sector\$ or agenc\$ or provider? or stakeholder? or profession\$)).ti,ab.
38	((institution\$ or organi?ation\$ or sector\$ or agenc\$ or provider? or stakeholder? 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.
39	or/27-38
40	(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/)
41	(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/)
42	(exp SOCIAL WORK/ or SOCIAL WORK, PSYCHIATRIC/ or SOCIAL WORKERS/) 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

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#	Searches
	SCHOOL TEACHERS/)
43	or/40-42
44	((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 (care 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\$)).ti,ab.
45	((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 (care 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\$)).ti,ab.
46	(social\$ adj5 (educat\$ or school\$ or teach\$ or headmaster? or headmistress\$ or SENCO? or DfE?) adj5 (care 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\$)).ti,ab.
47	or/44-46
48	STATE MEDICINE/og [Organization & Administration]
49	CHILD HEALTH SERVICES/og [Organization & Administration]
50	ADOLESCENT HEALTH SERVICES/og [Organization & Administration]
51	EDUCATION/og [Organization & Administration]
52	exp EDUCATION, SPECIAL/og [Organization & Administration]
53	exp SOCIAL WORK/og [Organization & Administration]
54	or/48-53
55	*INTERDISCIPLINARY COMMUNICATION/
56	INTERDISCIPLINARY PLACEMENT/
57	((interinstitution\$ or multiinstitution\$ or jointinstitution\$ or interorgani?ation\$ or multiorgani?ation\$ or jointorgani?ation\$ or intersector\$ or jointsector\$ or interagenc\$ or multiagenc\$ or jointagenc\$ or interprovider? or multiprovider? or jointprovider? or interstakeholder? or multistakeholder? or jointstakeholder? or interprofession\$ or multiprofession\$ or jointprofession\$) adj5 (communicat\$ or educat\$ or learn\$ or teach\$ or train\$)).ti,ab.
58	((inter or multi\$ or joint) adj3 (institution\$ or organi?ation\$ or sector\$ or agenc\$ or provider? or stakeholder? or profession\$) adj5 (communicat\$ or educat\$ or learn\$ or teach\$ or train\$)).ti,ab.
59	((institution\$ or organi?ation\$ or sector\$ or agenc\$ or provider? or stakeholder? or profession\$ or care or service? or department\$) adj5 (collaborat\$ or coordinat\$ or co-ordinat\$ or cooperat\$ or co-operat\$ or integrat\$ or partner\$) adj5 (communicat\$ or educat\$ or learn\$ or teach\$ or train\$)).ti.
60	or/56-59
61	EDUCATION, CONTINUING/
62	EDUCATION, MEDICAL, CONTINUING/
63	EDUCATION, NURSING, CONTINUING/
64	INSERVICE TRAINING/
65	STAFF DEVELOPMENT/
66	(continuing adj3 educat\$).ti,ab.
67	((inservice or in-service) adj3 (train\$ or educat\$ or learn\$ or teach\$)).ti,ab.
68	(staff adj3 (develop\$ or train\$)).ti.
69	((profession\$ or medic? or nurse? or practitioner? or worker? or therapist? or commissioner? or clinician? or physician? or consultant? or general practitioner? or therapist? or SENCO? or teacher? or headmaster? or head master? or head mistress\$ or head mistress\$) adj3 (educat\$ or learn\$ or train\$ or develop\$)).ti.
70	((profession\$ or medic? or nurse? or practitioner? or worker? or therapist? or commissioner? or clinician? or physician? or consultant? or general practitioner? or therapist? or SENCO? or headmaster? or head master? or head mistress\$ or head mistress\$) adj3 teach\$).ti.
71	or/61-70
72	PROFESSIONAL COMPETENCE/
73	CLINICAL COMPETENCE/
74	((profession\$ or medic? or nurse? or practitioner? or worker? or therapist? or commissioner? or clinician? or physician? or consultant? or general practitioner? or therapist? or SENCO? or teacher? or headmaster? or head master? or head mistress\$ or head mistress\$) adj3 competenc\$).ti,ab.
75	(clinical\$ adj3 competenc\$).ti,ab.
76	or/72-75
77	(communit\$ adj3 practice).ti,ab.
78	(educat\$ adj3 game?).ti,ab.
79	(educat\$ adj3 material?).ti,ab.
80	(educat\$ adj5 (meeting? or workshop? or conference?)).ti,ab.
81	(educat\$ adj3 (outreach or visit\$)).ti,ab.
82	((agency or agencies or provider? or service?) adj3 (competen\$ or oversight or supervision)).ti,ab.
83	((formal\$ or work\$) adj3 partnership?).ti,ab.
84	lesson? learned.ti,ab.
85	near miss\$.ti,ab.

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#	Searches
86	(joint\$ adj3 commission\$).ti,ab.
87	or/77-86
88	e-learn\$.ti,ab.
89	((patient? or family or families or carer?) adj3 mediat\$ adj3 (intervention? or train\$ or educat\$ or learn\$ or teach\$)).ti,ab.
90	((learn\$ or develop\$) adj3 hub?).ti,ab.
91	((train\$ or teach\$ or learn\$ or educat\$) adj3 passport?).ti,ab.
92	((oversight or accountab\$) adj5 commission\$).ti,ab.
93	or/88-92
94	26 and (39 or 43 or 47 or 54) and 55
95	26 and 60
96	26 and (39 or 43 or 47 or 54) and 71
97	26 and (39 or 43 or 47 or 54) and 76
98	26 and (39 or 43 or 47 or 54) and 87
99	26 and 93
100	or/94-99
101	limit 100 to english language
102	limit 101 to yr="2000 -Current"
103	LETTER/
104	EDITORIAL/
105	NEWS/
106	exp HISTORICAL ARTICLE/
107	ANECDOTES AS TOPIC/
108	COMMENT/
109	CASE REPORT/
110	(letter or comment*).ti.
111	or/103-110
112	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
113	111 not 112
114	ANIMALS/ not HUMANS/
115	exp ANIMALS, LABORATORY/
116	exp ANIMAL EXPERIMENTATION/
117	exp MODELS, ANIMAL/
118	exp RODENTIA/
119	(rat or rats or mouse or mice).ti.
120	or/113-119
121	102 not 120

1

2 **Databases: Embase; and Embase Classic**

3 **Date of last search: 04/05/2020**

#	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/

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#	Searches
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	(interprovider? or multiprovider? or jointprovider?).ti,ab.
34	(interstakeholder? or multistakeholder? or jointstakeholder?).ti,ab.
35	(interprofession\$ or multiprofession\$ or jointprofession\$).ti,ab.
36	((inter or multi\$ or joint) adj3 (institution\$ or organi?ation\$ or sector\$ or agenc\$ or provider? or stakeholder? or profession\$)).ti,ab.
37	((institution\$ or organi?ation\$ or sector\$ or agenc\$ or provider? or stakeholder? 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.
38	or/26-37
39	(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/)
40	(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/)
41	(SOCIAL CARE/ or SOCIAL WORK/ or SOCIAL WORKER/) 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/)
42	or/39-41
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 social\$ adj5 (care 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\$)).ti,ab.
44	((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 (care 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\$)).ti,ab.
45	(social\$ adj5 (educat\$ or school\$ or teach\$ or headmaster? or headmistress\$ or SENCO? or DfE?) adj5 (care 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\$)).ti,ab.
46	or/43-45
47	NATIONAL HEALTH SERVICE/ and ORGANIZATION/
48	CHILD HEALTH CARE/ and ORGANIZATION/
49	EDUCATION/ and ORGANIZATION/
50	exp SPECIAL EDUCATION/ and ORGANIZATION/
51	SOCIAL WORK/ and ORGANIZATION/
52	or/47-51
53	*INTERDISCIPLINARY COMMUNICATION/
54	INTERDISCIPLINARY EDUCATION/
55	COLLABORATIVE LEARNING/
56	((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 interprovider? or multiprovider? or jointprovider? or interstakeholder? or multistakeholder? or jointstakeholder? or interprofession\$ or multiprofession\$ or jointprofession\$) adj5 (communicat\$ or educat\$ or learn\$ or teach\$ or train\$)).ti,ab.
57	((inter or multi\$ or joint) adj3 (institution\$ or organi?ation\$ or sector\$ or agenc\$ or provider? or stakeholder? or profession\$) adj5 (communicat\$ or educat\$ or learn\$ or teach\$ or train\$)).ti,ab.
58	((institution\$ or organi?ation\$ or sector\$ or agenc\$ or provider? or stakeholder? or profession\$ or care or service? or department\$) adj5 (collaborat\$ or coordinat\$ or co-ordinat\$ or cooperat\$ or co-operat\$ or integrat\$ or partner\$) adj5 (communicat\$ or educat\$ or learn\$ or teach\$ or train\$)).ti.
59	or/55-58
60	CONTINUING EDUCATION/
61	IN SERVICE TRAINING/
62	PROFESSIONAL DEVELOPMENT/
63	(continuing adj3 educat\$).ti,ab.
64	((in-service or in-service) adj3 (train\$ or educat\$ or learn\$ or teach\$)).ti,ab.
65	(staff adj3 (develop\$ or train\$)).ti.
66	((profession\$ or medic? or nurse? or practitioner? or worker? or therapist? or commissioner? or clinician? or

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Enabling professionals to meet the needs of children and young people

#	Searches
	physician? or consultant? or general practitioner? or therapist? or SENCO? or teacher? or headmaster? or head master? or head mistress\$ or head mistress\$) adj3 (educat\$ or learn\$ or train\$ or develop\$).ti.
67	((profession\$ or medic? or nurse? or practitioner? or worker? or therapist? or commissioner? or clinician? or physician? or consultant? or general practitioner? or therapist? or SENCO? or headmaster? or head master? or head mistress\$ or head mistress\$) adj3 teach\$).ti.
68	or/60-67
69	PROFESSIONAL COMPETENCE/
70	CLINICAL COMPETENCE/
71	((profession\$ or medic? or nurse? or practitioner? or worker? or therapist? or commissioner? or clinician? or physician? or consultant? or general practitioner? or therapist? or SENCO? or teacher? or headmaster? or head master? or head mistress\$ or head mistress\$) adj3 competenc\$).ti,ab.
72	(clinical\$ adj3 competenc\$).ti,ab.
73	or/69-72
74	(communit\$ adj3 practice).ti,ab.
75	(educat\$ adj3 game?).ti,ab.
76	(educat\$ adj3 material?).ti,ab.
77	(educat\$ adj5 (meeting? or workshop? or conference?)).ti,ab.
78	(educat\$ adj3 (outreach or visit\$)).ti,ab.
79	((agency? or agencies? or provider? or service?) adj3 (competen\$ or oversight or supervision)).ti,ab.
80	((formal\$ or work\$) adj3 partnership?).ti,ab.
81	lesson? learned.ti,ab.
82	near miss\$.ti,ab.
83	(joint\$ adj3 commission\$).ti,ab.
84	or/74-83
85	e-learn\$.ti,ab.
86	((patient? or family or families or carer?) adj3 mediat\$ adj3 (intervention? or train\$ or educat\$ or learn\$ or teach\$)).ti,ab.
87	((learn\$ or develop\$) adj3 hub?).ti,ab.
88	((train\$ or teach\$ or learn\$ or educat\$) adj3 passport?).ti,ab.
89	((oversight or accountab\$) adj5 commission\$).ti,ab.
90	or/85-89
91	25 and (38 or 42 or 46 or 52) and 53
92	25 and (38 or 42 or 46 or 52) and 54
93	25 and 59
94	25 and (38 or 42 or 46 or 52) and 68
95	25 and (38 or 42 or 46 or 52) and 73
96	25 and (38 or 42 or 46 or 52) and 84
97	25 and 90
98	or/91-97
99	limit 98 to english language
100	limit 99 to yr="2000 -Current"
101	letter.pt. or LETTER/
102	note.pt.
103	editorial.pt.
104	CASE REPORT/ or CASE STUDY/
105	(letter or comment*).ti.
106	or/101-105
107	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
108	106 not 107
109	ANIMAL/ not HUMAN/
110	NONHUMAN/
111	exp ANIMAL EXPERIMENT/
112	exp EXPERIMENTAL ANIMAL/
113	ANIMAL MODEL/
114	exp RODENT/
115	(rat or rats or mouse or mice).ti.
116	or/108-115
117	100 not 116

1

2 **Database: Health Management Information Consortium (HMIC)**

3 **Date of last search: 04/05/2020**

#	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/

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Enabling professionals to meet the needs of children and young people

#	Searches
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 multinstitution\$ 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	(interprovider? or multiprovider? or jointprovider?).ti,ab.
39	(interstakeholder? or multistakeholder? or jointstakeholder?).ti,ab.
40	(interprofession\$ or multiprofession\$ or jointprofession\$).ti,ab.
41	((inter or multi\$ or joint) adj3 (institution\$ or organi?ation\$ or sector\$ or agenc\$ or provider? or stakeholder? or profession\$)).ti,ab.
42	((institution\$ or organi?ation\$ or sector\$ or agenc\$ or provider? or stakeholder? 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.
43	or/23-42
44	(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 SUPPORTIVE SOCIAL WORK/)
45	(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/)
46	(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 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 TEACHERS/)
47	or/44-46
48	((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 (care 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\$)).ti,ab.
49	((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 (care 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\$)).ti,ab.
50	(social\$ adj5 (educat\$ or school\$ or teach\$ or headmaster? or headmistress\$ or SENCO? or DfE?) adj5 (care 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

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Enabling professionals to meet the needs of children and young people

#	Searches
	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.
51	or/48-50
52	INTERPROFESSIONAL COMMUNICATION/
53	INTERPROFESSIONAL EDUCATION/
54	((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 interprovider? or multiprovider? or jointprovider? or interstakeholder? or multistakeholder? or jointstakeholder? or interprofession\$ or multiprofession\$ or jointprofession\$) adj5 (communicat\$ or educat\$ or learn\$ or teach\$ or train\$).ti,ab.
55	((inter or multi\$ or joint) adj3 (institution\$ or organi?ation\$ or sector\$ or agenc\$ or provider? or stakeholder? or profession\$) adj5 (communicat\$ or educat\$ or learn\$ or teach\$ or train\$).ti,ab.
56	((institution\$ or organi?ation\$ or sector\$ or agenc\$ or provider? or stakeholder? or profession\$ or care or service? or department\$) adj5 (collaborat\$ or coordinat\$ or co-ordinat\$ or cooperat\$ or co-operat\$ or integrat\$ or partner\$) adj5 (communicat\$ or educat\$ or learn\$ or teach\$ or train\$).ti.
57	or/52-56
58	CONTINUING EDUCATION/
59	POST QUALIFYING TRAINING/
60	IN SERVICE TRAINING/
61	HUMAN RESOURCES DEVELOPMENT/
62	PROFESSIONAL DEVELOPMENT/
63	CONTINUING PROFESSIONAL DEVELOPMENT/
64	(continuing adj3 educat\$).ti,ab.
65	((inservice or in-service) adj3 (train\$ or educat\$ or learn\$ or teach\$)).ti,ab.
66	(staff adj3 (develop\$ or train\$)).ti.
67	((profession\$ or medic? or nurse? or practitioner? or worker? or therapist? or commissioner? or clinician? or physician? or consultant? or general practitioner? or therapist? or SENCO? or teacher? or headmaster? or head master? or head mistress\$ or head mistress\$) adj3 (educat\$ or learn\$ or train\$ or develop\$)).ti.
68	((profession\$ or medic? or nurse? or practitioner? or worker? or therapist? or commissioner? or clinician? or physician? or consultant? or general practitioner? or therapist? or SENCO? or headmaster? or head master? or head mistress\$ or head mistress\$) adj3 teach\$).ti.
69	or/58-68
70	PROFESSIONAL COMPETENCE/
71	((profession\$ or medic? or nurse? or practitioner? or worker? or therapist? or commissioner? or clinician? or physician? or consultant? or general practitioner? or therapist? or SENCO? or teacher? or headmaster? or head master? or head mistress\$ or head mistress\$) adj3 competenc\$).ti,ab.
72	(clinical\$ adj3 competenc\$).ti,ab.
73	or/70-72
74	(communit\$ adj3 practice).ti,ab.
75	(educat\$ adj3 game?).ti,ab.
76	(educat\$ adj3 material?).ti,ab.
77	(educat\$ adj5 (meeting? or workshop? or conference?)).ti,ab.
78	(educat\$ adj3 (outreach or visit\$)).ti,ab.
79	((agency or agencies or provider? or service?) adj3 (competen\$ or oversight or supervision)).ti,ab.
80	((formal\$ or work\$) adj3 partnership?).ti,ab.
81	lesson? learned.ti,ab.
82	near miss\$.ti,ab.
83	(joint\$ adj3 commission\$).ti,ab.
84	or/74-83
85	e-learn\$.ti,ab.
86	((patient? or family or families or carer?) adj3 mediat\$ adj3 (intervention? or train\$ or educat\$ or learn\$ or teach\$)).ti,ab.
87	((learn\$ or develop\$) adj3 hub?).ti,ab.
88	((train\$ or teach\$ or learn\$ or educat\$) adj3 passport?).ti,ab.
89	((oversight or accountab\$) adj5 commission\$).ti,ab.
90	or/85-89
91	22 and 57
92	22 and (43 or 47 or 51) and 69
93	22 and (43 or 47 or 51) and 73
94	22 and (43 or 47 or 51) and 84
95	22 and 90
96	or/91-95
97	limit 96 to yr="2000 -Current"

1
2
3

Database: Social Policy and Practice

Date of last search: 04/05/2020

#	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.

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Enabling professionals to meet the needs of children and young people

#	Searches
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	((ininstitution\$ 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	((interprovider? or multiprovider? or jointprovider?).ti,ab.
22	((interstakeholder? or multistakeholder? or jointstakeholder?).ti,ab.
23	((interprofession\$ or multiprofession\$ or jointprofession\$).ti,ab.
24	((inter or multi\$ or joint) adj3 (institution\$ or organi?ation\$ or sector\$ or agenc\$ or provider? or stakeholder? or profession\$)).ti,ab.
25	((institution\$ or organi?ation\$ or sector\$ or agenc\$ or provider? or stakeholder? 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.
26	or/17-25
27	((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 (care 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\$)).ti,ab.
28	((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 (care 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\$)).ti,ab.
29	(social\$ adj5 (educat\$ or school\$ or teach\$ or headmaster? or headmistress\$ or SENCO? or DfE?) adj5 (care 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\$)).ti,ab.
30	or/27-29
31	((ininstitution\$ 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 interprovider? or multiprovider? or jointprovider? or interstakeholder? or multistakeholder? or jointstakeholder? or interprofession\$ or multiprofession\$ or jointprofession\$) adj5 (communicat\$ or educat\$ or learn\$ or teach\$ or train\$)).ti,ab.
32	((inter or multi\$ or joint) adj3 (institution\$ or organi?ation\$ or sector\$ or agenc\$ or provider? or stakeholder? or profession\$) adj5 (communicat\$ or educat\$ or learn\$ or teach\$ or train\$)).ti,ab.
33	((institution\$ or organi?ation\$ or sector\$ or agenc\$ or provider? or stakeholder? or profession\$ or care or service? or department\$) adj5 (collaborat\$ or coordinat\$ or co-ordinat\$ or cooperat\$ or co-operat\$ or integrat\$ or partner\$) adj5 (communicat\$ or educat\$ or learn\$ or teach\$ or train\$)).ti.
34	or/31-33
35	(continuing adj3 educat\$).ti,ab.
36	((inservice or in-service) adj3 (train\$ or educat\$ or learn\$ or teach\$)).ti,ab.
37	(staff adj3 (develop\$ or train\$)).ti.
38	((profession\$ or medic? or nurse? or practitioner? or worker? or therapist? or commissioner? or clinician? or physician? or consultant? or general practitioner? or therapist? or SENCO? or teacher? or headmaster? or head master? or head mistress\$ or head mistress\$) adj3 (educat\$ or learn\$ or train\$ or develop\$)).ti.
39	((profession\$ or medic? or nurse? or practitioner? or worker? or therapist? or commissioner? or clinician? or physician? or consultant? or general practitioner? or therapist? or SENCO? or headmaster? or head master? or head mistress\$ or head mistress\$) adj3 teach\$).ti.
40	or/35-39
41	((profession\$ or medic? or nurse? or practitioner? or worker? or therapist? or commissioner? or clinician? or physician? or consultant? or general practitioner? or therapist? or SENCO? or teacher? or headmaster? or head master? or head mistress\$ or head mistress\$) adj3 competenc\$).ti,ab.
42	(clinical\$ adj3 competenc\$).ti,ab.
43	or/41-42
44	(communit\$ adj3 practice).ti,ab.
45	(educat\$ adj3 game?).ti,ab.

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#	Searches
46	(educat\$ adj3 material?).ti,ab.
47	(educat\$ adj5 (meeting? or workshop? or conference?)).ti,ab.
48	(educat\$ adj3 (outreach or visit\$)).ti,ab.
49	((agency or agencies or provider? or service?) adj3 (competen\$ or oversight or supervision)).ti,ab.
50	((formal\$ or work\$) adj3 partnership?).ti,ab.
51	lesson? learned.ti,ab.
52	near miss\$.ti,ab.
53	(joint\$ adj3 commission\$).ti,ab.
54	or/44-53
55	e-learn\$.ti,ab.
56	((patient? or family or families or carer?) adj3 mediat\$ adj3 (intervention? or train\$ or educat\$ or learn\$ or teach\$)).ti,ab.
57	((learn\$ or develop\$) adj3 hub?).ti,ab.
58	((train\$ or teach\$ or learn\$ or educat\$) adj3 passport?).ti,ab.
59	((oversight or accountab\$) adj5 commission\$).ti,ab.
60	or/55-59
61	16 and 34
62	16 and (26 or 30) and 40
63	16 and (26 or 30) and 43
64	16 and (26 or 30) and 54
65	16 and 60
66	or/61-65
67	limit 66 to yr="2000 -Current"

1

2

Database: PsycInfo

3

Date of last search: 04/05/2020

#	Searches
1	(adolescenc\$ 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	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	(interprovider? or multiprovider? or jointprovider?).ti,ab.
32	(interstakeholder? or multistakeholder? or jointstakeholder?).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 provider? or stakeholder? or profession\$)).ti,ab.
35	((institution\$ or organi?ation\$ or sector\$ or agenc\$ or provider? or stakeholder? 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/25-35
37	(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

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#	Searches
	CASEWORK/ or exp SOCIAL WORKERS/)
38	(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/)
39	(exp SOCIAL CASEWORK/ or exp SOCIAL WORKERS/) 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/)
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\$ adj5 (care 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\$),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?) adj5 (care 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\$),ti,ab.
43	(social\$ adj5 (educat\$ or school\$ or teach\$ or headmaster? or headmistress\$ or SENCO? or DfE?) adj5 (care 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\$),ti,ab.
44	or/41-43
45	((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 interprovider? or multiprovider? or jointprovider? or interstakeholder? or multistakeholder? or jointstakeholder? or interprofession\$ or multiprofession\$ or jointprofession\$) adj5 (communicat\$ or educat\$ or learn\$ or teach\$ or train\$),ti,ab.
46	((inter or multi\$ or joint) adj3 (institution\$ or organi?ation\$ or sector\$ or agenc\$ or provider? or stakeholder? or profession\$) adj5 (communicat\$ or educat\$ or learn\$ or teach\$ or train\$),ti,ab.
47	((institution\$ or organi?ation\$ or sector\$ or agenc\$ or provider? or stakeholder? or profession\$ or care or service? or departments) adj5 (collaborat\$ or coordinat\$ or co-ordinat\$ or cooperat\$ or co-operat\$ or integrat\$ or partner\$) adj5 (communicat\$ or educat\$ or learn\$ or teach\$ or train\$),ti.
48	or/45-47
49	CONTINUING EDUCATION/
50	INSERVICE TRAINING/
51	INSERVICE TEACHER EDUCATION/
52	PROFESSIONAL DEVELOPMENT/
53	(continuing adj3 educat\$),ti,ab.
54	((inservice or in-service) adj3 (train\$ or educat\$ or learn\$ or teach\$),ti,ab.
55	(staff adj3 (develop\$ or train\$),ti.
56	((profession\$ or medic? or nurse? or practitioner? or worker? or therapist? or commissioner? or clinician? or physician? or consultant? or general practitioner? or therapist? or SENCO? or teacher? or headmaster? or head master? or head mistress\$ or head mistress\$) adj3 (educat\$ or learn\$ or train\$ or develop\$),ti.
57	((profession\$ or medic? or nurse? or practitioner? or worker? or therapist? or commissioner? or clinician? or physician? or consultant? or general practitioner? or therapist? or SENCO? or headmaster? or head master? or head mistress\$ or head mistress\$) adj3 teach\$),ti.
58	or/49-57
59	PROFESSIONAL COMPETENCE/
60	((profession\$ or medic? or nurse? or practitioner? or worker? or therapist? or commissioner? or clinician? or physician? or consultant? or general practitioner? or therapist? or SENCO? or teacher? or headmaster? or head master? or head mistress\$ or head mistress\$) adj3 competenc\$),ti,ab.
61	(clinical\$ adj3 competenc\$),ti,ab.
62	or/59-61
63	(communit\$ adj3 practice),ti,ab.
64	(educat\$ adj3 game?),ti,ab.
65	(educat\$ adj3 material?),ti,ab.
66	(educat\$ adj5 (meeting? or workshop? or conference?)),ti,ab.
67	(educat\$ adj3 (outreach or visit\$)),ti,ab.
68	((agency or agencies or provider? or service?) adj3 (competen\$ or oversight or supervision)),ti,ab.
69	((formal\$ or work\$) adj3 partnership?),ti,ab.

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#	Searches
70	lesson? learned.ti.ab.
71	near miss\$.ti.ab.
72	(joint\$ adj3 commission\$.ti.ab.
73	or/63-72
74	e-learn\$.ti.ab.
75	((patient? or family or families or carer?) adj3 mediat\$ adj3 (intervention? or train\$ or educat\$ or learn\$ or teach\$).ti.ab.
76	((learn\$ or develop\$) adj3 hub?).ti.ab.
77	((train\$ or teach\$ or learn\$ or educat\$) adj3 passport?).ti.ab.
78	((oversight or accountab\$) adj5 commission\$.ti.ab.
79	or/74-78
80	24 and 48
81	24 and (36 or 40 or 44) and 58
82	24 and (36 or 40 or 44) and 62
83	24 and (36 or 40 or 44) and 73
84	24 and 79
85	or/80-84
86	limit 85 to english language
87	limit 86 to yr="2000 -Current"
88	limit 87 to ("0100 journal" or "0110 peer-reviewed journal" or "0120 non-peer-reviewed journal")

1

2

Database: Emcare

3

Date of last search: 04/05/2020

#	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 disabilt\$ 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	(interprovider? or multiprovider? or jointprovider?).ti.ab.
34	(interstakeholder? or multistakeholder? or jointstakeholder?).ti.ab.
35	(interprofession\$ or multiprofession\$ or jointprofession\$.ti.ab.
36	((inter or multi\$ or joint) adj3 (institution\$ or organi?ation\$ or sector\$ or agenc\$ or provider? or stakeholder? or profession\$.ti.ab.
37	((institution\$ or organi?ation\$ or sector\$ or agenc\$ or provider? or stakeholder? 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.
38	or/26-37
39	(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/)

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#	Searches
40	(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/)
41	(SOCIAL CARE/ or SOCIAL WORK/ or SOCIAL WORKER/) 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/)
42	or/39-41
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 social\$ adj5 (care 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\$)).ti,ab.
44	((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 (care 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\$)).ti,ab.
45	(social\$ adj5 (educat\$ or school\$ or teach\$ or headmaster? or headmistress\$ or SENCO? or DfE?) adj5 (care 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\$)).ti,ab.
46	or/43-45
47	NATIONAL HEALTH SERVICE/ and ORGANIZATION/
48	CHILD HEALTH CARE/ and ORGANIZATION/
49	EDUCATION/ and ORGANIZATION/
50	exp SPECIAL EDUCATION/ and ORGANIZATION/
51	SOCIAL WORK/ and ORGANIZATION/
52	or/47-51
53	*INTERDISCIPLINARY COMMUNICATION/
54	INTERDISCIPLINARY EDUCATION/
55	COLLABORATIVE LEARNING/
56	((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 interprovider? or multiprovider? or jointprovider? or interstakeholder? or multistakeholder? or jointstakeholder? or interprofession\$ or multiprofession\$ or jointprofession\$) adj5 (communicat\$ or educat\$ or learn\$ or teach\$ or train\$)).ti,ab.
57	((inter or multi\$ or joint) adj3 (institution\$ or organi?ation\$ or sector\$ or agenc\$ or provider? or stakeholder? or profession\$) adj5 (communicat\$ or educat\$ or learn\$ or teach\$ or train\$)).ti,ab.
58	((institution\$ or organi?ation\$ or sector\$ or agenc\$ or provider? or stakeholder? or profession\$ or care or service? or department\$) adj5 (collaborat\$ or coordinat\$ or co-ordinat\$ or cooperat\$ or co-operat\$ or integrat\$ or partner\$) adj5 (communicat\$ or educat\$ or learn\$ or teach\$ or train\$)).ti.
59	or/55-58
60	CONTINUING EDUCATION/
61	IN SERVICE TRAINING/
62	PROFESSIONAL DEVELOPMENT/
63	(continuing adj3 educat\$).ti,ab.
64	((inservice or in-service) adj3 (train\$ or educat\$ or learn\$ or teach\$)).ti,ab.
65	(staff adj3 (develop\$ or train\$)).ti.
66	((profession\$ or medic? or nurse? or practitioner? or worker? or therapist? or commissioner? or clinician? or physician? or consultant? or general practitioner? or therapist? or SENCO? or teacher? or headmaster? or head master? or head mistress\$ or head mistress\$) adj3 (educat\$ or learn\$ or train\$ or develop\$)).ti.
67	((profession\$ or medic? or nurse? or practitioner? or worker? or therapist? or commissioner? or clinician? or physician? or consultant? or general practitioner? or therapist? or SENCO? or headmaster? or head master? or head mistress\$ or head mistress\$) adj3 teach\$).ti.
68	or/60-67
69	PROFESSIONAL COMPETENCE/
70	CLINICAL COMPETENCE/
71	((profession\$ or medic? or nurse? or practitioner? or worker? or therapist? or commissioner? or clinician? or physician? or consultant? or general practitioner? or therapist? or SENCO? or teacher? or headmaster? or head master? or head mistress\$ or head mistress\$) adj3 competenc\$).ti,ab.
72	(clinical\$ adj3 competenc\$).ti,ab.
73	or/69-72
74	(communit\$ adj3 practice).ti,ab.
75	(educat\$ adj3 game?).ti,ab.
76	(educat\$ adj3 material?).ti,ab.
77	(educat\$ adj5 (meeting? or workshop? or conference?)).ti,ab.

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#	Searches
78	(educat\$ adj3 (outreach or visit\$)).ti,ab.
79	((agency or agencies or provider? or service?) adj3 (competen\$ or oversight or supervision)).ti,ab.
80	((formal\$ or work\$) adj3 partnership?).ti,ab.
81	lesson? learned.ti,ab.
82	near miss\$.ti,ab.
83	(joint\$ adj3 commission\$).ti,ab.
84	or/74-83
85	e-learn\$.ti,ab.
86	((patient? or family or families or carer?) adj3 mediat\$ adj3 (intervention? or train\$ or educat\$ or learn\$ or teach\$)).ti,ab.
87	((learn\$ or develop\$) adj3 hub?).ti,ab.
88	((train\$ or teach\$ or learn\$ or educat\$) adj3 passport?).ti,ab.
89	((oversight or accountab\$) adj5 commission\$).ti,ab.
90	or/85-89
91	25 and (38 or 42 or 46 or 52) and 53
92	25 and (38 or 42 or 46 or 52) and 54
93	25 and 59
94	25 and (38 or 42 or 46 or 52) and 68
95	25 and (38 or 42 or 46 or 52) and 73
96	25 and (38 or 42 or 46 or 52) and 84
97	25 and 90
98	or/91-97
99	limit 98 to english language
100	limit 99 to yr="2000 -Current"
101	letter.pt. or LETTER/
102	note.pt.
103	editorial.pt.
104	CASE REPORT/ or CASE STUDY/
105	(letter or comment*).ti.
106	or/101-105
107	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
108	106 not 107
109	ANIMAL/ not HUMAN/
110	NONHUMAN/
111	exp ANIMAL EXPERIMENT/
112	exp EXPERIMENTAL ANIMAL/
113	ANIMAL MODEL/
114	exp RODENT/
115	(rat or rats or mouse or mice).ti.
116	or/108-115
117	100 not 116

1

2 **Databases: Cochrane Central Register of Controlled Trials (CCTR); and**

3 **Cochrane Database of Systematic Reviews (CDSR)**

4 **Date of last search: 04/05/2020**

#	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

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#	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	(interprovider* or multiprovider* or jointprovider*):ti,ab
#36	(interstakeholder* or multistakeholder* or jointstakeholder*):ti,ab
#37	(interprofession* or multiprofession* or jointprofession*):ti,ab
#38	((inter or multi or joint) near/3 (institution* or organisation* or organization* or sector* or agenc* or provider* or stakeholder* or profession*)):ti,ab
#39	((institution* or organisation* or organization* or sector* or agenc* or provider* or stakeholder* 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
#40	#28 or #29 or #30 or #31 or #32 or #33 or #34 or #35 or #36 or #37 or #38 or #39
#41	([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"])
#42	([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"])
#43	([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"])
#44	#41 or #42 or #43
#45	((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* near/5 (care or service* or department* or institution* or organisation* or organization* 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
#46	((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*) near/5 (care or service* or department* or institution* or organisation* or organization* 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
#47	(social* near/5 (educat* or school* or teach* or headmaster* or headmistress* or SENCO or SENCOs or DfE*) near/5 (care or service* or department* or institution* or organisation* or organization* 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
#48	#45 or #46 or #47
#49	[mh ^"STATE MEDICINE"/og]
#50	[mh ^"CHILD HEALTH SERVICES"/og]
#51	[mh ^"ADOLESCENT HEALTH SERVICES"/og]
#52	[mh ^"EDUCATION"/og]
#53	[mh ^"EDUCATION, SPECIAL"/og]
#54	[mh ^"SOCIAL WORK"/og]
#55	#49 or #50 or #51 or #52 or #53 or #54
#56	[mh ^"INTERDISCIPLINARY COMMUNICATION"]
#57	[mh ^"INTERDISCIPLINARY PLACEMENT"]
#58	((interinstitution* or multiinstitution* or jointinstitution* or interorganization* or interorganisation* or multiorganization* or multiorganisation* or jointorganization* or jointorganisation* or intersector* or multisector* or jointsector* or interagenc* or multiagenc* or jointagenc* or interprovider* or multiprovider* or jointprovider* or interstakeholder* or

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#	Searches
	multistakeholder* or jointstakeholder* or interprofession* or multiprofession* or jointprofession*) near/5 (communicat* or educat* or learn* or teach* or train*);ti,ab
#59	((inter or multi* or joint) near/3 (institution* or organization* organisation* or sector* or agenc* or provider* or stakeholder* or profession*) near/5 (communicat* or educat* or learn* or teach* or train*);ti,ab
#60	((institution* or organization* or organisation* or sector* or agenc* or provider* or stakeholder* 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*) near/5 (communicat* or educat* or learn* or teach* or train*);ti
#61	#57 or #58 or #59 or #60
#62	[mh ^^EDUCATION, CONTINUING*]
#63	[mh ^^EDUCATION, MEDICAL, CONTINUING*]
#64	[mh ^^EDUCATION, NURSING, CONTINUING*]
#65	[mh ^^INSERVICE TRAINING*]
#66	[mh ^^STAFF DEVELOPMENT*]
#67	(continuing near/3 educat*);ti,ab
#68	((inservice or "in-service") near/3 (train* or educat* or learn* or teach*);ti,ab
#69	(staff near/3 (develop* or train*);ti
#70	((profession* or medic or medics or nurse* or practitioner* or worker* or therapist* or commissioner* or clinician* or physician* or consultant* or "general practitioner*" or therapist* or SENCO* or teacher* or headmaster* or "head master*" or headmistress* or "head mistress*") near/3 (educat* or learn* or train* or develop*);ti
#71	((profession* or medic or medics or nurse* or practitioner* or worker* or therapist* or commissioner* or clinician* or physician* or consultant* or "general practitioner*" or therapist* or SENCO* or headmaster* or "head master*" or headmistress* or "head mistress*") near/3 teach*);ti
#72	#62 or #63 or #64 or #65 or #66 or #67 or #68 or #69 or #70 or #71
#73	[mh ^^PROFESSIONAL COMPETENCE*]
#74	[mh ^^CLINICAL COMPETENCE*]
#75	((profession* or medic or medics or nurse* or practitioner* or worker* or therapist* or commissioner* or clinician* or physician* or consultant* or "general practitioner*" or therapist* or SENCO* or teacher* or headmaster* or "head master*" or headmistress* or "head mistress*") near/3 competenc*);ti,ab
#76	(clinical* near/3 competenc*);ti,ab
#77	#73 or #74 or #75 or #76
#78	(communit* near/3 practice);ti,ab
#79	(educat* near/3 game*);ti,ab
#80	(educat* near/3 material*);ti,ab
#81	(educat* near/5 (meeting* or workshop* or conference*));ti,ab
#82	(educat* near/3 (outreach or visit*));ti,ab
#83	((agency or agencies or provider* or service*) near/3 (competen* or oversight or supervision));ti,ab
#84	((formal* or work*) near/3 partnership*);ti,ab
#85	"lesson* learned";ti,ab
#86	"near miss*";ti,ab
#87	(joint* near/3 commission*);ti,ab
#88	#78 or #79 or #80 or #81 or #82 or #83 or #84 or #85 or #86 or #87
#89	"e-learn*";ti,ab
#90	((patient* or family or families or carer*) near/3 mediat* near/3 (intervention* or train* or educat* or learn* or teach*);ti,ab
#91	((learn* or develop*) near/3 hub*);ti,ab
#92	((train* or teach* or learn* or educat*) near/3 passport*);ti,ab
#93	((oversight or accountab*) near/5 commission*);ti,ab
#94	#89 or #90 or #91 or #92 or #93
#95	#27 and (#40 or #44 or #48 or #55) and #56
#96	#27 and #61
#97	#27 and (#40 or #44 or #48 or #55) and #72
#98	#27 and (#40 or #44 or #48 or #55) and #77
#99	#27 and (#40 or #44 or #48 or #55) and #88
#100	#27 and #94
#101	#95 or #96 or #97 or #98 or #99 or #100
#102	#95 or #96 or #97 or #98 or #99 or #100 with Cochrane Library publication date Between Jan 2000 and May 2020, in Cochrane Reviews
#103	#95 or #96 or #97 or #98 or #99 or #100 with Publication Year from 2000 to 2020, in Trials

1

2 **Database: Database of Abstracts of Reviews of Effects (DARE)**

3 **Date of last search: 04/05/2020**

#	Searches
1	MeSH DESCRIPTOR ADOLESCENT IN DARE
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

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#	Searches
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 INTERDISCIPLINARY COMMUNICATION IN DARE
28	((("inter* or multi* or joint* adj5 (communicat* or educat* or learn* or teach* or train*)):TI) and ((Systematic review:ZDT and Bibliographic:ZPS) OR (Systematic review:ZDT and Abstract:ZPS))
29	MeSH DESCRIPTOR EDUCATION, CONTINUING IN DARE
30	MeSH DESCRIPTOR EDUCATION, MEDICAL, CONTINUING IN DARE
31	MeSH DESCRIPTOR EDUCATION, NURSING, CONTINUING IN DARE
32	MeSH DESCRIPTOR INSERVICE TRAINING IN DARE
33	MeSH DESCRIPTOR STAFF DEVELOPMENT IN DARE
34	((("continuing adj3 educat*")) and ((Systematic review:ZDT and Bibliographic:ZPS) OR (Systematic review:ZDT and Abstract:ZPS))
35	((("inservice or in-service) adj3 (train* or educat* or learn* or teach*))) and ((Systematic review:ZDT and Bibliographic:ZPS) OR (Systematic review:ZDT and Abstract:ZPS))
36	((("staff adj3 (develop* or train*))) and ((Systematic review:ZDT and Bibliographic:ZPS) OR (Systematic review:ZDT and Abstract:ZPS))
37	((("profession* or medic or medics or nurse* or practitioner* or worker* or therapist* or commissioner* or clinician* or physician* or consultant* or general practitioner* or therapist* or SENCO* or teacher* or headmaster* or head master* or head mistress* or head mistress*") adj3 (educat* or learn* or train* or develop*)):TI) and ((Systematic review:ZDT and Bibliographic:ZPS) OR (Systematic review:ZDT and Abstract:ZPS))
38	((("profession* or medic or medics or nurse* or practitioner* or worker* or therapist* or commissioner* or clinician* or physician* or consultant* or general practitioner* or therapist* or SENCO* or headmaster* or head master* or head mistress* or head mistress*") adj3 teach*)):TI) and ((Systematic review:ZDT and Bibliographic:ZPS) OR (Systematic review:ZDT and Abstract:ZPS))
39	MeSH DESCRIPTOR PROFESSIONAL COMPETENCE IN DARE
40	MeSH DESCRIPTOR CLINICAL COMPETENCE IN DARE
41	((("profession* or medic or medics or nurse* or practitioner* or worker* or therapist* or commissioner* or clinician* or physician* or consultant* or general practitioner* or therapist* or SENCO* or teacher* or headmaster* or head master* or head mistress* or head mistress*") adj3 competenc*))) and ((Systematic review:ZDT and Bibliographic:ZPS) OR (Systematic review:ZDT and Abstract:ZPS))
42	((("clinical* adj3 competenc*")) and ((Systematic review:ZDT and Bibliographic:ZPS) OR (Systematic review:ZDT and Abstract:ZPS))
43	#27 OR #28 OR #29 OR #30 OR #31 OR #32 OR #33 OR #34 OR #35 OR #36 OR #37 OR #38 OR #39 OR #40 OR #41 OR #42
44	#26 AND #43

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Database: Health Technology Abstracts (HTA)

Date of last search: 04/05/2020

#	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

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#	Searches
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
26	#20 OR #21 OR #22 OR #23 OR #24 OR #25
27	MeSH DESCRIPTOR INTERDISCIPLINARY COMMUNICATION IN HTA
28	(((inter* or multi* or joint*) adj5 (communicat* or educat* or learn* or teach* or train*)):TI IN HTA
29	MeSH DESCRIPTOR EDUCATION, CONTINUING IN HTA
30	MeSH DESCRIPTOR EDUCATION, MEDICAL, CONTINUING IN HTA
31	MeSH DESCRIPTOR EDUCATION, NURSING, CONTINUING IN HTA
32	MeSH DESCRIPTOR INSERVICE TRAINING IN HTA
33	MeSH DESCRIPTOR STAFF DEVELOPMENT IN HTA
34	((continuing adj3 educat*)) IN HTA
35	((inservice or in-service) adj3 (train* or educat* or learn* or teach*)) IN HTA
36	((staff adj3 (develop* or train*)) IN HTA
37	(((profession* or medic or medics or nurse* or practitioner* or worker* or therapist* or commissioner* or clinician* or physician* or consultant* or "general practitioner*" or therapist* or SENCO* or teacher* or headmaster* or "head master*" or headmistress* or "head mistress*") adj3 (educat* or learn* or train* or develop*)):TI IN HTA
38	(((profession* or medic or medics or nurse* or practitioner* or worker* or therapist* or commissioner* or clinician* or physician* or consultant* or "general practitioner*" or therapist* or SENCO* or teacher* or headmaster* or "head master*" or headmistress* or "head mistress*") adj3 teach*)):TI IN HTA
39	MeSH DESCRIPTOR PROFESSIONAL COMPETENCE IN HTA
40	MeSH DESCRIPTOR CLINICAL COMPETENCE IN HTA
41	(((profession* or medic or medics or nurse* or practitioner* or worker* or therapist* or commissioner* or clinician* or physician* or consultant* or "general practitioner*" or therapist* or SENCO* or teacher* or headmaster* or "head master*" or headmistress* or "head mistress*") adj3 competenc*)) IN HTA
42	((clinical* adj3 competenc*)) IN HTA
43	#27 OR #28 OR #29 OR #30 OR #31 OR #32 OR #33 OR #34 OR #35 OR #36 OR #37 OR #38 OR #39 OR #40 OR #41 OR #42
44	#26 AND #43

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

Date of last search: 04/05/2020

#	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 dysfunct* 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 interprovider* OR multiprovider* OR jointprovider* OR interstakeholder* OR multistakeholder* OR jointstakeholder* OR interprofession* OR multiprofession* OR jointprofession* OR service? OR collaborat* OR "care coordinat*" OR "coordinat* care" OR partnership? OR partnering OR network*)
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

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#	Searches
6	"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?)))
7	1 AND 2 AND 3 AND 6 Additional limits - Date: From January 2000 to May 2020
8	1 AND 2 AND 4 AND 6 Additional limits - Date: From January 2000 to May 2020
9	1 AND 2 AND 5 AND 6 Additional limits - Date: From January 2000 to May 2020
10	7 OR 8 OR 9

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Database: British Education Index

Date of last search: 04/05/2020

#	Searches
1	TX("interdisciplin* communication" or "inter-disciplin* communication" or "interprofession* communication" or "inter-profession* communication" or "inter-sector* communication" or "inter-sector* communication" or "interagenc* communication" or "inter-agenc* communication" or "interprofession* education" or "inter-profession* education" or "interprofession* training" or "inter-profession* training" or "multidisciplin* training" or "multi-disciplin* training" or "continu* education" or "inservice training" or "in-service training" or "staff development" or "develop* staff" or "staff training" or "training staff" or "professional development" or "develop* professionals" or "professional training" or "training professionals" or "professional competence" or "clinical competence") 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 multiseector* OR jointsector* OR interagenc* OR multiagenc* OR jointagenc* OR interprovider* OR multiprovider* OR jointprovider* OR interstakeholder* OR multistakeholder* OR jointstakeholder* OR interprofession* OR multiprofession* OR jointprofession* OR service? OR collaborat* OR "care coordinat*" OR "care co-ordinat*" OR "coordinat* care" OR "coordinat* care" OR partnership? OR partnering OR network*) Limiters - Publication Date: 20000101-20200531
2	TX("interdisciplin* communication" or "inter-disciplin* communication" or "interprofession* communication" or "inter-profession* communication" or "inter-sector* communication" or "inter-sector* communication" or "interagenc* communication" or "inter-agenc* communication" or "interprofession* education" or "inter-profession* education" or "interprofession* training" or "inter-profession* training" or "multidisciplin* training" or "multi-disciplin* training" or "continu* education" or "inservice training" or "in-service training" or "staff development" or "develop* staff" or "staff training" or "training staff" or "professional development" or "develop* professionals" or "professional training" or "training professionals" or "professional competence" or "clinical competence") 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 (((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: 20000101-20200531
3	1 or 2

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

Date of last search: 04/05/2020

#	Searches
1	TX("interdisciplin* communication" or "inter-disciplin* communication" or "interprofession* communication" or "inter-profession* communication" or "inter-sector* communication" or "inter-sector* communication" or "interagenc* communication" or "inter-agenc* communication" or "interprofession* education" or "inter-profession* education" or "interprofession* training" or "inter-profession* training" or "multidisciplin* training" or "multi-disciplin* training" or "continu* education" or "inservice training" or "in-service training" or "staff development" or "develop* staff" or "staff training" or "training staff" or "professional development" or "develop* professionals" or "professional training" or "training professionals" or "professional competence" or "clinical competence") AND TX (adolescen* OR teen* OR youth* OR

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#	Searches
1	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 multisector* OR jointsector* OR interagenc* OR multiagenc* OR jointagenc* OR interprovider* OR multiprovider* OR jointprovider* OR interstakeholder* OR multistakeholder* OR jointstakeholder* OR interprofession* OR multiprofession* OR jointprofession* OR service? OR collaborat* OR "care coordinat*" OR "care co-ordinat*" OR "coordinat* care" OR "coordinat* care" OR partnership? OR partnering OR network*) Limiters - Publication Date: 2000- 2020
2	TX("interdisciplin* communication" or "inter-disciplin* communication" or "interprofession* communication" or "inter-profession* communication" or "inter-sector* communication" or "inter-sector* communication" or "interagenc* communication" or "inter-agenc* communication" or "interprofession* education" or "inter-profession* education" or "interprofession* training" or "inter-profession* training" or "multidisciplin* training" or "multi-disciplin* training" or "continu* education" or "inservice training" or "in-service training" or "staff development" or "develop* staff" or "staff training" or "training staff" or "professional development" or "develop* professionals" or "professional training" or "training professionals" or "professional competence" or "clinical competence") 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 (((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: 2000- 2020
3	1 or 2

1

2

Database: Social Sciences Citation Index (SSCI)

3

Date of last search: 04/05/2020

#	Searches
# 1	TOPIC: ((adolescenc* or teen* or youth* or young or juvenile\$ or minors or highschool*)) Indexes=SSCI Timespan=2000-2020
# 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=2000-2020
# 3	TOPIC: ((infan* or neonat* or newborn* or baby or babies)) Indexes=SSCI Timespan=2000-2020
# 4	TOPIC: (p#ediatric*) Indexes=SSCI Timespan=2000-2020
# 5	TOPIC: ("young adult\$") Indexes=SSCI Timespan=2000-2020
# 6	#5 OR #4 OR #3 OR #2 OR #1 Indexes=SSCI Timespan=2000-2020
# 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=2000-2020
# 8	TOPIC: (((sever* or complex* or special or high) near/3 need\$)) Indexes=SSCI Timespan=2000-2020
# 9	TOPIC: (SHCN) Indexes=SSCI Timespan=2000-2020
# 10	#9 OR #8 OR #7 Indexes=SSCI Timespan=2000-2020
# 11	#10 AND #6 Indexes=SSCI Timespan=2000-2020
# 12	TOPIC: (CSHCN) Indexes=SSCI Timespan=2000-2020
# 13	TOPIC: ("Education Health and Care plan\$") Indexes=SSCI Timespan=2000-2020
# 14	TOPIC: ("EHC plan\$") Indexes=SSCI Timespan=2000-2020
# 15	TOPIC: (EHCP\$) Indexes=SSCI Timespan=2000-2020
# 16	#15 OR #14 OR #13 OR #12 OR #11 Indexes=SSCI Timespan=2000-2020
# 17	TOPIC: (((health or healthcare or NHS or clinical or medical or medic or medics or nurse or nurses) near/5 social)) Indexes=SSCI Timespan=2000-2020
# 18	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=2000-2020
# 19	TOPIC: ((social near/5 (education or educating or educator or educators or school or schools or teach or teaching or teachers))) Indexes=SSCI Timespan=2000-2020
# 20	#19 OR #18 OR #17 Indexes=SSCI Timespan=2000-2020
# 21	TOPIC: ("interdisciplin* communication" or "inter-disciplin* communication" or "interprofession* communication" or "inter-profession* communication" or "inter-sector* communication" or "inter-sector* communication" or "interagenc* communication" or "inter-agenc* communication" or "interprofession* education" or "inter-profession* education" or "interprofession* training" or "inter-profession* training" or "multidisciplin* training" or "multi-disciplin* training" or "continu* education" or "inservice training" or "in-service training" or "staff development" or "develop* staff" or "staff training" or "training staff" or "professional development" or "develop* professionals" or "professional training" or "training professionals" or "professional competence" or "clinical competence") Indexes=SSCI Timespan=2000-2020
# 22	#21 AND #20 AND #16 Indexes=SSCI Timespan=2000-2020

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2 **Database: Social Care Online**

3 **Date of last search: 04/05/2020**

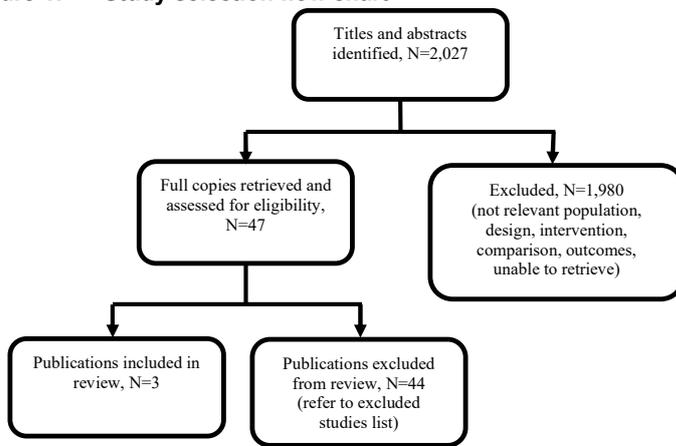
#	Searches
	All fields:'disabled or disability or disabilities or handicap or retard or disorder or impaired or impairment or condition or difficulty or difficulties or deficit or dysfunction or "special need" or "complex need"'
	AND All fields:'child or children or schoolchild or schoolchildren or "school 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 All fields: "'interdisciplinary communication" or "inter-disciplinary communication" or "interprofessional communication" or "inter-professional communication" or "inter-sectoral communication" or "inter-sectoral communication" or "interagency communication" or "inter-agency communication" or "interprofessional education" or "inter-professional education" or "interprofessional training" or "inter-professional training" "multidisciplinary training" or "multi-disciplinary training" or "continuing education" or "inservice training" or "in-service training" or "staff development" or "staff training" or "professional development" or "professional training" or "professional competence" or "clinical competence"'
	AND PublicationYear:'2000 2020'

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5

- 1 **Appendix C – Effectiveness evidence study selection**
- 2 **Study selection for review question: What are the most effective practices (for**
- 3 **example, communication and training) to enable health, social care and**
- 4 **education professionals to meet the combined health, social care and**
- 5 **education needs of disabled children and young people with severe complex**
- 6 **needs?**

7 **Figure 1: Study selection flow chart**



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1 **Appendix D – Effectiveness evidence**

2 **Evidence tables for review question: What are the most effective practices (for example, communication and training) to**
 3 **enable health, social care and education professionals to meet the combined health, social care and education needs of**
 4 **disabled children and young people with severe complex needs?**

5 **Table 4: Evidence tables**

Study details	Results and risk of bias assessment using EPOC RoB tool for before and after studies
<p>Full citation Blayden, C., Hughes, S., Nicol, J., Sims, S., Hubbard, I. J., Using secondments in tertiary health facilities to build paediatric expertise in allied health professionals working in rural New South Wales, <i>The Australian journal of rural health</i>, 25, 376-381, 2017</p> <p>Ref Id 1247584</p> <p>Country/ies where the study was carried out Australia</p> <p>Study type Before and after study</p> <p>Study dates March 2011-June 2014</p> <p>Inclusion criteria Not reported (Allied health professionals from rural and remote areas of New South Wales)</p> <p>Exclusion criteria No additional criteria reported.</p> <p>Patient characteristics</p>	<p>Results</p> <p>Secondment Competence to meet the needs of the child or young person: Confidence regarding complex health care needs rates as considerable (measured immediately post-secondment) After AtK: 7/80 versus Before AtK: 0/89</p> <p>Competence to meet the needs of the child or young person: Confidence regarding complex health care needs rates as good (measured immediately post-secondment) After AtK: 46/80 versus Before AtK: 2/89</p> <p>Competence to meet the needs of the child or young person: Confidence regarding complex health care needs rates as satisfactory (measured immediately post-secondment) After AtK: 25/80 versus Before AtK: 30/89</p> <p>Competence to meet the needs of the child or young person: Confidence regarding complex health care needs rates as basic (measured immediately post-secondment) After AtK: 2/80 versus Before AtK: 50/89</p> <p>Competence to meet the needs of the child or young person: Confidence regarding complex health care needs rates as none (measured immediately post-secondment) After AtK: 0/80 versus Before AtK: 6/89</p>

Study details	Results and risk of bias assessment using EPOC RoB tool for before and after studies
<p>N=89 Profession: n=28 (31%) physiotherapists; n=22 (25%) speech pathologists; n=39 (44%) not reported</p> <p>Interventions Allied to Kids (AtK): Secondment of up to 5 days for allied health professionals to work alongside educational professionals in children's hospitals/health facilities with the aim of improving self-reported knowledge and confidence. An individual education plan was developed for each allied health professional in collaboration with the host site. Objectives were based on caseload and related to the complex health needs of children and their families.</p> <p>Follow-up Immediately and 6 months after secondment.</p>	<p>Competence to meet the needs of the child or young person: Confidence regarding complex health care needs rates as considerable (measured 6 months' post-secondment) After AtK: 7/41 versus Before AtK: 0/89</p> <p>Competence to meet the needs of the child or young person: Confidence regarding complex health care needs rates as good (measured 6 months' post-secondment) After AtK: 18/41 versus Before AtK: 2/89</p> <p>Competence to meet the needs of the child or young person: Confidence regarding complex health care needs rates as satisfactory (measured 6 months' post-secondment) After AtK: 15/41 versus Before AtK: 30/89</p> <p>Competence to meet the needs of the child or young person: Confidence regarding complex health care needs rates as basic (measured 6 months' post-secondment) After AtK: 1/41 versus Before AtK: 50/89</p> <p>Competence to meet the needs of the child or young person: Confidence regarding complex health care needs rates as none (measured 6 months' post-secondment) After AtK: 0/41 versus Before AtK: 6/89</p> <p>1. Random sequence generation High risk, controlled before-after study - no randomisation</p> <p>2. Allocation concealment High risk, controlled before-after study - no randomisation</p> <p>3. Baseline outcome measurements similar Low risk, one baseline measurement was taken before the</p>

Study details	Results and risk of bias assessment using EPOC RoB tool for before and after studies
	<p>initiation of intervention</p> <p>4. Baseline characteristics similar Low risk, only one baseline measurement was taken</p> <p>5. Incomplete outcome data Low risk for immediately post-secondment data; high risk for 6 months' post-secondment data, data available for less than half of participants</p> <p>6. Knowledge of the allocated interventions adequately prevented during the study High risk, outcomes were not assessed blindly</p> <p>7. Protection against contamination Low risk, controlled before-after study so control group was pre-intervention</p> <p>8. Selective outcome reporting High risk, continuous data is reported in insufficient detail for analysis</p> <p>9. Other risks of bias High risk, no separate control group (pre-intervention scores act as control group for post-intervention scores)</p> <p>Source of funding Not industry funded.</p> <p>Other information Evidence for the population is indirect as it is not clear if the allied health professionals were working with children and young people with needs in all three areas.</p>

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Study details	Results and risk of bias assessment using EPOC RoB tool for before and after studies
<p>Full citation Glang, Ann, Tyler, Janet, Pearson, Sue, Todis, Bonnie, Morvant, Martha, Improving educational services for students with TBI through statewide consulting teams, NeuroRehabilitation, 19, 219-31, 2004</p> <p>Ref Id 914610</p> <p>Country/ies where the study was carried out USA</p> <p>Study type Before and after study</p> <p>Study dates Not reported.</p> <p>Inclusion criteria Not reported (individuals with traumatic brain injury (TBI), parents, teachers (including special education), speech/language specialists, school counsellors, physical therapists, occupational therapists, schools nurses, school psychologist, local/regional administrators)</p> <p>Exclusion criteria No additional criteria reported.</p> <p>Patient characteristics Not reported.</p> <p>Interventions TBI Consulting Team training (TBI CTT): The purpose of the TBI Consulting Team model is to develop a group of peer consultants who can provide in-service training and ongoing consultation to educators of students with TBI. Training took part in three</p>	<p>Results</p> <p>Implementation strategies: Interventions targeted at health, social care and education workers: Educational meetings (e.g., workshops and conferences)/Inter-professional education/ongoing inter agency competency and clinical supervision</p> <p>Competence to meet the needs of the child or young person: Physical needs (scale of 1 [not at all prepared] to 5 [very prepared]) After TBI CTT: M=3.67, SD=1.27, N=45 versus Before TBI CTT: M=3.34, SD=1.35, N=45</p> <p>Competence to meet the needs of the child or young person: Social/Behavioural needs (scale of 1 [not at all prepared] to 5 [very prepared]) After TBI CTT: M=3.83, SD=0.63, N=53 versus Before TBI CTT: M=3.22, SD=0.90, N=53</p> <p>Competence to meet the needs of the child or young person: Cognitive needs (scale of 1 [not at all prepared] to 5 [very prepared]) After TBI CTT: M=4.00, SD=0.55, N=51 versus Before TBI CTT: M=3.49, SD=0.93, N=51</p> <p>Competence to meet the needs of the child or young person: Academic needs (scale of 1 [not at all prepared] to 5 [very prepared]) After TBI CTT: M=4.12, SD=0.45, N=51 versus Before TBI CTT: M=3.69, SD=0.79, N=51</p> <p>1. Random sequence generation High risk, controlled before-after study - no randomisation</p>

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Study details	Results and risk of bias assessment using EPOC RoB tool for before and after studies
<p>phases. First, team members attended training in the effects of TBI and strategies for working with students, families and teachers over 10 full days. Second, team members were mentored by an experienced TBI consultant whilst providing in-service training and consultation in classrooms. Third, team members received ongoing support Department of Education and refresher training.</p>	2. Allocation concealment High risk, controlled before-after study - no randomisation
Follow-up	3. Baseline outcome measurements similar Low risk, one baseline measurement was taken at enrolment
<p>After completion of 1-year training program.</p>	4. Baseline characteristics similar Low risk, only one baseline measurement was taken (although characteristics are not reported)
	5. Incomplete outcome data Unclear risk, the total number of people included in the evaluation is not reported
	6. Knowledge of the allocated interventions adequately prevented during the study High risk, outcomes were not assessed blindly
	7. Protection against contamination Low risk, controlled before-after study so control group was pre-intervention
	8. Selective outcome reporting Low risk, all outcomes reported sufficiently
	9. Other risks of bias High risk, no separate control group (before-after-study)
	Source of funding Not industry funded.
	Other information Note. The intervention in this instance (in terms of outcomes

Study details	Results and risk of bias assessment using EPOC RoB tool for before and after studies
<p>Full citation O'Toole, Ciara, Kirkpatrick, Vickie, Ahsam, Baxendale Bolton Coulter Girolametto Graham Hartas Joyce Kersner Law Manolson McCartney Mirenda Mroz Nind Oldroyd Patterson Proctor-Williams Purcell Robson Slater Weitzman Wren Wright, Building collaboration between professionals in health and education through interdisciplinary training, Child Language Teaching and Therapy, 23, 325-352, 2007</p> <p>Ref Id 1248160</p> <p>Country/ies where the study was carried out Ireland</p> <p>Study type Before and after study</p> <p>Study dates Not reported.</p> <p>Inclusion criteria Not reported (People working in preschool or primary schools for children with mild to severe learning disabilities).</p> <p>Exclusion criteria No additional criteria reported.</p> <p>Patient characteristics Participant characteristics N=16 Age (mean; range): 28.8 years; 21 to 47 years Profession: n=8 (50%) special needs assistants; n=3 (19%) teachers; n=2 (13%)</p>	<p>reported) is the training of the consultation team, not the effectiveness of the consultation in supporting educators.</p> <p>Results</p> <p>Implementation strategies: Interventions targeted at health, social care and education workers: Educational meetings (e.g., workshops and conferences)/Inter-professional education</p> <p>Competence to meet the needs of the child or young person: Agree/Strongly agree they can implement S&L goals in a 1:1 situations After LLLI: 12/14 versus Before LLLI: 9/14</p> <p>Competence to meet the needs of the child or young person: Agree/Strongly agree they can implement S&L strategies for nonverbal children After LLLI: 13/14 versus Before LLLI: 8/14</p> <p>Competence to meet the needs of the child or young person: Agree/Strongly agree they can implement S&L strategies for verbal children After LLLI: 13/14 versus Before LLLI: 8/14</p> <p>Competence to meet the needs of the child or young person: Agree/Strongly agree they can help children with special needs communicate more effectively After LLLI: 13/14 versus Before LLLI: 11/14</p> <p>1. Random sequence generation High risk, controlled before-after study - no randomisation</p> <p>2. Allocation concealment High risk, controlled before-after study - no randomisation</p>

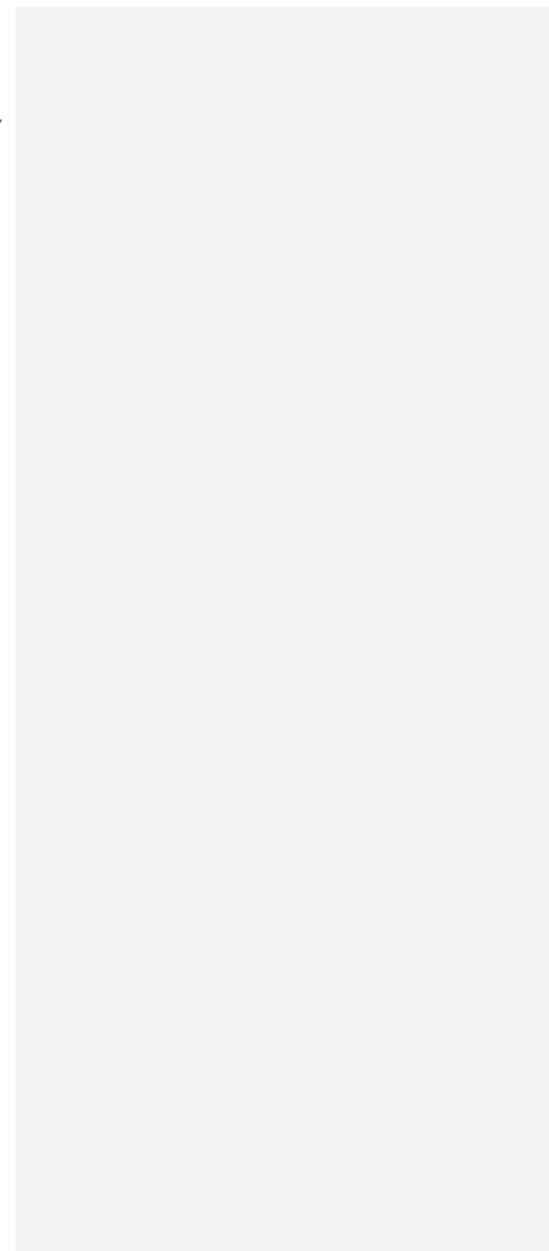
Study details	Results and risk of bias assessment using EPOC RoB tool for before and after studies
<p>learning disability nurses; n=1 (6%) physiotherapist; n=1 (6%) occupational therapist; n=1 (6%) psychologist</p> <p>Characteristics of children in the service Age (range): 4.3 to 9.2 years Needs/difficulties: Mild to severe learning disabilities, physical mobility, mild to severe language impairments and communication difficulties.</p> <p>Interventions Learning Language and Loving It (LLLI): Programme of eight 2 1/2 hour workshops conducted by speech and language therapists over a 10-week period. Aim of the workshops are to train practitioners in using child-oriented, interaction-promoting and language-modelling strategies to promote language development in children with special needs and language delay (as well as typically developing children).</p> <p>Follow-up Nine months after baseline (3 months after completion of training)</p>	<p>3. Baseline outcome measurements similar Low risk, only one baseline measurement</p> <p>4. Baseline characteristics similar Low risk, only one baseline measurement was taken</p> <p>5. Incomplete outcome data Low risk, missing values were relatively low (2 people did not complete initial assessments)</p> <p>6. Knowledge of the allocated interventions adequately prevented during the study High risk, outcomes were not assessed blindly</p> <p>7. Protection against contamination Low risk, controlled before-after study so control group was pre-intervention</p> <p>8. Selective outcome reporting Low risk, all outcomes reported sufficiently</p> <p>9. Other risks of bias High risk, no separate control group (pre-intervention scores act as control group for post-intervention scores)</p> <p>Source of funding No sources of funding reported.</p> <p>Other information Population is indirect as it is unclear if all practitioners were working with children with severe complex needs in all three areas.</p>

1 AtK: Allied to Kids; CTT: Consulting Team training; EPOC: Effective Practice and Organisation of Care; LLLI: Learning Language and Loving It; M: mean; N: number of
2 participants; RoB: risk of bias; SD: standard deviation; S&L: speech and language; TBI: traumatic brain injury

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2 ***Appendix E – Forest plots***

3 **Forest plots for review question: What are the most effective practices (for**
4 **example, communication and training) to enable health, social care and**
5 **education professionals to meet the combined health, social care and**
6 **education needs of disabled children and young people with severe complex**
7 **needs?**

8 No meta-analysis was conducted for this review question and so there are no forest
9 plots.

1 **Appendix F – GRADE tables**

2 **GRADE tables for review question: What are the most effective practices (for example, communication and training) to**
 3 **enable health, social care and education professionals to meet the combined health, social care and education needs of**
 4 **disabled children and young people with severe complex needs?**

5 **Table 5: Clinical evidence profile for comparison 1: After LLLI versus Before LLI (Implementation strategies: Interventions**
 6 **targeted at health, social care and education workers: Educational meetings [e.g., workshops and**
 7 **conferences]/Inter-professional education)**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	After LLLI	Before LLLI	Relative (95% CI)	Absolute		
Competence to meet the needs of the child or young person: Agree/strongly agree they can implement S&L goals in a 1:1 situation												
1 (O'Toole 2007)	observational studies	very serious ¹	no serious inconsistency	serious ²	serious ³	none	12/14 (85.7%)	9/14 (64.3%)	RR 1.33 (0.85 to 2.08)	212 more per 1000 (from 96 fewer to 694 more)	VERY LOW	IMPORTANT
Competence to meet the needs of the child or young person: Agree/strongly agree they can implement S&L strategies for nonverbal children												
1 (O'Toole 2007)	observational studies	very serious ¹	no serious inconsistency	serious ²	serious ³	none	13/14 (92.9%)	8/14 (57.1%)	RR 1.63 (1.01 to 2.62)	360 more per 1000 (from 6 more to 926 more)	VERY LOW	IMPORTANT
Competence to meet the needs of the child or young person: Agree/strongly agree they can implement S&L strategies for verbal children												
1 (O'Toole 2007)	observational studies	very serious ¹	no serious inconsistency	serious ²	serious ³	none	13/14 (92.9%)	8/14 (57.1%)	RR 1.63 (1.01 to 2.62)	360 more per 1000 (from 6 more to 926 more)	VERY LOW	IMPORTANT
Competence to meet the needs of the child or young person: Agree/strongly agree they can help children with special needs communicate more effectively												
1 (O'Toole 2007)	observational studies	very serious ¹	no serious inconsistency	serious ²	serious ³	none	13/14 (92.9%)	11/14 (78.6%)	RR 1.18 (0.87 to 1.61)	141 more per 1000 (from 102 fewer to 479 more)	VERY LOW	IMPORTANT

8 *CI: confidence interval; EPOC: Effective Practice and Organisation of Care; LLLI: Learning Language and Loving It; MID: minimally important difference; RoB: risk of bias; RR:*
 9 *risk ratio; S&L: speech and language*

10 ¹ *Very serious risk of bias in the evidence contributing to the outcomes as per EPOC RoB tool for before and after studies*

11 ² *Population is indirect*

12 ³ *95% CI crosses 1 MID*

1 **Table 6: Clinical evidence profile for comparison 2: After TBI CTT versus Before TBI CTT (Implementation strategies:**
 2 **Interventions targeted at health, social care and education workers: Educational meetings [e.g., workshops and**
 3 **conferences]/Inter-professional education/ ongoing inter agency competency and clinical supervision)**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	After TBI CTT	Before TBI CTT	Relative (95% CI)	Absolute		
Competence to meet the needs of the child or young person - Physical needs (range of scores: 1-5; Better indicated by higher values)												
1 (Glang 2004)	observational studies	very serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	45	45	-	MD 0.33 higher (0.21 lower to 0.87 higher)	VERY LOW	IMPORTANT
Competence to meet the needs of the child or young person - Social/Behavioural needs (range of scores: 1-5; Better indicated by higher values)												
1 (Glang 2004)	observational studies	very serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	53	53	-	MD 0.61 higher (0.31 to 0.91 higher)	VERY LOW	IMPORTANT
Competence to meet the needs of the child or young person - Cognitive needs (range of scores: 1-5; Better indicated by higher values)												
1 (Glang 2004)	observational studies	very serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	51	51	-	MD 0.51 higher (0.21 to 0.81 higher)	VERY LOW	IMPORTANT
Competence to meet the needs of the child or young person - Academic needs (range of scores: 1-5; Better indicated by higher values)												
1 (Glang 2004)	observational studies	very serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	51	51	-	MD 0.43 higher (0.18 to 0.68 higher)	VERY LOW	IMPORTANT

4 *CI: confidence interval; CTT: Consulting Team training; EPOC: Effective Practice and Organisation of Care; MD: mean difference; MID: minimally important difference; RoB:*
 5 *risk of bias; SD: standard deviation; TBI: traumatic brain injury*

6 ¹ *Very serious risk of bias in the evidence contributing to the outcomes as per EPOC RoB tool for before and after studies*

7 ² *95% CI crosses 1 MID (0.5x control group SD, for 'competence to meet physical needs' = 0.68; for 'competence to meet social/behavioural needs' = 0.45; for 'competence to*
 8 *meet cognitive needs' = 0.47; for 'competence to meet academic needs' = 0.40)*

9 **Table 7: Clinical evidence profile for comparison 3: After AtK versus Before AtK (Secondment)**

Quality assessment	No of patients	Effect	Quality	Importance
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No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	After AtK	Before AtK	Relative (95% CI)	Absolute		
Competence to meet the needs of the child or young person: Confidence regarding complex health care needs rated as considerable (measured immediately post-secondment)												
1 (Blayden 2017)	observational studies	very serious ¹	no serious inconsistency	serious ²	no serious imprecision	none	7/80 (8.8%)	0/89 (0%)	OR 8.94 (1.97 to 40.51)	90 more per 1000 (from 20 more to 150 more) ³	VERY LOW	IMPORTANT
Competence to meet the needs of the child or young person: Confidence regarding complex health care needs rated as good (measured immediately post-secondment)												
1 (Blayden 2017)	observational studies	very serious ¹	no serious inconsistency	serious ²	no serious imprecision	none	46/80 (57.5%)	2/89 (2.2%)	RR 25.59 (6.42 to 102.03)	553 more per 1000 (from 122 more to 1000 more)	VERY LOW	IMPORTANT
Competence to meet the needs of the child or young person: Confidence regarding complex health care needs rated as satisfactory (measured immediately post-secondment)												
1 (Blayden 2017)	observational studies	very serious ¹	no serious inconsistency	serious ²	very serious ⁴	none	25/80 (31.3%)	30/89 (33.7%)	RR 0.93 (0.6 to 1.43)	24 fewer per 1000 (from 135 fewer to 145 more)	VERY LOW	IMPORTANT
Competence to meet the needs of the child or young person: Confidence regarding complex health care needs rated as basic (measured immediately post-secondment)												
1 (Blayden 2017)	observational studies	very serious ¹	no serious inconsistency	serious ²	no serious imprecision	none	2/80 (2.5%)	50/89 (56.2%)	RR 0.04 (0.01 to 0.18)	539 fewer per 1000 (from 461 fewer to 556 fewer)	VERY LOW	IMPORTANT
Competence to meet the needs of the child or young person: Confidence regarding complex health care needs rated as none (measured immediately post-secondment)												
1 (Blayden 2017)	observational studies	very serious ¹	no serious inconsistency	serious ²	no serious imprecision	none	0/80 (0%)	6/89 (6.7%)	OR 0.14 (0.03 to 0.72)	57 fewer per 1000 (from 18 fewer to 65 fewer)	VERY LOW	IMPORTANT
Competence to meet the needs of the child or young person: Confidence regarding complex health care needs rated as considerable (measured 6 months post-secondment)												
1 (Blayden 2017)	observational studies	very serious ¹	no serious inconsistency	serious ²	no serious imprecision	none	7/41 (17.1%)	0/89 (0%)	OR 27.81 (5.43 to 142.32)	170 more per 1000 (from 50 more to 290 more) ³	VERY LOW	IMPORTANT
Competence to meet the needs of the child or young person: Confidence regarding complex health care needs rated as good (measured 6 months post-secondment)												
1 (Blayden 2017)	observational studies	very serious ¹	no serious inconsistency	serious ²	no serious imprecision	none	18/41 (43.9%)	2/89 (2.2%)	RR 19.54 (4.75 to 84.75)	417 more per 1000 (from 84 more to 750 more)	VERY LOW	IMPORTANT

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Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	After AtK	Before AtK	Relative (95% CI)	Absolute		
									80.28)	1000 more)		
Competence to meet the needs of the child or young person: Confidence regarding complex health care needs rated as satisfactory (measured 6 months post-secondment)												
1 (Blayden 2017)	observational studies	very serious ¹	no serious inconsistency	serious ²	very serious ⁴	none	15/41 (36.6%)	30/89 (33.7%)	RR 1.09 (0.66 to 1.78)	30 more per 1000 (from 115 fewer to 263 more)	VERY LOW	IMPORTANT
Competence to meet the needs of the child or young person: Confidence regarding complex health care needs rated as basic (measured 6 months post-secondment)												
1 (Blayden 2017)	observational studies	very serious ¹	no serious inconsistency	serious ²	no serious imprecision	none	1/41 (2.4%)	50/89 (56.2%)	RR 0.04 (0.01 to 0.3)	539 fewer per 1000 (from 393 fewer to 556 fewer)	VERY LOW	IMPORTANT
Competence to meet the needs of the child or young person: Confidence regarding complex health care needs rated as none (measured 6 months post-secondment)												
1 (Blayden 2017)	observational studies	very serious ¹	no serious inconsistency	serious ²	very serious ⁴	none	0/41 (0%)	6/89 (6.7%)	OR 0.22 (0.04 to 1.27)	52 fewer per 1000 (from 65 fewer to 17 more)	VERY LOW	IMPORTANT

1 AtK: Allied to Kids; CI: confidence interval; EPOC: Effective Practice and Organisation of Care; MID: minimally important difference; OR: odds ratio; RoB: risk of bias; RR: risk ratio
 2
 3 ¹ Very serious risk of bias in the evidence contributing to the outcomes as per EPOC RoB tool for before and after studies
 4 ² Population is indirect
 5 ³ Absolute effect calculated from Risk Difference
 6 ⁴ 95% CI crosses 2 MIDs

- 1 **Appendix G – Economic evidence study selection**
- 2 **Economic evidence study selection for review question: What are the most**
- 3 **effective practices (for example, communication and training) to enable health,**
- 4 **social care and education professionals to meet the combined health, social**
- 5 **care and education needs of disabled children and young people with severe**
- 6 **complex needs?**
- 7 One global search was undertaken – please see Supplement B for details on study
- 8 selection.
- 9
- 10
- 11

1 ***Appendix H – Economic evidence tables***

2 **Economic evidence tables for review question: What are the most effective practices (for example, communication and**
3 **training) to enable health, social care and education professionals to meet the combined health, social care and education**
4 **needs of disabled children and young people with severe complex needs?**

5 No evidence was identified which was applicable to this review question.

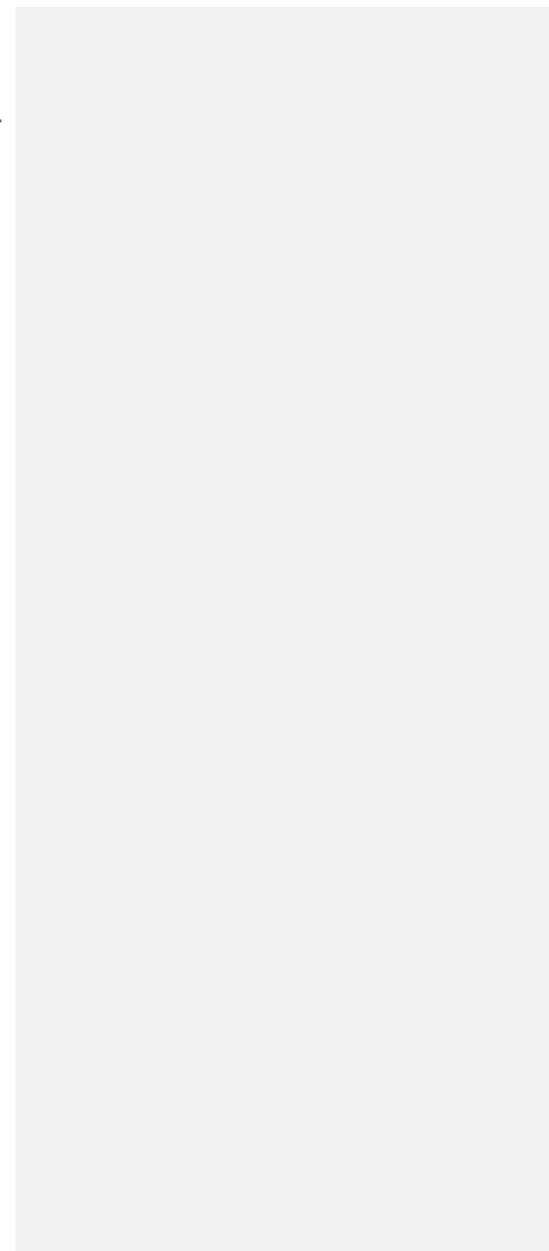
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1 ***Appendix I – Economic model***

2 **Economic model for review question: What are the most effective practices (for**
3 **example, communication and training) to enable health, social care and**
4 **education professionals to meet the combined health, social care and**
5 **education needs of disabled children and young people with severe complex**
6 **needs?**

7 No economic analysis was conducted for this review question.

8

1 **Appendix J – Excluded studies**

2 **Excluded studies for review question: What are the most effective practices**
 3 **(for example, communication and training) to enable health, social care and**
 4 **education professionals to meet the combined health, social care and**
 5 **education needs of disabled children and young people with severe complex**
 6 **needs?**

7 **Effectiveness studies**

8 **Table 8: Excluded studies and reasons for their exclusion**

Study	Reason for Exclusion
Abbott, D., Townsley, R., Watson, D., Multi-agency working in services for disabled children: What impact does it have on professionals?, Health and Social Care in the Community, 13, 155-163, 2005	Study design: Qualitative
Abbott, Lesley, McConkey, Roy, Dobbins, Michael, Aird, Avramidis Bach Blatchford Booth Broadbent Butt Croll Doherty Duthie Dyer Farrell Fletcher-Campbell Giangreco Gray Groom Kelly Lacey McConkey McGarvey Mistry Moore Moran Neill Pearson Rose Takala Tilstone Webster Wolfendale Wood, Key players in inclusion: Are we meeting the professional needs of learning support assistants for pupils with complex needs?, European Journal of Special Needs Education, 26, 215-231, 2011	Study design: Qualitative and non-comparative survey
Andrade, A., Girardi, J., De Mello, N., Koptcke, L., Elias, F., Caring for children with neurodevelopmental disorders, International Journal of Technology Assessment in Health Care, 35, 91, 2019	Publication type: Abstract only
Banach, Mary, Couse, Leslie J., Interdisciplinary co-facilitation of support groups for parents of children with autism: an opportunity for professional preparation, Social Work with Groups, 35, 313-329, 2012	Study design: Qualitative
Berman, S., Miller, A. C., Rosen, C., Bicchieri, S., Assessment training and team functioning for treating children with disabilities, Archives of Physical Medicine and Rehabilitation, 81, 628-633, 2000	Outcomes: No relevant outcomes reported
Brookman-Frazee, L., Roesch, S., Chlebowski, C., Baker-Ericzen, M., Ganger, W., Effectiveness of training therapists to deliver an individualized mental health intervention for children with asd in publicly funded mental health services: A cluster randomized clinical trial, JAMA Psychiatry, 76, 574-583, 2019	Outcomes: No relevant outcomes reported
Bruce, S., DiNatale, P., Ford, J., Meeting the needs of deaf and hard of hearing students with additional disabilities through professional teacher development, American Annals of the Deaf, 153, 368-75, 2008	Publication type: Overview of professional development program. No data on effectiveness
Cady, Rhonda G., Looman, Wendy S., Lindeke, Linda L., LaPlante, Bonnie, Lundeen, Barbara, Seeley, Amanda, Kautto, Mary E., Pediatric Care Coordination: Lessons Learned and Future Priorities, Online journal of issues in nursing, 20, 3, 2015	Publication type: Overview of lessons learned. No data on effectiveness
Carpenter, John, et, al, Outcomes of interagency training to safeguard children: final report to the Department for Children, Schools and Families and the Department of Health, 175p., 2010	Population: Includes all children, not limited to those with disabilities and severe complex needs
Corkum, Penny, Bryson, Susan E., Smith, Isabel M., Giffen, Cynthia, Hume, Kym, Power, Ann, Baer, Baer Barnett Bryson Callahan Dow Elsabbagh Emam	Comparison: No relevant

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Study	Reason for Exclusion
Giangreco Hall Hastings Helps Horner Humphrey Iovannone Jennett Jerlinder Kavale Lerman Lord Marks McGregor Myles Odom Osborne Praisner Reed Renty Rispoli Robinson Ruble Salend Scheuermann Stone Swiezy Volkmar Williams Wong, Professional development needs for educators working with children with autism spectrum disorders in inclusive school environments, Exceptionality Education International, 24, 33-47, 2014	comparative data reported (comparison between teachers and teaching assistants)
Danvers, Lesley, Freshwater, Dawn, Cheater, Francine, Wilson, Andrew, Providing a seamless service for children with life-limiting illness: experiences and recommendations of professional staff at the Diana Princess of Wales Children's Community Service, Journal of clinical nursing, 12, 351-9, 2003	Publication type: Overview of evaluation. No data on effectiveness
Dillenburg, K., McKerr, L., Jordan, J. A., Keenan, M., Staff Training in Autism: The One-Eyed Wo/Man, International Journal of Environmental Research and Public Health, 13, 2016	Study design: Qualitative and non-comparative survey
Erickson, Karen A., Comprehensive Literacy Instruction, Interprofessional Collaborative Practice, and Students With Severe Disabilities, American Journal of Speech-Language Pathology, 26, 193-205, 2017	Publication type: Overview of collaborative literacy instruction for students with severe disability. No data on effectiveness
Frazier, Kimberly F., Whitby, Peggy J. S., Kucharczyk, Suzanne, Perryman, Kristi L., Thomas, Johanna, Koch, Lynn C., Bengtson, Ed, Interprofessional Education: Teaming for Transition From Adolescence to Adulthood for People With Significant Disabilities, Perspectives of the ASHA Special Interest Groups, 4, 492-501, 2019	Publication type: Narrative review and overview of interprofessional training program. No data on effectiveness
Gaines, Robin, Missiuna, Cheryl, Egan, Mary, McLean, Jennifer, Educational outreach and collaborative care enhances physician's perceived knowledge about Developmental Coordination Disorder, BMC health services research, 8, 21, 2008	Population and outcomes: CYP with developmental coordination disorder are unlikely to have severe complex needs in all three areas and no relevant outcomes reported
Greco, Veronica, et al., An exploration of different models: multi-agency partnerships in key worker services for disabled children - effectiveness and costs (Research Report RR656), 2005	Outcomes: No relevant outcomes reported
Gulmans, Jitske, Vollenbroek-Hutten, M. M., Visser, J. J., A web-based communication system for integrated care in cerebral palsy : design features, technical feasibility and usability, Journal of Telemedicine and Telecare, 16, 389-393, 2010	Outcomes: No relevant outcomes reported
Hall, E., 'Joined-up working' between early years professionals and speech and language therapists: Moving beyond 'normal' roles, Journal of Interprofessional Care, 19, 11-21, 2005	Study design: Qualitative and non-comparative

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Study	Reason for Exclusion
	survey
Hamad, C. D., Serna, R. W., Morrison, L., Fleming, R., Extending the reach of early intervention training for practitioners: A preliminary investigation of an online curriculum for teaching behavioral intervention knowledge in autism to families and service providers, <i>Infants and Young Children</i> , 23, 195-208, 2010	Outcomes: No relevant outcomes reported
Hillis, R., Brenner, M., Larkin, P. J., Cawley, D., Connolly, M., The role of care coordinator for children with complex care needs: A systematic review, <i>International Journal of Integrated Care</i> , 16, 12, 2016	Intervention: No relevant interventions included
Irish, D. E., Lyman, D. M., Squillace, H. A., Geyer, E. M., Cosgrove, T. D., Hagzan, A., Leinung, J., Tosh, T., Educating K-12 Professionals and Parents: Finding Health Information for Special Needs Children, <i>Journal of Consumer Health on the Internet</i> , 19, 25-39, 2015	Outcomes: No relevant outcomes reported
Isrctn., Promoting positive behaviour and emotional readiness in special education children: effectiveness of a school-wide health care policy TIME-IN, http://www.who.int/trialssearch/Trial2.aspx?TrialID=ISRCTN54456609 , 2017	Publication type: Trial protocol
Jerome, Jared, Kaplan, Howard, Sturmey, Peter, The effects of in-service training alone and in-service training with feedback on data collection accuracy for direct-care staff working with individuals with intellectual disabilities, <i>Research in Developmental Disabilities</i> , 35, 529-536, 2014	Population: Adults with intellectual disability
Jones, Heather A., Chronis-Tuscano, Andrea, Efficacy of teacher in-service training for attention-deficit/hyperactivity disorder, <i>Psychology in the Schools</i> , 45, 918-929, 2008	Outcomes: No relevant outcomes reported
Karal, Muhammed A., Wolfe, Pamela S., In-service training for special education teachers working with students having developmental disabilities to develop effective transition goals, <i>International Journal of Developmental Disabilities</i> , 66, 133-141, 2020	Outcomes: No relevant outcomes reported
Kleinert, H. L., Sanders, C., Mink, J., Nash, D., Johnson, J., Boyd, S., Challman, S., Improving student dentist competencies and perception of difficulty in delivering care to children with developmental disabilities using a virtual patient module, <i>Journal of Dental Education</i> , 71, 279-286, 2007	Outcomes: No relevant outcomes reported
Luiselli, J. K., St. Amand, C., Staff training in applied behavior analysis: improving knowledge competencies of service providers for people with developmental disabilities, <i>Mental Health Aspects of Developmental Disabilities</i> , 8, 120-125, 2005	Population and outcomes: No relevant outcomes reported (reports knowledge rather than competency to meet needs) and data for children and young people is not report sufficiently to extract separately from data on adults.
McAllister, Jeanne Walker, Keehn, Rebecca McNally, Rodgers, Rylin, Lock, Thomas M., Care Coordination Using a Shared Plan of Care Approach: From Model to Practice, <i>Journal of pediatric nursing</i> , 43, 88-96, 2018	Outcomes: No data on effectiveness
McConnellogue, Sheila, Angus, Band Bell Benner Bottling Catts Clegg Crozier Dunsmuir Dwyer Farrell Gascoigne Henderson Law Lee Lindsay Palikara Scott Stringer Tommerdahl, Professional roles and responsibilities in meeting the needs of children with speech, language and communication needs: Joint working between educational psychologists and speech and language	Outcomes: No relevant outcomes reported

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Study	Reason for Exclusion
therapists, <i>Educational Psychology in Practice</i> , 27, 53-64, 2011	
Michel, J. J., Fiks, A., Mayne, S., Grundmeier, R., Miller, J., Broomfield, C., Hubbard, S., Power, T., Pedlar, M., Bryan, M., Leavy, S., Blum, N., Guevara, J., A technology driven approach for sharing patient-reported outcomes in ADHD between parents, pediatricians and teachers, <i>Pediatrics</i> , 142, 2018	Conference abstract
Miller-Kuhaneck, Heather, Watling, Renee, Parental or Teacher Education and Coaching to Support Function and Participation of Children and Youth With Sensory Processing and Sensory Integration Challenges: A Systematic Review, <i>The American journal of occupational therapy : official publication of the American Occupational Therapy Association</i> , 72, 7201190030p1-7201190030p11, 2018	Intervention: Training targeting parents rather than practitioners
Moore, B., Tonniges, T. F., Ackermann, J., The "Every Child Deserves a Medical Home" Training Program: More than a Traditional Continuing Medical Education Course, <i>Pediatrics</i> , 113, 1479-1484, 2004	Publication type: Overview of lessons learnt. No data on effectiveness
Nesbitt, Sophie, An evaluation of multi-agency service provision for children with autistic spectrum disorders, <i>British Journal of Developmental Disabilities</i> , 46, 43-50, 2002	Outcomes: Narrative and descriptive results. No data on effectiveness
Oxford Brookes University Institute of Public Care, Integrated services for children and young people with a disability in Conwy: a case study, 9, 2019	Publication type: Overview of service. No data on effectiveness
Paul, Rhea, Simmons, Elizabeth, Bowers, Donna, Carl-Stannard, Patricia, Marotto, Jamie, Rainville, Kristin, Sauvigne-Kirsch, Joan, Massucci, Ellen, A Case-Based, Brief, Intensive Interprofessional Education Experience for School Practitioners, <i>Journal of Allied Health</i> , 49, e43-e50, 2020	Outcomes: No relevant outcomes reported
Petitpierre, G., Wolf, D., Dietrich, A., Benz, M., Adler, J., Bach, Bradl Dank Deschamps Evrard Frohlich Holtz Meininger Nakken Petitpierre-Jost Piaget Saulus Schendera Theunissen Zucman, Integration of education and care given to children with profound multiple disabilities in Switzerland, <i>Journal of Policy and Practice in Intellectual Disabilities</i> , 4, 141-151, 2007	Comparison: No comparison of interest. Largely non-comparative study with some comparison between health and education professionals
Self, Trisha L., Parham, Douglas F., Students' self-perceptions of interprofessional education following participation on a diagnostic team for autism spectrum disorder, <i>Journal of interprofessional care</i> , 1-3, 2016	Outcomes: No relevant outcomes reported
Shimmura, Keiko, Tadaka, Etsuko, Development of an interprofessional collaboration competency scale for children with medical complexity, <i>BMJ open</i> , 8, e019415, 2018	Publication type: Questionnaire development
Smith, J., McFeely, C., Stables, I., McGlade, I., "Gang thegither" integration of policy and practice through an educational partnership in Scotland, <i>Journal of Intellectual Disability Research</i> , 63, 723, 2019	Conference Abstract
Steven, Alison, Larkin, Valerie, Stewart, Jane, Bateman, Belinda, The value of continuing professional development: A realistic evaluation of a multi-disciplinary workshop for health visitors dealing with children with complex needs, <i>Nurse education today</i> , 67, 56-63, 2018	Study design: Qualitative and non-comparative survey
Stille, Christopher J., Communication, comanagement, and collaborative care for children and youth with special healthcare needs, <i>Pediatric annals</i> , 38, 498-504, 2009	Publication type: Commentary

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Study	Reason for Exclusion
Weinberg, Lois A., Smith, Jolan M., Interagency collaboration within juvenile detention to appropriately serve youth with developmental disabilities, <i>Children & Youth Services Review</i> , 103, 166-172, 2019	Study design: Qualitative
White, P. H., McManus, P., McAllister, J., Cooley, C., Health care transition improvement utilizing learning collaborative and the new six core transition elements, <i>Arthritis and Rheumatism</i> , 63, 2011	Conference abstract
Wolf-Fordham, S. B., Twyman, J. S., Hamad, C. D., Educating first responders to provide emergency services to individuals with disabilities, <i>Disaster medicine and public health preparedness</i> , 8, 533-540, 2014	Outcomes: No relevant outcomes reported

1 *CYP: children and young people*

2 **Economic studies**

3 No economic evidence was identified for this review. See Supplement B for further
4 information.

5

- 1 ***Appendix K – Research recommendations – full details***
- 2 **Research recommendations for review question: What are the most effective**
- 3 **practices (for example, communication and training) to enable health, social**
- 4 **care and education professionals to meet the combined health, social care and**
- 5 **education needs of disabled children and young people with severe complex**
- 6 **needs?**
- 7 No research recommendations were made for this review question.