

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

[C] Evidence reviews for combined approaches to identifying, assessing and monitoring health, social care and education needs

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

Disclaimer

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or service users. The recommendations in this guideline are not mandatory and the guideline does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Local commissioners and/or providers have a responsibility to enable the guideline to be applied when individual health professionals and their patients or service users wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with compliance with those duties.

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the [Welsh Government](#), [Scottish Government](#), and [Northern Ireland Executive](#). All NICE guidance is subject to regular review and may be updated or withdrawn.

Copyright

© NICE, 2021. All rights reserved. Subject to [Notice of Rights](#).

ISBN:

Contents

Contents	4
Combined approaches to identifying, assessing and monitoring health, social care and education needs	7
Review question	7
Introduction	7
Summary of the protocol	7
Methods and processes	8
Effectiveness evidence	8
Summary of studies included in the effectiveness evidence	9
Summary of the effectiveness evidence	10
Economic evidence	11
Summary of included economic evidence	11
Economic model	11
The committee’s discussion and interpretation of the evidence	11
Recommendations supported by this evidence review	17
References – included studies	18
Appendices	19
Appendix A – Review protocol	19
Review protocol for review question: What are the most effective combined approaches to identifying, assessing and monitoring the health, social care and education needs (including changing needs) of disabled children and young people with severe complex needs?	19
Appendix B – Literature search strategies	27
Literature search strategies for review question: What are the most effective combined approaches to identifying, assessing and monitoring the health, social care and education needs (including changing needs) of disabled children and young people with severe complex needs?	27
Databases: Medline; Medline Epub Ahead of Print; and Medline In-Process & Other Non-Indexed Citations	27
Databases: Embase; and Embase Classic	29
Database: Health Management Information Consortium (HMIC)	31
Database: Social Policy and Practice	33
Database: PsycInfo	34
Database: Emcare	36
Databases: Cochrane Central Register of Controlled Trials (CCTR); and Cochrane Database of Systematic Reviews (CDSR)	38
Database: Database of Abstracts of Reviews of Effects (DARE)	40
Database: Health Technology Abstracts (HTA)	40
Databases: Applied Social Sciences Index & Abstracts (ASSIA); Social Services Abstracts; Sociological Abstracts; and ERIC (Education Resources Information Centre)	41

Database: British Education Index.....	42
Database: CINAHL Plus (Cumulative Index to Nursing and Allied Health Literature)	42
Database: Social Sciences Citation Index (SSCI).....	43
Database: Social Care Online	43
Appendix C – Effectiveness evidence study selection	44
Study selection for: What are the most effective combined approaches to identifying, assessing and monitoring the health, social care and education needs (including changing needs) of disabled children and young people with severe complex needs?.....	44
Appendix D – Effectiveness evidence.....	45
Evidence tables for review question: What are the most effective combined approaches to identifying, assessing and monitoring the health, social care and education needs (including changing needs) of disabled children and young people with severe complex needs?.....	45
Appendix E – Forest plots.....	58
Forest plots for review question: What are the most effective combined approaches to identifying, assessing and monitoring the health, social care and education needs (including changing needs) of disabled children and young people with severe complex needs?.....	58
Appendix F – GRADE tables	59
GRADE tables for review question: What are the most effective combined approaches to identifying, assessing and monitoring the health, social care and education needs (including changing needs) of disabled children and young people with severe complex needs?.....	59
Appendix G – Economic evidence study selection.....	63
Economic evidence study selection for review question: What are the most effective combined approaches to identifying, assessing and monitoring the health, social care and education needs (including changing needs) of disabled children and young people with severe complex needs?.....	63
Appendix H – Economic evidence tables.....	64
Economic evidence tables for review question: What are the most effective combined approaches to identifying, assessing and monitoring the health, social care and education needs (including changing needs) of disabled children and young people with severe complex needs?	64
Appendix I – Economic model	66
Economic model for review question: What are the most effective combined approaches to identifying, assessing and monitoring the health, social care and education needs (including changing needs) of disabled children and young people with severe complex needs?.....	66
Appendix J – Excluded studies.....	67
Excluded studies for review question: What are the most effective combined approaches to identifying, assessing and monitoring the health, social care and education needs (including changing needs) of disabled children and young people with severe complex needs?.....	67
Appendix K – Research recommendations – full details	74
Research recommendations for review question: What are the most effective	

combined approaches to identifying, assessing and monitoring the health, social care and education needs (including changing needs) of disabled children and young people with severe complex needs? 74

1 Combined approaches to identifying, 2 assessing and monitoring health, social 3 care and education needs

4 Recommendations supported by this evidence review

5 This evidence review supports recommendations 1.1.16, 1.1.42, 1.2.1 - 1.2.6, 1.2.8, 1.3.3,
6 1.3.9, 1.3.10, 1.3.13, 1.4.6, 1.4.19 - 1.4.21, 1.14.3, 1.17.4. Other evidence supporting these
7 recommendations can be found in the evidence reviews on Views and experiences of service
8 users (evidence report A), Barriers and facilitators of joined-up care (evidence report K),
9 Views and experiences of service providers (evidence report M).

10 Review question

11 What are the most effective combined approaches to identifying, assessing and monitoring
12 the health, social care and education needs (including changing needs) of disabled children
13 and young people with severe complex needs?

14 Introduction

15 The review aims to determine effective combined approaches to identifying, assessing and
16 monitoring the health, social care and education needs (including changing needs) of
17 disabled children and young people with severe complex needs.

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

22 Summary of the protocol

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

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

Population	Disabled children and young people from birth to 25 years with severe complex needs who require health, social care and education support (as identified by parent/carer, health, social care or education professional).
Intervention	<p>Identification, assessment, or monitoring of combined health, social care and education needs, incorporating evidence from:</p> <ul style="list-style-type: none"> • The child or young person & their parents or carers • Education professionals • Healthcare professionals • Social care professionals <p>Followed by intervention(s), goal setting or reassessment as indicated/prioritised. For example, Assess, Plan Do Review (APDR) approach and Education, Health and Care (EHC) plans.</p>

26

Comparison	<ul style="list-style-type: none"> • Different approaches to identification, assessment or monitoring of combined health, social care and education needs followed by intervention(s), goal setting or reassessment as indicated • Separate identification, assessment or monitoring of health, social care and education needs followed by intervention(s), goal setting or reassessment as indicated • Different timings of identification or assessment (for example early versus late) • Different frequency of monitoring reviews • Different thresholds for triggering reviews and/or reassessment
Outcome	<p>Critical</p> <p>Person focused:</p> <ul style="list-style-type: none"> • Meeting outcomes as specified in assessments (e.g., EHC plan) • Progress towards outcomes/goals <p>Service focused:</p> <ul style="list-style-type: none"> • Extent to which health, social care and educational needs are met (e.g., as measured by validated scales or whether EHC plans are met) <p>Important</p> <p>Person focused:</p> <ul style="list-style-type: none"> • Quality of life (both health- and social-related quality) (e.g., as measured by validated scales or assisted communication aids such as talking mats or 'it's all about me') • Service user satisfaction (child or young person and parent or carer) (e.g., as measured by validated scales or assisted communication aids such as talking mats or 'it's all about me') <p>Service focused:</p> <ul style="list-style-type: none"> • Waiting times (e.g., SEND Code of Practice (CoP) compliance or lengths in days)

1 *APDR: Assess, Plan Do Review; CoP: code of practice; EHC Plan: education, health and care plan. SEND:*
2 *special educational needs and disability*

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

4 **Methods and processes**

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

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

9 **Effectiveness evidence**

10 **Included studies**

11 Four non-randomised studies were included for this review (Adams 2017, Foo 2008, Koushik
12 2015, and McClure 2010)

13 The included studies are summarised in Table 2.

14 One study compared a selective health visitor three year surveillance programme to no three
15 year review (Foo 2008), 1 study compared an Interprofessional Care Model (MetroHealth
16 Autism Assessment Clinic), to a retrospective review of electronic health records seen for
17 diagnostic evaluations by the clinic psychologist prior to the opening of the clinic (Koushik
18 2015), and 1 study compared a local (multi-agency) assessment team trained by a specialist
19 assessment team, to a specialist assessment team (McClure 2010).

- 1 One study reported the experiences of Education, Health and Care (EHC) plans and
 2 compared survey responses via the types of need that the EHC plan perceived to cover
 3 (education, health and care versus education only), and those new to special educational
 4 needs (SEN) assessment versus those transferring from SEN statement (Adams 2017).
 5 See the literature search strategy in appendix B and study selection flow chart in appendix C

6 Excluded studies

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

9 Summary of studies included in the effectiveness evidence

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

11 **Table 2: Summary of included studies.**

Study	Population	Intervention	Comparison	Outcomes	Comments
Adams 2017 Non RCT (survey) UK	N=13,643 Children and young people (aged 0-25 years) and parents/carers of children and young people with special educational need or a disability identified from the National Pupil Database and Individualised Learner Record as having an EHC plan in place in 2015	<u>Education, Health and Care plan (EHC plan)</u> Statutory document detailing the education, health and care support that is to be provided to a child or young person who has a special educational need or a disability (SEND)	No comparison group	<ul style="list-style-type: none"> Meeting outcomes as specified in assessments Service user satisfaction Waiting times 	Non comparative survey detailing the experience of EHC plans The survey covers the views and opinions of parents and young people – the data collected reflects their perceptions of what took place rather than facts
Foo 2008 Non RCT UK	N=74 Children born in Sheffield between April 1994 and March 1995, who lived there continuously up to their sixth birthday, and were referred for SEN assessment at any age prior to their sixth birthday	<u>Selective health visitor (HV) three-year review programme</u> Provides opportunities to identify health and developmental problems	<u>No three year review</u>	<ul style="list-style-type: none"> Waiting times 	
Koushik 2015 Non RCT	N=19 Children with suspected ASD, aged 24 to 48 months, from an	<u>MetroHealth Autism Assessment Clinic</u> An	<u>Preclinic</u> Diagnostic evaluations prior to the development	<ul style="list-style-type: none"> Waiting times 	Baseline data was extracted via a retrospective review of electronic

Study	Population	Intervention	Comparison	Outcomes	Comments
USA	inner-city underprivileged Medicaid population	interprofessional clinic targeting the assessment and diagnosis of ASDs	of the clinic		health records for the 19 children seen for diagnostic evaluations by the clinic psychologist in a 12-month period prior to the opening of the clinic
McClure 2010 Non RCT UK	N=38 Children and young people aged 0–18 years within the geographical areas of Argyll and Bute and East Renfrewshire awaiting assessment for ASD	<u>Local assessment team</u> Comprised at least three professionals drawn from local health, education or other services who were trained by members of the specialist ASD assessment team	<u>Specialist ASD assessment team</u> Comprised a consultant child and adolescent psychiatrist, a consultant community paediatrician and a speech and language therapist	• Waiting times	

1 ASD: autism spectrum disorder; EHCP: education, health and care plan; SEN: special educational needs; SEND:
2 special educational needs and disability

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

5 Summary of the effectiveness evidence

6 Overall, there was evidence of an important benefit of an inter-professional care model
7 compared to pre-clinic diagnostic evaluations for reducing time to diagnosis, and local multi-
8 agency assessment teams compared to specialist assessment teams for reducing waiting
9 times for assessment. There was no important difference in a selective health visitor three-
10 year surveillance programme compared to no three year review on waiting times.

11 There was also evidence of an important benefit of education health and care (EHC) plans
12 that were perceived to cover education, health and social care (as opposed to education
13 only) for meeting outcomes in the plan and service user satisfaction. However, there was
14 evidence to suggest an important harm to individuals new to SEN assessment (as opposed
15 to individuals transferring from SEN assessment) in terms of the time taken to complete the
16 EHC plan process (longer waiting times), whilst no important difference was identified for
17 meeting outcomes specified in assessments, nor service user satisfaction. It is important to
18 note that these results were from a non-comparative survey which detailed the experience of
19 EHC plans from the perspective of children and young people and parents/carers of children
20 and young people who were identified as having an EHC plan in place in 2015. The data
21 collected in the study reflected the perceptions of what took place (rather than facts) at a time
22 when EHC plans were still relatively new, therefore the results may not accurately reflect
23 details of what is currently happening in practice.

24 Overall, only four studies were identified for inclusion in this review and the evidence was low
25 and very low quality from single study analysis. Concerns were identified on the risk of bias,

1 indirectness and imprecision. In addition, studies failed to report on a number of critical and
2 important outcomes including the extent to which needs are met and quality of life, as well as
3 a number of interventions of interest, such as different timings of assessment, different
4 frequencies of reviews and different thresholds for triggering reviews or reassessment.

5 See appendix F for full GRADE tables

6 **Economic evidence**

7 **Included studies**

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

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

12 **Excluded studies**

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

15 **Summary of included economic evidence**

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

17 **Economic model**

18 This review question was identified as an economic priority, however, no economic modelling
19 was undertaken because there was insufficient effectiveness data.

20 **Evidence statements**

21 **Economic**

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

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

24 **The outcomes that matter most**

25 Critical outcomes for this review were meeting outcomes as specified in assessments, the
26 extent to which needs are met and progress towards outcomes/goals. This is because the
27 assessment should identify the child's needs and goals and ways to achieve these. If the
28 assessment is effective and followed properly it should lead to progress towards goals while
29 also ensuring the child's needs are met.

30 Quality of life and service user satisfaction were selected as important outcomes due to the
31 importance of providing person-centred services. Waiting times was selected as an important
32 outcome due to the importance of the timeliness of approaches to identifying, assessing and
33 monitoring the needs of disabled children and young people with severe complex needs and
34 the fact that involving multiple professions might impact on waiting times.

35 No evidence was found that reported the outcomes of progress towards outcomes/goals,
36 extent to which health, social care and educational needs are met, and quality of life.

1 The quality of the evidence

2 The quality of the evidence was assessed with GRADE and was rated as low and very low.
3 Concerns about the risk of bias were “very serious”. The most serious concerns for the non-
4 randomised studies assessed per ROBINS-I were biases arising from confounding, selection
5 of participants, classification of interventions, deviations from intended interventions, missing
6 data, measurement of outcomes, and selection of the reported result. For the non-
7 randomised study that was assessed per EPOC for interrupted time series, the most serious
8 concerns were intervention independent of other changes, shape of the intervention effect
9 pre-specified, and intervention unlikely to affect data collection. There were “no serious”
10 concerns about inconsistency. This was because only one study reported each outcome of
11 interest. The concerns about indirectness ranged from “no serious” to “serious”. The serious
12 concern was due to an indirect aspect of the PICO (outcome) reported in 1 study. The
13 concerns about imprecision ranged from “no serious” to “serious”. This was due to 95%
14 confidence intervals crossing boundaries for minimally important differences.

15 Benefits and harms

16 There was evidence that a local multi-agency assessment team and an interprofessional
17 care model assessment clinic improved waiting times. However, the evidence was of low and
18 very low quality. There was some limited evidence available that education, health and care
19 plans that covered education, health and care needs improved the perceived meeting of
20 outcomes as specified in assessments, and service user satisfaction. However, the evidence
21 was very low quality, and since in current practice all EHC plans include all education, health
22 and care needs, the evidence did not provide supplementary information. Therefore, the
23 committee made recommendations based on their knowledge and experience.

24 The committee acknowledged that although there may be some variation, the identification of
25 children and young people with severe complex needs and disabilities most likely occurs
26 initially in health services. The committee discussed that when a child or young person is
27 identified with complex health needs and disabilities, it is important to think about whether the
28 child or young person may have needs in other sectors (i.e. education, and social care) so
29 that appropriate referrals can be made, assessments done, needs determined and support
30 started. However, this doesn't always happen in practice as identified in the qualitative
31 evidence where service users expressed difficulty in navigating the service system, including
32 frustration when having to provide the same details about the child or young person on
33 multiple occasions, expending time and energy to gain the necessary care, and feeling as
34 though they were constantly fighting the system (see evidence report A, sub-themes 4.1, 4.2
35 and 4.3). Therefore, a recommendation was made for when needs were first identified in
36 health services to think whether the child or young person may have special educational
37 needs and social care needs [1.2.1].

38 The committee were aware that the SEND Code of Practice (2015) specifies that when a
39 health body is of the opinion that a child under compulsory school age has or probably has
40 special educational need or a disability, they must inform the child's parents, give them the
41 opportunity to discuss their opinion (before informing the local authority) and also let the
42 parents know about any voluntary organisations that are likely to be able to provide advice or
43 assistance. Health bodies are also required to bring the child to the attention of the
44 appropriate local authority (in line with Section 23 of the Children and Families Act 2014).
45 The committee agreed, based on their experience, that it would be more supportive to
46 parents and carers if these discussions were facilitated with them, and where possible an
47 agreement was reached on when to inform the local authority. The committee also discussed
48 the importance of providing relevant and reliable information about advice and support to
49 parents and carers to protect them from independently sourcing inaccurate information. It
50 was acknowledged by the committee that whilst the SEND Code of Practice (2015) requires
51 this to be done, in practice this does not always occur. Therefore they agreed it was
52 important to have a recommendation in place to prompt health professionals to ensure that

- 1 families are informed of voluntary organisations that can provide advice or assistance,
2 particularly in the early stages (prior to the child beginning or returning to school). The
3 committee discussed the importance of linking up with education and social care services as
4 soon as possible to ensure that the child or young person receives the support they need.
5 However, the committee felt it was important to highlight that there is an obligation to inform
6 the parents about any referrals that will be made outside of health services, and consent
7 must be gained first as specified in the SEND Code of Practice (2015) [1.2.2].
- 8 Although the identification of children and young people with severe complex needs and
9 disabilities would most likely occur initially in health services, the committee acknowledged
10 that sometimes needs may first be identified in education services. Similarly, to when needs
11 are first identified in health services, the committee agreed that when needs are first
12 identified in education services, there should be consideration as to whether the child or
13 young person may have needs in other sectors (i.e. health and social care) so that
14 appropriate referrals can be made, assessments done, needs determined and support
15 started [1.2.3].
- 16 The committee were aware that the SEND Code of Practice (2015) specifies that when an
17 early years provider identifies a child as having special education needs they must work in
18 partnership with the parents to establish the support the child needs. However, the
19 committee discussed that it would be more supportive to parents and carers if discussions
20 were facilitated with them. They also recommended informing parents and carers about
21 support organisations in the Local Offer, in line with the SEND code of practice. The
22 committee discussed the importance of linking up with health and social care services as
23 soon as possible to ensure that the child and young person receives the support they need.
24 However, the committee felt it was important to highlight that there is an obligation to inform
25 the parents about any referrals that will be made outside of education services, and consent
26 must be gained first as specified in the SEND Code of Practice (2015) [1.2.4].
- 27 The committee acknowledged that because of the nature of the needs of disabled children
28 and young people, they are at increased risk of vulnerability, abuse and neglect and so
29 safeguarding remains a significant issue. The committee also noted, based on their
30 experience, that it is often assumed that if the child or young person has a social worker from
31 a disabled children's team that this individual will pick up any safeguarding issues and so
32 there is less need to report concerns. Therefore the committee wanted to emphasise
33 safeguarding in the recommendations, so practitioners will be alert to this and know the local
34 criteria/thresholds for referral [1.2.8].
- 35 The committee discussed that currently social care referrals are including details of what
36 support is needed, rather than specifying what the emerging needs are. Knowing this
37 information is crucial to ultimately determining what support is needed. Therefore, the
38 committee recommended that a detailed description of the reasons for making the referral is
39 provided, including the emerging health and social care needs, so that the correct
40 assessment pathway can be identified and the expectations of children, young people and
41 their parents can be managed [1.2.5].
- 42 The committee noted that families on low income may not be able to afford to travel to attend
43 all health appointments, neither would they be able to afford the equipment required to attend
44 appointments remotely. This could result in children and young people not attending some
45 meetings and appointments with a corresponding detriment to the care and support they are
46 provided with. The committee agreed this would be an equalities issue. The Chronically sick
47 and disabled person's Act (1970) puts a duty on local authorities to provide support where
48 local thresholds are met and this could be used to overcome barriers to attending healthcare
49 appointments. However many practitioners are not aware of this. Making a recommendation
50 that any barriers to engaging with healthcare services should be included in the referral to
51 social care services [1.2.6] should result in this potential solution being explored.

1 The committee agreed it was important to make recommendations on facilitating the
2 education, health and care (EHC) needs assessment to make the process more streamlined.
3 It was noted that in practice service providers sometimes take an undifferentiated approach
4 to the child or young person, however not all children and young people with the same
5 diagnosis will require the same support. Therefore, a more personalised plan is needed, and
6 the committee recommended taking into account the child or young person's age, level of
7 understanding, communication needs, and specific circumstances. This is particularly
8 relevant for those with cognitive impairments, communication needs or disorders and
9 learning disabilities. This is also important when encouraging the participation and
10 involvement of the child or young person as reflected in the qualitative evidence (see
11 evidence report A, sub-theme 8.4) where service users reported that the involvement and
12 understanding of the child or young person was dependent on their level of ability. The
13 committee noted that there are practitioners, who are not part of interagency team, but who
14 have specialist knowledge about the needs of the child or young person. It is important to
15 include this information in the EHC needs assessment so the committee made a
16 recommendation to facilitate this. In order to make sure appropriate provisions are in place to
17 provide seamless support when needed, the committee agreed it was important to
18 recommend the identification of emerging needs and make referrals as needs are identified,
19 without waiting for the assessment process to finish. This was also reflected in the qualitative
20 evidence where service users and providers expressed that early identification of needs and
21 referral can be helpful in securing the necessary service provisions for the child or young
22 person (see evidence report K, sub-theme 14.3) [1.3.10].

23 The committee discussed that support is sometimes only available when the child or young
24 person is given a certain diagnosis. This was also reflected in the qualitative evidence where
25 service users felt that diagnosis was fundamental to accessing the necessary service
26 provisions (see evidence report A, sub-themes 6.1, 6.2 and 6.3 and evidence report K, sub-
27 theme 14.3). Although it was reflected by the committee that diagnosis is helpful, in itself it
28 should not be the gatekeeper to receiving services, and subsequently they recommended
29 that children and young people with severe complex needs and disabilities are not excluded
30 from receiving the necessary assessment due to the fact that they do not have a diagnosis
31 [1.3.3]. The SEND Code of Practice (2015) specifies what Local authorities need to do when
32 considering if an EHC needs assessment is necessary. It states that local authorities can
33 develop criteria to help them decide when it is necessary to carry out an EHC needs
34 assessment but that they must be prepared to depart from these criteria where there is a
35 compelling reason to do so. The SEND Code of Practice (2015) also specifies that '...local
36 authorities must not apply a 'blanket' policy to particular groups of children or certain types of
37 need...'

38 The committee discussed that support needs are individual to the child or young person and
39 that not all individuals with the same diagnosis or condition will have the same level of need
40 or requirements. They acknowledged that this can sometimes be overlooked when
41 conducting EHC needs assessments and therefore included a recommendation to remind
42 practitioners not to make assumptions. This would be particularly relevant for those groups
43 with different cultural backgrounds, with traveller status, who are homeless, in situations of
44 family breakdown, families with low income, looked after children, and cases of bullying and
45 abuse/neglect as they may have more specific support needs [1.4.6].

46 The committee discussed how important it is for the three sectors (education, health and
47 social care) to share information with each other to facilitate joint working when assessing
48 the needs of disabled children and young people with severe complex needs and disabilities.
49 However, they acknowledged this does not always happen effectively and that
50 considerations around confidentiality, consent and security of information can have an
51 impact. Ineffective information sharing was also reflected in the qualitative evidence where
52 service providers reported that services do not always share information and that information
53 that is shared is not always sufficient due to a lack of understanding of the information needs
54 of different services (see evidence report K, sub-theme 7.1). Further, service users reported

- 1 having to repeat the same information, and described that this felt exhausting and produced
2 negative feelings (see evidence report A, sub-theme 4.1). The committee noted that the
3 SEND Code of Practice (2015) highlights the importance of sharing information to support
4 effective EHC needs assessment and planning and provides further detail about how this
5 should be done effectively whilst addressing confidentiality, consent and security of
6 information. They therefore cross-referenced the relevant sections [1.1.42].
- 7 The committee discussed the statutory timelines for doing the various parts of EHC needs
8 assessment. They reported an awareness of instances where production of an EHC plan for
9 one individual might miss the statutory deadline, subsequently triggering service providers to
10 side-line that individuals EHC plan and effectively move it to the back of the queue, and
11 instead focus on completing EHC plans for individuals where the statutory deadline could still
12 be met. It was agreed by the committee that this was a way for services to improve their
13 compliance against timelines, but in practice it did not support the child or young person as it
14 would lead to delays in provision of support which can exacerbate children and young
15 peoples' needs. Therefore, the committee felt a recommendation was needed to prevent this
16 practice from occurring [1.17.4].
- 17 The committee discussed how the EHC needs assessment process can take many weeks to
18 complete, but agreed that support was still required while this process is ongoing, and should
19 be provided rather than waiting until assessment has been completed as the child or young
20 person will have needs throughout. This was supported by qualitative evidence where both
21 service users and providers reported that referrals, access to services and information and
22 support could be deferred until a diagnosis was reached, with some service users reporting a
23 willingness to accept an imprecise or incorrect diagnosis to receive appropriate care (see
24 evidence report A, sub-theme 6.1 and evidence report K, sub-theme 14.1). The committee
25 agreed that recommendations were necessary to ensure that all possible support provisions
26 are in place for the child or young person as soon as possible. The committee felt that
27 recommendations were necessary for all sectors (education, health and social care
28 providers) which were reflective of what support each sector may be able to provide while the
29 education, health and care plan is being produced [1.3.9].
- 30 The SEND Code of Practice (2015) requires local authorities to make arrangements for
31 providing children and young people with special educational needs and disabilities and their
32 parents, with advice and information on special educational needs. It cites SEND Information
33 Advice and Support Services as a way to provide information, advice and support. The
34 SEND code of practice also specifies that the Local Offer must include information about
35 forums for parents and carers and support groups. The committee agreed that reputable and
36 reliable support and advice was very important for children and young people with severe
37 complex needs and disabilities, and their families, particularly as in their experience without
38 such support, individuals are prone to sourcing misleading information online which can lead
39 to unnecessary stress and anxiety. The qualitative evidence also reflected how service users
40 would have liked more access to information and support (see evidence report A, sub-
41 themes 2.1, 2.3, 2.4 and 2.5). Therefore, the committee made recommendations to direct
42 children, young people and their families to specific sources of support and advice, which
43 reflect the statutory structure [1.1.16].
- 44 There was evidence of a benefit of a local assessment team that had been trained by a
45 specialist assessment team for reducing waiting times for assessment. The evidence was
46 low quality, so the committee did not recommend this specific approach. However, the
47 committee felt strongly that understanding the responsibilities of other people and services
48 involved in the EHC needs assessment, review and re-assessment process, would create a
49 coordinated environment that would lead to a more positive experience for the child or young
50 person and their families [1.14.3]. This was also reflected in the qualitative evidence where
51 service providers reported valuing the different skillsets and knowledge of others and
52 opportunities to learn from each other and build expertise (see evidence report M, sub-theme
53 6.1). The qualitative evidence also reported from service users that repeating the same

1 information was exhausting and produced negative feelings, and getting the necessary care
2 demanded significant energy and organisation (see evidence report A, subthemes 4.1 and
3 4.2). In the committee's experience, getting an understanding of the responsibilities of other
4 people and services already happens in an adhoc way; the recommendations would simply
5 make this approach happen more proactively.

6 The committee were aware that the SEND Code of Practice (2015) stipulates that EHC plans
7 must be reviewed by the local authority at least every 12 months. The committee discussed
8 how for some children and young people their needs and circumstances are constantly
9 changing, and this can occur more frequently than their statutory scheduled review.
10 Therefore, the committee felt it was important to recommend that reviews conducted by
11 individual sectors were carried out at regular intervals, and more frequently when necessary
12 to ensure that children and young people are reviewed in line with their current needs and
13 circumstances. However they could not specify exact timings as this would vary for different
14 individuals [1.4.19]. To ensure that the necessary support can be put in place, the committee
15 agreed it was important to recommend that re-assessment be conducted by individual
16 sectors when a child or young person's needs or circumstances change significantly [1.4.20].

17 The committee acknowledged that it is the local authority who make decisions about whether
18 an individual's EHC plan is still fit for purpose, any changes are needed to the provisions in
19 the EHC plan, and whether to conduct a re-assessment of the EHC plan. Therefore, the
20 committee felt a recommendation was needed to share the results of any re-assessments
21 conducted by individual sectors when there is a significant change in need or circumstances
22 with the local authority, so that any decisions made are based on up-to-date information
23 [1.4.21].

24 The committee agreed that there are circumstances when parents or carers may decline
25 assessments. This was reflected in the qualitative evidence where service users felt
26 disillusionment with statutory provisions and thought there was little point in requesting help
27 so opted out of seeking support (see evidence report A, sub-theme 5.1). The committee felt
28 that reasons for declining assessments were variable and that cultural challenges (for
29 example race, religion, being from a group associated with vulnerability and possibly stigma
30 such as those with traveller status, those who are homeless) and communication challenges
31 (for example poor literacy) could impact on this decision. They therefore recommended
32 thinking about why parents and carers are declining assessments and considering any
33 cultural or communication challenges; discussing these reasons and addressing any
34 concerns with the parents or carers to ensure that the best possible care can be provided for
35 the child or young person. The committee also agreed that parents and carers need to be
36 aware how to request an assessment in future, in case their circumstances or views may
37 change and subsequently decide to embark on an assessment. The committee felt a
38 recommendation was needed to consider assessments that are declined by the parents and
39 carers which are not in the best interests of the child, as this may lead to a safeguarding
40 issue [1.3.13].

41 **Cost effectiveness and resource use**

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

44 The committee noted that recommendations around thinking about whether the child or
45 young person may have needs in other sectors may result in more referrals between
46 services. Similarly, recommending that children and young people are not excluded from
47 EHC needs assessment based solely on whether or not they have a particular diagnosis may
48 mean that more people will be accessing services. However, the committee expressed the
49 view that if such practices lead to appropriate care (i.e. assessments done, needs
50 determined and support started) at an earlier stage, before individuals require more resource
51 intensive management, then the additional costs associated with facilitating such care is

1 expected to result in improved outcomes (e.g. health outcomes, quality of life, and general
2 wellbeing) and potential future cost savings to services.

3 The recommendations on facilitating the EHC needs assessment and making the whole
4 process more streamlined may mean that services may have to work jointly which may mean
5 potentially more meetings and communication. However, such a collaborative approach to
6 EHC needs assessments will cut out duplication and any overlap in work undertaken by
7 different services and potentially result in cost savings. This may also have important
8 benefits to children and young people, and their parents/carers in terms of not having to
9 repeat themselves and more importantly an efficient needs assessment process and
10 subsequent coordinated and appropriate care.

11 The committee noted that most of the recommendations in this area reinforce / reiterate other
12 guidance and statutory requirements. The committee explained that successful
13 implementation of the recommendations in this area may require workforce development so
14 that practitioners understand the complex pathways involved. In relation to practitioners
15 learning about the responsibilities of other people and services involved in EHC needs
16 assessment, review and re-assessment processes the committee did not envisage this to
17 result in additional resources. The committee discussed various options to facilitate this
18 including informal chats / networking, pre-recorded sessions, induction and sessions
19 delivered by a local team member. The committee explained that the above costs would be
20 low, since most of the things could be done in a group format or pre-recordings / videos that
21 could be reused multiple times. Benefits would outweigh any additional costs resulting from
22 this. If practitioners have a better understanding of the responsibilities of other team
23 members, this will lead to production of better EHC plans, and ultimately more efficient
24 delivery of services, increased transparency, and more timely care. Such training will also
25 reduce conflicting advice and encourage all three sectors to work together more efficiently,
26 minimising duplication.

27 **Recommendations supported by this evidence review**

28 This evidence review supports recommendations 1.1.16, 1.1.42, 1.2.1 - 1.2.6, 1.2.8, 1.3.3,
29 1.3.9, 1.3.10, 1.3.13, 1.4.6, 1.4.19 - 1.4.21, 1.14.3, 1.17.4. Other evidence supporting these
30 recommendations can be found in the evidence reviews on Views and experiences of service
31 users (evidence report A), Barriers and facilitators of joined-up care (evidence report K),
32 Views and experiences of service providers (evidence report M).

33

1 References – included studies

2 Effectiveness

3 **Adams 2017**

4 Adams, L., Tindle, A., Basran, S., Dobie, S., Thomson, D., Robinson, D., Shepherd, C.,
5 Experiences of Education, Health and Care plans: a survey of parents and young people,
6 London: Department for Education, 2017. Available at:
7 http://dera.ioe.ac.uk/28758/1/Education_health_and_care_plans_parents_and_young_people_survey.pdf
8

9 **Foo 2008**

10 Foo, Aiwyne, Chaplais, Janet, Efficacy of pre-school surveillance services in identifying
11 children with special needs, Community practitioner : the journal of the Community
12 Practitioners' & Health Visitors' Association, 81, 18-21, 2008

13 **Koushik 2015**

14 Koushik, Nikhil S., Bacon, Beth, Stancin, Terry, Achenbach, Al-Qabandi Antonelli Bayley
15 Berry Briggs Danial Feinberg Filipek Ghebre Goin-Kochel Harris Honeycutt Jacobson
16 Jacobson Jarbrink Johnson Kane Kane Liptak Lord Lord Mandell Mandell Mandell Mandell
17 Matson McClung Ozonoff Ozonoff Prior Ramirez Robins Shattuck Shattuck Sparrow, An
18 interprofessional care model for evaluating autism spectrum disorders (ASDs) among low-
19 income children, Clinical Practice in Pediatric Psychology, 3, 108-119, 2015

20 **McClure 2010**

21 McClure, Iain, Mackay, Tommy, Mamdani, Haider, McCaughey, Roslyn, A comparison of a
22 specialist autism spectrum disorder assessment team with local assessment teams, Autism :
23 the international journal of research and practice, 14, 589-603, 2010

24 Other

25 **Department for Education and Department for Health 2015**

26 Department for Education and Department for Health, Special educational needs and
27 disability code of practice: 0 to 25 years. Statutory guidance for organisations which work
28 with and support children and young people who have special educational needs or
29 disabilities. Available at:
30 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf [Accessed 05/11/2020]
31

32

1 **Appendices**2 **Appendix A – Review protocol**3 **Review protocol for review question: What are the most effective combined approaches to identifying, assessing and**
4 **monitoring the health, social care and education needs (including changing needs) of disabled children and young people**
5 **with severe complex needs?**6 **Table 3: Review protocol**

ID	Field	Content
0.	PROSPERO registration number	CRD42020164786
1.	Review title	What are the most effective combined approaches to identifying, assessing and monitoring the health, social care and education needs (including changing needs) of disabled children and young people with severe complex needs?
2.	Review question	What are the most effective combined approaches to identifying, assessing and monitoring the health, social care and education needs (including changing needs) of disabled children and young people with severe complex needs?
3.	Objective	<p>To determine effective combined approaches to identifying, assessing and monitoring the health, social care and education needs (including changing needs) of disabled children and young people with severe complex needs</p> <p>Identification To determine effective combined approaches to identifying specific needs in disabled children and young people whose parents have identified a concern and requested an assessment, or who have already been identified as having complex needs by health/social/educational professionals. The identification of who may have needs or require an assessment is outside the scope of this guideline.</p> <p>Assessment To determine effective combined approaches to assessing needs in disabled children and young people with severe complex needs. The specific content of the assessment will not be investigated.</p> <p>Monitoring To determine effective combined approaches to monitoring needs in disabled children and young people with severe complex needs, including approaches to, and timelines for, review and reassessment.</p>

DRAFT FOR CONSULTATION

Combined approaches to identifying, assessing and monitoring health, social care and education needs

ID	Field	Content
4.	Searches	<p>The following databases will be searched:</p> <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 • 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	<p>Disabled children and young people from birth to 25 years with severe complex needs requiring health, social care and education support.</p>

DRAFT FOR CONSULTATION

Combined approaches to identifying, assessing and monitoring health, social care and education needs

ID	Field	Content
6.	Population	<p>Inclusion: Disabled children and young people from birth to 25 years with severe complex needs who require health, social care and education support (as identified by parent/carer, health, social care or education professional).</p> <p>Exclusion: 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>Identification, assessment, or monitoring of combined health, social care and education needs, incorporating evidence from:</p> <ul style="list-style-type: none"> • The child or young person & their parents or carers • Education professionals • Healthcare professionals • Social care professionals <p>Followed by intervention(s), goal setting or reassessment as indicated/prioritised. For example, Assess, Plan Do Review (APDR) approach and Education, Health and Care (EHC) plans.</p>
8.	Comparator/Reference standard/Confounding factors	<ul style="list-style-type: none"> • Different approaches to identification, assessment or monitoring of combined health, social care and education needs followed by intervention(s), goal setting or reassessment as indicated • Separate identification, assessment or monitoring of health, social care and education needs followed by intervention(s), goal setting or reassessment as indicated • Different timings of identification or assessment (for example early versus late) • Different frequency of monitoring reviews • Different thresholds for triggering reviews and/or reassessment
9.	Types of study to be included	<p>Systematic reviews of test and treat RCTs or non-randomised comparative test and treat studies (including cohort studies, before and after studies and interrupted time series), and test and treat RCTS will be included. Non-randomised studies will be included in the absence of RCTs. Service evaluations, process evaluations and audits will be included in the absence of comparative non-randomised studies. Conference abstracts will not be included.</p> <p>Non-randomised studies should adjust for confounders in their analysis such as: dominant provision (e.g. primarily autism, primarily physical disability), definitions of eligibility for service (e.g. for primary SEN), socioeconomic status. Studies will be downgraded for risk of bias if important confounding factors are not adequately adjusted for but will not be excluded for this reason.</p>
10.	Other exclusion criteria	<p>Studies will not be included for the following reasons:</p> <ul style="list-style-type: none"> • Published prior to 2000 • Not published in the English language • Non Organisation for Economic Co-operation and Development (OCED) country (https://www.oecd.org/about/members-and-partners/) <p>Studies published prior to 2000 will not be considered due to legislative changes, specifically the Children</p>

DRAFT FOR CONSULTATION

Combined approaches to identifying, assessing and monitoring health, social care and education needs

ID	Field	Content
		<p>and Families Care Act 2014, and the Aiming High for Disabled Children (AHDC) programme 2007. 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	<p>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.</p>
12.	Primary outcomes (critical outcomes)	<p>Critical Outcomes:</p> <ul style="list-style-type: none"> ➤ Person focused: <ul style="list-style-type: none"> • Meeting outcomes as specified in assessments (e.g., EHC plan) • Progress towards outcomes/goals ➤ Service focused: <ul style="list-style-type: none"> • Extent to which health, social care and educational needs are met (e.g., as measured by validated scales or whether EHC plans are met)
13.	Secondary outcomes (important outcomes)	<p>Important Outcomes:</p> <ul style="list-style-type: none"> ➤ Person focused: <ul style="list-style-type: none"> • Quality of life (both health- and social-related quality) (e.g., as measured by validated scales or assisted communication aids such as talking mats or 'it's all about me') • Service user satisfaction (child or young person and parent or carer) (e.g., as measured by validated scales or assisted communication aids such as talking mats or 'it's all about me') ➤ Service focused: <ul style="list-style-type: none"> • Waiting times (e.g., SEND Code of Practice (CoP) compliance or lengths in days)
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	<p>Quality assessment of individual studies will be performed using the following checklists:</p>

DRAFT FOR CONSULTATION

Combined approaches to identifying, assessing and monitoring health, social care and education needs

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 (test and treat):</p> <p>Depending on the availability of the evidence, the findings will be summarised narratively or quantitatively. Where possible, meta-analyses will be conducted using Cochrane Review Manager software. A fixed effect meta-analysis will be conducted and data will be presented as risk ratios or odds ratios for dichotomous outcomes, and mean differences or standardised mean differences for continuous outcomes. Heterogeneity in the effect estimates of the individual studies will be assessed using the I² statistic. I² values of greater than 50% and 80% will be considered as significant and very significant heterogeneity, respectively. Heterogeneity will be explored as appropriate using sensitivity analyses and pre-specified subgroup analyses. If heterogeneity cannot be explained through subgroup analysis then a random effects model will be used for meta-analysis, or the data will not be pooled if the I² statistic is greater than 80%.</p> <p>The confidence in the findings across all available evidence will be evaluated for each outcome using an adaptation of the 'Grading of Recommendations Assessment, Development and Evaluation (GRADE) toolbox' developed by the international GRADE working group: http://www.gradeworkinggroup.org/</p> <p>Minimally important differences:</p> <ul style="list-style-type: none"> • We will check the rehabilitation measures database (www.sralab.org) for published MIDs for scales reported by included studies and use these if available. If not, we will use GRADE default MIDs. • For extent to which needs are met, we will use any statistically significant difference. • 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.
17.	Analysis of sub-groups	<p>In the case of heterogeneity, the following groups may be investigated:</p> <ul style="list-style-type: none"> • Setting (e.g. co-located vs not) • Country • Rural versus urban • Age group (≥16 years vs <16 years)
18.	Type and method of review	<input checked="" type="checkbox"/> Intervention

DRAFT FOR CONSULTATION

Combined approaches to identifying, assessing and monitoring health, social care and education needs

ID	Field	Content		
		<input type="checkbox"/>	Diagnostic	
		<input type="checkbox"/>	Prognostic	
		<input type="checkbox"/>	Qualitative	
		<input type="checkbox"/>	Epidemiologic	
		<input checked="" type="checkbox"/>	Service Delivery	
		<input type="checkbox"/>	Other (please specify)	
19.	Language	English		
20.	Country	England		
21.	Anticipated or actual start date	08 January 2020		
22.	Anticipated completion date	12 May 2021		
23.	Stage of review at time of this submission	Review stage	Started	Completed
		Preliminary searches	<input checked="" 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		

DRAFT FOR CONSULTATION

Combined approaches to identifying, assessing and monitoring health, social care and education needs

ID	Field	Content	
		NICE.	
27.	Conflicts of interest	All guideline committee members and anyone who has direct input into NICE guidelines (including the evidence review team and expert witnesses) must declare any potential conflicts of interest in line with NICE's code of practice for declaring and dealing with conflicts of interest. Any relevant interests, or changes to interests, will also be declared publicly at the start of each guideline committee meeting. Before each meeting, any potential conflicts of interest will be considered by the guideline committee Chair and a senior member of the development team. Any decisions to exclude a person from all or part of a meeting will be documented. Any changes to a member's declaration of interests will be recorded in the minutes of the meeting. Declarations of interests will be published with the final guideline.	
28.	Collaborators	Development of this systematic review will be overseen by an advisory committee who will use the review to inform the development of evidence-based recommendations in line with section 3 of Developing NICE guidelines: the manual . Members of the guideline committee are available on the NICE website: https://www.nice.org.uk/guidance/indevelopment/gid-ng10113	
29.	Other registration details	None	
30.	Reference/URL for published protocol	https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=164786	
31.	Dissemination plans	<p>NICE may use a range of different methods to raise awareness of the guideline. These include standard approaches such as:</p> <ul style="list-style-type: none"> • 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, assessment	
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	

DRAFT FOR CONSULTATION

Combined approaches to identifying, assessing and monitoring health, social care and education needs

ID	Field	Content
36.	Details of final publication	www.nice.org.uk

1

2

3

4

5

6

7

8

ADHC: Aiming High for Disabled Children; APDR: Assess, Plan Do Review (APDR); ASSIA: Applied Social Science Index and Abstracts; BEI: British Education Index; CDSR: Cochrane Database of Systematic Reviews; CENTRAL: Cochrane Central Register of Controlled Trials; CoP: Code of Practice; DARE: database of Abstracts of Reviews of Effects; EHC: Education, Health and Care; EPOC: Effective Practice and Organisation of Care; ERIC: Educational Information Resources Center; GRADE: Grading of Recommendations Assessment, Development and Evaluation; HMIC: Health Management Information Consortium; HR: hazard ratio; HTA: Health Technology Assessment; MID: minimally important difference; NICE: National Institute for Health and Care Excellence; OECD: Organisation for Economic Co-operation and Development; OR: odds ratio; RCT: randomised controlled trial; RoB: risk of bias; RR: risk ratio; ROBINS-I: risk of bias in non-randomised studies – of interventions; ROBIS: Risk of Bias in Systematic Reviews; SD: standard deviation; SEN: special educational needs;

9

1 Appendix B – Literature search strategies

2 Literature search strategies for review question: What are the most effective
3 combined approaches to identifying, assessing and monitoring the health,
4 social care and education needs (including changing needs) of disabled
5 children and young people with severe complex needs?

6

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

9 Date of last search: 20/05/2020

#	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	or/20-22
24	INTERINSTITUTIONAL RELATIONS/
25	INTERSECTORAL COLLABORATION/
26	"DELIVERY OF HEALTH CARE, INTEGRATED"/
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/24-35
37	(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/)
38	(HEALTH SERVICES/ or CHILD HEALTH SERVICES/ or ADOLESCENT HEALTH SERVICES/ or COMMUNITY HEALTH SERVICES/ or HOME CARE SERVICES/ or HEALTH SERVICES FOR PEOPLE WITH DISABILITIES/ or MENTAL HEALTH SERVICES/ or NURSING SERVICES/ or exp HEALTH PERSONNEL/) and (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/)
39	(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

DRAFT FOR CONSULTATION

Combined approaches to identifying, assessing and monitoring health, social care and education needs

#	Searches
	NURSERIES/ or CHILD DAY CARE CENTERS/ or UNIVERSITIES/ or TEACHING/ or REMEDIAL TEACHING/ or SCHOOL 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	STATE MEDICINE/og [Organization & Administration]
46	CHILD HEALTH SERVICES/og [Organization & Administration]
47	ADOLESCENT HEALTH SERVICES/og [Organization & Administration]
48	EDUCATION/og [Organization & Administration]
49	exp EDUCATION, SPECIAL/og [Organization & Administration]
50	exp SOCIAL WORK/og [Organization & Administration]
51	or/45-50
52	"Education Health and Care plan?".ti,ab.
53	EHC plan?.ti,ab.
54	EHCP?.ti,ab.
55	or/52-54
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\$) adj7 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$)).ti,ab.
57	((inter or multi\$ or joint) adj3 (institution\$ or organi?ation\$ or sector\$ or agenc\$ or provider? or stakeholder? or profession\$) adj7 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$)).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 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$)).ti.
59	or/56-58
60	((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 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$)).ti.
61	((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 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$)).ti.
62	(social\$ adj5 (educat\$ or school\$ or teach\$ or headmaster? or headmistress\$ or SENCO? or DfE?) adj5 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$)).ti.
63	or/60-62
64	**HEALTH SERVICES NEEDS AND DEMAND"/og [Organization & Administration]
65	*NEEDS ASSESSMENT/
66	(need? adj5 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$)).ti.
67	(need? adj5 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$)).ab. /freq=2
68	(need? adj5 (health\$ or social\$ or educat\$ or service?) adj5 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$)).ti,ab.
69	or/65-68
70	CRITICAL PATHWAYS/
71	pathway?.ti.
72	or/70-71
73	23 and 55
74	23 and 59
75	23 and 63
76	23 and 64
77	23 and (36 or 40 or 44 or 51) and 69
78	23 and (36 or 40 or 44 or 51) and 72
79	or/73-78
80	limit 79 to english language

DRAFT FOR CONSULTATION

Combined approaches to identifying, assessing and monitoring health, social care and education needs

#	Searches
81	limit 80 to yr="2000 -Current"
82	LETTER/
83	EDITORIAL/
84	NEWS/
85	exp HISTORICAL ARTICLE/
86	ANECDOTES AS TOPIC/
87	COMMENT/
88	CASE REPORT/
89	(letter or comment*).ti.
90	or/82-89
91	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
92	90 not 91
93	ANIMALS/ not HUMANS/
94	exp ANIMALS, LABORATORY/
95	exp ANIMAL EXPERIMENTATION/
96	exp MODELS, ANIMAL/
97	exp RODENTIA/
98	(rat or rats or mouse or mice).ti.
99	or/92-98
100	81 not 99

1

2 Databases: Embase; and Embase Classic

3 Date of last search: 20/05/2020

#	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	or/19-21
23	PUBLIC RELATIONS/
24	INTERSECTORAL COLLABORATION/
25	INTEGRATED HEALTH CARE SYSTEM/
26	(interinstitution\$ or multiinstitution\$ or jointinstitution\$.ti,ab.
27	(interorgani?ation\$ or multiorgani?ation\$ or jointorgani?ation\$.ti,ab.
28	(intersector\$ or multisector\$ or jointsector\$.ti,ab.
29	(interagenc\$ or multiagenc\$ or jointagenc\$.ti,ab.
30	(interprovider? or multiprovider? or jointprovider?).ti,ab.
31	(interstakeholder? or multistakeholder? or jointstakeholder?).ti,ab.
32	(interprofession\$ or multiprofession\$ or jointprofession\$.ti,ab.
33	((inter or multi\$ or joint) adj3 (institution\$ or organi?ation\$ or sector\$ or agenc\$ or provider? or stakeholder? or profession\$.ti,ab.
34	((institution\$ or organi?ation\$ or sector\$ or agenc\$ or provider? or stakeholder? or profession\$ or care or service? or department\$.ti,ab. (collaborat\$ or coordinat\$ or co-ordinat\$ or cooperat\$ or co-operat\$ or integrat\$ or partner\$)).ti.
35	or/23-34
36	(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/)

DRAFT FOR CONSULTATION

Combined approaches to identifying, assessing and monitoring health, social care and education needs

#	Searches
37	(HEALTH SERVICE/ or CHILD HEALTH CARE/ or COMMUNITY CARE/ or HOME CARE/ or MENTAL HEALTH SERVICE/ or *NURSING/ or exp HEALTH CARE PERSONNEL/) and (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/)
38	(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/)
39	or/36-38
40	((health\$ or NHS or clinical or clinician? or medical or medic? or physician? or consultant? or nurse? or general practitioner? or GP? or occupational therapist? or OT? or allied health professional? or AHP? or ((speech or language) adj3 therapist?) or SLT?) adj5 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.
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 (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.
42	(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.
43	or/40-42
44	NATIONAL HEALTH SERVICE/ and ORGANIZATION/
45	CHILD HEALTH CARE/ and ORGANIZATION/
46	EDUCATION/ and ORGANIZATION/
47	exp SPECIAL EDUCATION/ and ORGANIZATION/
48	SOCIAL WORK/ and ORGANIZATION/
49	or/44-48
50	"Education Health and Care plan?".ti,ab.
51	EHC plan?.ti,ab.
52	EHCP?.ti,ab.
53	or/50-52
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\$) adj7 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$).ti,ab.
55	((inter or multi\$ or joint) adj3 (institution\$ or organi?ation\$ or sector\$ or agenc\$ or provider? or stakeholder? or profession\$) adj7 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$).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 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$).ti.
57	or/54-56
58	((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 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$).ti.
59	((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 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$).ti.
60	(social\$ adj5 (educat\$ or school\$ or teach\$ or headmaster? or headmistress\$ or SENCO? or DfE?) adj5 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$).ti.
61	or/58-60
62	*NEEDS ASSESSMENT/
63	(need? adj5 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$).ti.
64	(need? adj5 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$).ab. /freq=2
65	(need? adj5 (health\$ or social\$ or educat\$ or service?) adj5 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$).ti,ab.
66	or/62-65
67	CLINICAL PATHWAY/
68	pathway?.ti.
69	or/67-68
70	22 and 53
71	22 and 57
72	22 and 61
73	22 and (35 or 39 or 43 or 49) and 66
74	22 and (35 or 39 or 43 or 49) and 69

DRAFT FOR CONSULTATION

Combined approaches to identifying, assessing and monitoring health, social care and education needs

#	Searches
75	or/70-74
76	limit 75 to english language
77	limit 76 to yr="2000 -Current"
78	letter.pt. or LETTER/
79	note.pt.
80	editorial.pt.
81	CASE REPORT/ or CASE STUDY/
82	(letter or comment*).ti.
83	or/78-82
84	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
85	83 not 84
86	ANIMAL/ not HUMAN/
87	NONHUMAN/
88	exp ANIMAL EXPERIMENT/
89	exp EXPERIMENTAL ANIMAL/
90	ANIMAL MODEL/
91	exp RODENT/
92	(rat or rats or mouse or mice).ti.
93	or/85-92
94	77 not 93

1

2 Database: Health Management Information Consortium (HMIC)

3 Date of last search: 20/05/2020

#	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/
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	or/17-18
20	COLLABORATION/
21	exp INTERAGENCY COLLABORATION/
22	INTERPROFESSIONAL COLLABORATION/
23	COLLABORATIVE CARE/
24	INTEGRATED PROVIDERS/
25	INTEGRATED CARE/
26	INTERDISCIPLINARY SERVICES/
27	JOINT WORKING/
28	HEALTH & SOCIAL SERVICES INTERACTION/
29	COMMUNICATION/
30	HEALTH SERVICE PROVISION/
31	(interinstitution\$ or multiinstitution\$ or jointinstitution\$.ti,ab.
32	(interorgani?ation\$ or multiorgani?ation\$ or jointorgani?ation\$.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) adj3 (institution\$ or organi?ation\$ or sector\$ or agenc\$ or provider? or stakeholder? or profession\$)).ti,ab.
39	((institution\$ or organi?ation\$ or sector\$ or agenc\$ or provider? or stakeholder? or profession\$ or care or service? or

DRAFT FOR CONSULTATION

Combined approaches to identifying, assessing and monitoring health, social care and education needs

#	Searches
	department\$) adj5 (collaborat\$ or coordinat\$ or co-ordinat\$ or cooperat\$ or co-operat\$ or integrat\$ or partner\$)).ti.
40	or/20-39
41	(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/)
42	(HEALTH SERVICES/ or exp CHILD HEALTH SERVICES/ or COMMUNITY HEALTH SERVICES/ or exp MENTAL HEALTH SERVICES/ or NURSING CARE/ or exp HEALTH SERVICE STAFF/) and (EDUCATION/ or PRIMARY EDUCATION/ or SECONDARY EDUCATION/ or exp SPECIAL EDUCATION/ or exp SCHOOLS/ or exp SCHOOL HEALTH SERVICES/ or exp NURSERIES/ or UNIVERSITIES/ or TEACHING/ or REMEDIAL TEACHING/ or TEACHERS/)
43	(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 NURSERIES/ or UNIVERSITIES/ or TEACHING/ or REMEDIAL TEACHING/ or TEACHERS/)
44	or/41-43
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 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.
46	((health\$ or NHS or clinical or clinician? or medical or medic? or physician? or consultant? or nurse? or general practitioner? or GP? or occupational therapist? or OT? or allied health professional? or AHP? or ((speech or language) adj3 therapist?) or SLT?) adj5 (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	(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.
48	or/45-47
49	"Education Health and Care plan?".ti,ab.
50	EHC plan?.ti,ab.
51	EHCP?.ti,ab.
52	or/49-51
53	((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\$) adj7 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$)).ti,ab.
54	((inter or multi\$ or joint) adj3 (institution\$ or organi?ation\$ or sector\$ or agenc\$ or provider? or stakeholder? or profession\$) adj7 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$)).ti,ab.
55	((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 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$)).ti.
56	or/53-55
57	((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 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$)).ti.
58	((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 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$)).ti.
59	(social\$ adj5 (educat\$ or school\$ or teach\$ or headmaster? or headmistress\$ or SENCO? or Dfe?) adj5 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$)).ti.
60	or/57-59
61	NEEDS ASSESSMENT/
62	HEALTH NEEDS ASSESSMENT/
63	INDIVIDUAL ASSESSMENT/
64	(need? adj5 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$)).ti.
65	(need? adj5 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$)).ab. /freq=2
66	(need? adj5 (health\$ or social\$ or educat\$ or service?) adj5 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$)).ti,ab.
67	or/61-66
68	CARE PATHWAYS/
69	pathway?.ti.
70	or/68-69
71	19 and 52

#	Searches
72	19 and 56
73	19 and 60
74	19 and (40 or 44 or 48) and 67
75	19 and (40 or 44 or 48) and 70
76	or/71-75
77	limit 76 to yr="2000 -Current"

1

2 Database: Social Policy and Practice

3 Date of last search: 20/05/2020

#	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.
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	or/11-12
14	(interinstitution\$ or multiinstitution\$ or jointinstitution\$).ti,ab.
15	(interorgani?ation\$ or multiorgani?ation\$ or jointorgani?ation\$).ti,ab.
16	(intersector\$ or multisector\$ or jointsector\$).ti,ab.
17	(interagenc\$ or multiagenc\$ or jointagenc\$).ti,ab.
18	(interprovider? or multiprovider? or jointprovider?).ti,ab.
19	(interstakeholder? or multistakeholder? or jointstakeholder?).ti,ab.
20	(interprofession\$ or multiprofession\$ or jointprofession\$).ti,ab.
21	((inter or multi\$ or joint) adj3 (institution\$ or organi?ation\$ or sector\$ or agenc\$ or provider? or stakeholder? or profession\$)).ti,ab.
22	((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.
23	or/14-22
24	((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.
25	((health\$ or NHS or clinical or clinician? or medical or medic? or physician? or consultant? or nurse? or general practitioner? or GP? or occupational therapist? or OT? or allied health professional? or AHP? or ((speech or language) adj3 therapist?) or SLT?) adj5 (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.
26	(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.
27	or/24-26
28	"Education Health and Care plan?".ti,ab.
29	EHC plan?.ti,ab.
30	EHCP?.ti,ab.
31	or/28-30
32	(assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$).ti,ab.
33	((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\$) adj7 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$)).ti,ab.
34	((inter or multi\$ or joint) adj3 (institution\$ or organi?ation\$ or sector\$ or agenc\$ or provider? or stakeholder? or profession\$) adj7 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$)).ti,ab.
35	((institution\$ or organi?ation\$ or sector\$ or agenc\$ or provider? or stakeholder? or profession\$ or care or service? or

DRAFT FOR CONSULTATION

Combined approaches to identifying, assessing and monitoring health, social care and education needs

#	Searches
	department\$) adj5 (collaborat\$ or coordinat\$ or co-ordinat\$ or cooperat\$ or co-operat\$ or integrat\$ or partner\$) adj5 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$).ti.
36	or/33-35
37	((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 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$).ti.
38	((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 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$).ti.
39	(social\$ adj5 (educat\$ or school\$ or teach\$ or headmaster? or headmistress\$ or SENCO? or DfE?) adj5 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$).ti.
40	or/37-39
41	(need? adj5 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$).ti.
42	(need? adj5 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$).ab. /freq=2
43	(need? adj5 (health\$ or social\$ or educat\$ or service?) adj5 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$).ti.ab.
44	or/41-43
45	pathway?.ti.
46	13 and 31 and 32
47	13 and 36
48	13 and 40
49	13 and (23 or 27) and 44
50	13 and (23 or 27) and 45
51	or/46-50
52	limit 51 to yr="2000 -Current"

1

2 Database: PsycInfo

3 Date of last search: 20/05/2020

#	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.
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 dysfunc\$).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	or/19-20
22	INTEGRATED SERVICES/
23	INTERDISCIPLINARY TREATMENT APPROACH/
24	(interinstitution\$ or multiinstitution\$ or jointinstitution\$).ti.ab.
25	(interorgani?ation\$ or multiorgani?ation\$ or jointorgani?ation\$).ti.ab.
26	(intersector\$ or multisector\$ or jointsector\$).ti.ab.
27	(interagenc\$ or multiagenc\$ or jointagenc\$).ti.ab.
28	(interprovider? or multiprovider? or jointprovider?).ti.ab.
29	(interstakeholder? or multistakeholder? or jointstakeholder?).ti.ab.
30	(interprofession\$ or multiprofession\$ or jointprofession\$).ti.ab.
31	((inter or multi\$ or joint) adj3 (institution\$ or organi?ation\$ or sector\$ or agenc\$ or provider? or stakeholder? or profession\$).ti.ab.
32	((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.
33	or/22-32

DRAFT FOR CONSULTATION

Combined approaches to identifying, assessing and monitoring health, social care and education needs

#	Searches
34	(HEALTH CARE SERVICES/ or COMMUNITY SERVICES/ or HOME CARE/ or MENTAL HEALTH SERVICES/ or COMMUNITY MENTAL HEALTH SERVICES/ or NURSING/ or exp HEALTH PERSONNEL/) and (exp SOCIAL CASEWORK/ or exp SOCIAL WORKERS/)
35	(HEALTH CARE SERVICES/ or COMMUNITY SERVICES/ or HOME CARE/ or MENTAL HEALTH SERVICES/ or COMMUNITY MENTAL HEALTH SERVICES/ or NURSING/ or exp HEALTH PERSONNEL/) and (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/)
36	(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/)
37	or/34-36
38	((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.
39	((health\$ or NHS or clinical or clinician? or medical or medic? or physician? or consultant? or nurse? or general practitioner? or GP? or occupational therapist? or OT? or allied health professional? or AHP? or ((speech or language) adj3 therapist?) or SLT?) adj5 (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.
40	(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.
41	or/38-40
42	"Education Health and Care plan?".ti,ab.
43	EHC plan?.ti,ab.
44	EHCP?.ti,ab.
45	or/42-44
46	((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\$) adj7 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$)).ti,ab.
47	((inter or multi\$ or joint) adj3 (institution\$ or organi?ation\$ or sector\$ or agenc\$ or provider? or stakeholder? or profession\$) adj7 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$)).ti,ab.
48	((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 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$)).ti.
49	or/46-48
50	((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 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$)).ti.
51	((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 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$)).ti.
52	(social\$ adj5 (educat\$ or school\$ or teach\$ or headmaster? or headmistress\$ or SENCO? or Dfe?) adj5 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$)).ti.
53	or/50-52
54	*NEEDS ASSESSMENT/
55	(need? adj5 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$)).ti.
56	(need? adj5 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$)).ab. /freq=2
57	(need? adj5 (health\$ or social\$ or educat\$ or service?) adj5 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$)).ti,ab.
58	or/54-57
59	pathway?.ti.
60	21 and 45
61	21 and 49
62	21 and 53
63	21 and (33 or 37 or 41) and 58

DRAFT FOR CONSULTATION

Combined approaches to identifying, assessing and monitoring health, social care and education needs

#	Searches
64	21 and (33 or 37 or 41) and 59
65	or/60-64
66	limit 65 to english language
67	limit 66 to yr="2000 -Current"
68	limit 67 to ("0100 journal" or "0110 peer-reviewed journal" or "0120 non-peer-reviewed journal")

1

2 Database: Emcare

3 Date of last search: 20/05/2020

#	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	or/19-21
23	PUBLIC RELATIONS/
24	INTERSECTORAL COLLABORATION/
25	INTEGRATED HEALTH CARE SYSTEM/
26	(interinstitution\$ or multiinstitution\$ or jointinstitution\$).ti,ab.
27	(interorgani?ation\$ or multiorgani?ation\$ or jointorgani?ation\$).ti,ab.
28	(intersector\$ or multisector\$ or jointsector\$).ti,ab.
29	(interagenc\$ or multiagenc\$ or jointagenc\$).ti,ab.
30	(interprovider? or multiprovider? or jointprovider?).ti,ab.
31	(interstakeholder? or multistakeholder? or jointstakeholder?).ti,ab.
32	(interprofession\$ or multiprofession\$ or jointprofession\$).ti,ab.
33	((inter or multi\$ or joint) adj3 (institution\$ or organi?ation\$ or sector\$ or agenc\$ or provider? or stakeholder? or profession\$)).ti,ab.
34	((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.
35	or/23-34
36	(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/)
37	(HEALTH SERVICE/ or CHILD HEALTH CARE/ or COMMUNITY CARE/ or HOME CARE/ or MENTAL HEALTH SERVICE/ or *NURSING/ or exp HEALTH CARE PERSONNEL/) and (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/)
38	(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/)
39	or/36-38
40	((health\$ or NHS or clinical or clinician? or medical or medic? or physician? or consultant? or nurse? or general practitioner? or GP? or occupational therapist? or OT? or allied health professional? or AHP? or ((speech or language) adj3 therapist?) or SLT?) adj5 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.

DRAFT FOR CONSULTATION

Combined approaches to identifying, assessing and monitoring health, social care and education needs

#	Searches
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 (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.
42	(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.
43	or/40-42
44	NATIONAL HEALTH SERVICE/ and ORGANIZATION/
45	CHILD HEALTH CARE/ and ORGANIZATION/
46	EDUCATION/ and ORGANIZATION/
47	exp SPECIAL EDUCATION/ and ORGANIZATION/
48	SOCIAL WORK/ and ORGANIZATION/
49	or/44-48
50	"Education Health and Care plan?".ti,ab.
51	EHC plan?.ti,ab.
52	EHCP?.ti,ab.
53	or/50-52
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\$) adj7 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$)).ti,ab.
55	((inter or multi\$ or joint) adj3 (institution\$ or organi?ation\$ or sector\$ or agenc\$ or provider? or stakeholder? or profession\$) adj7 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$)).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 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$)).ti.
57	or/54-56
58	((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 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$)).ti.
59	((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 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$)).ti.
60	(social\$ adj5 (educat\$ or school\$ or teach\$ or headmaster? or headmistress\$ or SENCO? or DfE?) adj5 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$)).ti.
61	or/58-60
62	*NEEDS ASSESSMENT/
63	(need? adj5 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$)).ti.
64	(need? adj5 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$)).ab. /freq=2
65	(need? adj5 (health\$ or social\$ or educat\$ or service?) adj5 (assess\$ or reassess\$ or re-assess\$ or identif\$ or monitor\$)).ti,ab.
66	or/62-65
67	CLINICAL PATHWAY/
68	pathway?.ti.
69	or/67-68
70	22 and 53
71	22 and 57
72	22 and 61
73	22 and (35 or 39 or 43 or 49) and 66
74	22 and (35 or 39 or 43 or 49) and 69
75	or/70-74
76	limit 75 to english language
77	limit 76 to yr="2000 -Current"
78	letter.pt. or LETTER/
79	note.pt.
80	editorial.pt.
81	CASE REPORT/ or CASE STUDY/
82	(letter or comment*).ti.
83	or/78-82
84	RANDOMIZED CONTROLLED TRIAL/ or random*.ti,ab.
85	83 not 84
86	ANIMAL/ not HUMAN/
87	NONHUMAN/
88	exp ANIMAL EXPERIMENT/
89	exp EXPERIMENTAL ANIMAL/

#	Searches
90	ANIMAL MODEL/
91	exp RODENT/
92	(rat or rats or mouse or mice).ti.
93	or/85-92
94	77 not 93

1

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

4 Date of last search: 20/05/2020

#	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
#22	[mh ^"DISABLED CHILDREN"]
#23	CSHCN:ti,ab
#24	#21 or #22 or #23
#25	[mh ^"INTERINSTITUTIONAL RELATIONS"]
#26	[mh ^"INTERSECTORAL COLLABORATION"]
#27	[mh ^"DELIVERY OF HEALTH CARE, INTEGRATED"]
#28	(interinstitution* or multiinstitution* or jointinstitution*):ti,ab
#29	(interorganisation* or interorganization* or multiorganisation* or multiorganization* or jointorganisation* or jointorganization*):ti,ab
#30	(intersector* or multisector* or jointsector*):ti,ab
#31	(interagenc* or multiagenc* or jointagenc*):ti,ab
#32	(interprovider* or multiprovider* or jointprovider*):ti,ab
#33	(interstakeholder* or multistakeholder* or jointstakeholder*):ti,ab
#34	(interprofession* or multiprofession* or jointprofession*):ti,ab
#35	((inter or multi or joint) near/3 (institution* or organisation* or organization* or sector* or agenc* or provider? or stakeholder? or profession*)):ti,ab
#36	((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
#37	#25 or #26 or #27 or #28 or #29 or #30 or #31 or #32 or #33 or #34 or #35 or #36
#38	(([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"])
#39	(([mh ^"HEALTH SERVICES"] or [mh ^"CHILD HEALTH SERVICES"] or [mh ^"ADOLESCENT HEALTH SERVICES"] or [mh ^"COMMUNITY HEALTH SERVICES"] or [mh ^"HOME CARE SERVICES"] or [mh ^"HEALTH SERVICES FOR PEOPLE WITH DISABILITIES"] or [mh ^"MENTAL HEALTH SERVICES"] or [mh ^"NURSING SERVICES"] or [mh ^"HEALTH PERSONNEL"]) and (([mh ^"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 ^"REMEDIATIONAL TEACHING"] or [mh ^"SCHOOL TEACHERS"])
#40	(([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

DRAFT FOR CONSULTATION

Combined approaches to identifying, assessing and monitoring health, social care and education needs

#	Searches
	HEALTH SERVICES"] or [mh ^"SCHOOLS, NURSERY"] or [mh NURSERIES] or [mh ^"CHILD DAY CARE CENTERS"] or [mh ^UNIVERSITIES] or [mh ^TEACHING] or [mh ^"REMEDIAL TEACHING"] or [mh ^"SCHOOL TEACHERS"])
#41	#38 or #39 or #40
#42	((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
#43	((health* or NHS or clinical or clinician* or medical or medic or medics or physician* or consultant* or nurse* or general practitioner* or GP or GPs or occupational therapist* or OT or OTs or allied health professional* or AHP or AHPs or ((speech or language) near/3 therapist*) or SLT or SLTs) near/5 (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
#44	(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
#45	#42 or #43 or #44
#46	[mh ^"STATE MEDICINE"/og]
#47	[mh ^"CHILD HEALTH SERVICES"/og]
#48	[mh ^"ADOLESCENT HEALTH SERVICES"/og]
#49	[mh ^EDUCATION/og]
#50	[mh "EDUCATION, SPECIAL"/og]
#51	[mh "SOCIAL WORK"/og]
#52	#46 or #47 or #48 or #49 or #50 or #51
#53	"Education Health and Care plan*":ti,ab
#54	EHC plan*":ti,ab
#55	EHCP*":ti,ab
#56	#53 or #54 or #55
#57	((interinstitution* or multiinstitution* or jointinstitution* or interorganisation* or interorganization* or multiorganisation* or multiorganization* or jointorganization* 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*) near/7 (assess* or reassess* or re-assess* or identif* or monitor*)):ti,ab
#58	((inter or multi* or joint) near/3 (institution* or organisation* or organization* or sector* or agenc* or provider* or stakeholder* or profession*) near/7 (assess* or reassess* or re-assess* or identif* or monitor*)):ti,ab
#59	((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*) near/5 (assess* or reassess* or re-assess* or identif* or monitor*)):ti
#60	#57 or #58 or #59
#61	((health* or NHS or clinical or clinician* or medical or medic* 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 (assess* or reassess* or re-assess* or identif* or monitor*)):ti
#62	((health* or NHS or clinical or clinician* or medical or medic* 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 DfE*) near/5 (assess* or reassess* or re-assess* or identif* or monitor*)):ti
#63	(social* near/5 (educat* or school* or teach* or headmaster* or headmistress* or SENCO* or DfE*) near/5 (assess* or reassess* or re-assess* or identif* or monitor*)):ti
#64	#61 or #62 or #63
#65	[mh ^"HEALTH SERVICES NEEDS AND DEMAND"/og]
#66	[mh ^"NEEDS ASSESSMENT"]
#67	(need* near/5 (assess* or reassess* or re-assess* or identif* or monitor*)):ti,ab
#68	(need* near/5 (health* or social* or educat* or service*) near/5 (assess* or reassess* or re-assess* or identif* or monitor*)):ti,ab
#69	#66 or #67 or #68
#70	[mh ^"CRITICAL PATHWAYS"]
#71	pathway*":ti
#72	#70 or #71
#73	#24 and #56
#74	#24 and #60
#75	#24 and #64
#76	#24 and #65
#77	#24 and (#37 or #41 or #45 or #52) and #69
#78	#24 and (#37 or #41 or #45 or #52) and #72

DRAFT FOR CONSULTATION

Combined approaches to identifying, assessing and monitoring health, social care and education needs

#	Searches
#79	#73 or #74 or #75 or #76 or #77 or #78
#80	#73 or #74 or #75 or #76 or #77 or #78 with Cochrane Library publication date Between Jan 2000 and May 2020, in Cochrane Reviews
#81	#73 or #74 or #75 or #76 or #77 or #78 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: 20/05/2020

#	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
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 dysfunc*):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	#20 OR #21 OR #22
24	((("Education Health" adj2 "Care plan*")) and ((Systematic review:ZDT and Bibliographic:ZPS) OR (Systematic review:ZDT and Abstract:ZPS))
25	((("EHC plan*")) and ((Systematic review:ZDT and Bibliographic:ZPS) OR (Systematic review:ZDT and Abstract:ZPS))
26	((EHCP*)) and ((Systematic review:ZDT and Bibliographic:ZPS) OR (Systematic review:ZDT and Abstract:ZPS))
27	((("inter* or multi* or joint*") adj5 (assess* or reassess* or re-assess* or identif* or monitor*))):TI) and ((Systematic review:ZDT and Bibliographic:ZPS) OR (Systematic review:ZDT and Abstract:ZPS))
28	MeSH DESCRIPTOR NEEDS ASSESSMENT IN DARE
29	((("need* adj5 (assess* or reassess* or re-assess* or identif* or monitor*))):TI) and ((Systematic review:ZDT and Bibliographic:ZPS) OR (Systematic review:ZDT and Abstract:ZPS))
30	MeSH DESCRIPTOR CRITICAL PATHWAYS IN DARE
31	((pathway*):TI) and ((Systematic review:ZDT and Bibliographic:ZPS) OR (Systematic review:ZDT and Abstract:ZPS))
32	#24 OR #25 OR #26 OR #27 OR #28 OR #29 OR #30 OR #31
33	#23 AND #32

4

5 Database: Health Technology Abstracts (HTA)

6 Date of last search: 20/05/2020

#	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

DRAFT FOR CONSULTATION

Combined approaches to identifying, assessing and monitoring health, social care and education needs

#	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	#20 OR #21 OR #22
24	("Education Health" adj2 "Care plan*") IN HTA
25	("EHC plan*") IN HTA
26	(EHCP*) IN HTA
27	((inter* or multi* or joint*) adj5 (assess* or reassess* or re-assess* or identif* or monitor*)):TI IN HTA
28	MeSH DESCRIPTOR NEEDS ASSESSMENT IN HTA
29	((need* adj5 (assess* or reassess* or re-assess* or identif* or monitor*)):TI IN HTA
30	MeSH DESCRIPTOR CRITICAL PATHWAYS IN HTA
31	(pathway*):TI IN HTA
32	#24 OR #25 OR #26 OR #27 OR #28 OR #29 OR #30 OR #31
33	#23 AND #32

1

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

5 **Date of last search: 20/05/2020**

#	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 "speech therapist?" OR "language therapist?" OR SLT?) AND social*) OR ((health* OR NHS OR clinical OR clinician? OR medical OR medic? OR physician? OR consultant? OR nurse? OR "general practitioner?" OR GP? OR "occupational therapist?" OR OT? OR "allied health professional?" OR AHP? OR "speech therapist?" OR "language therapist?" OR SLT?) AND (educat* OR school* OR teach* OR headmaster? OR headmistress* OR SENCO? OR DfE?)) OR (social* AND (educat* OR school* OR teach* OR headmaster? OR headmistress* OR SENCO? OR DfE?)))
6	TI("Education Health and Care plan" OR "EHC plan" OR EHCP OR "need assess*" OR "needs assess*" OR "need reassess*" OR "needs reassess*" OR "need re-assess*" OR "needs re-assess*" OR "need identif*" OR "needs identif*" OR "need monitor*" OR "needs monitor*" OR "assess* need" OR "assess* needs" OR "reassess* need" OR "reassess* needs" OR "re-assess* need" OR "re-assess* needs" OR "identif* need" OR "identif* needs" OR "monitor* need" OR "monitor* needs" OR pathway*)
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

6

1 Database: British Education Index**2 Date of last search: 20/05/2020**

#	Searches
1	TX("Education Health and Care plan" OR "EHC plan" OR EHCP OR "need assess*" OR "needs assess*" OR "need reassess*" OR "needs reassess*" OR "need re-assess*" OR "needs re-assess*" OR "need identif*" OR "needs identif*" OR "need monitor*" OR "needs monitor*" OR "assess* need" OR "assess* needs" OR "reassess* need" OR "reassess* needs" OR "re-assess* need" OR "re-assess* needs" OR "identif* need" OR "identif* needs" OR "monitor* need" OR "monitor* needs" OR pathway*) 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 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 partnership? OR partnering OR network*) Limiters - Publication Date: 20000101-20200531
2	TX("Education Health and Care plan" OR "EHC plan" OR EHCP OR "need assess*" OR "needs assess*" OR "need reassess*" OR "needs reassess*" OR "need re-assess*" OR "needs re-assess*" OR "need identif*" OR "needs identif*" OR "need monitor*" OR "needs monitor*" OR "assess* need" OR "assess* needs" OR "reassess* need" OR "reassess* needs" OR "re-assess* need" OR "re-assess* needs" OR "identif* need" OR "identif* needs" OR "monitor* need" OR "monitor* needs" OR pathway*) 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

3

4 Database: CINAHL Plus (Cumulative Index to Nursing and Allied Health**5 Literature)****6 Date of last search: 20/05/2020**

#	Searches
1	TX("Education Health and Care plan" OR "EHC plan" OR EHCP OR "need assess*" OR "needs assess*" OR "need reassess*" OR "needs reassess*" OR "need re-assess*" OR "needs re-assess*" OR "need identif*" OR "needs identif*" OR "need monitor*" OR "needs monitor*" OR "assess* need" OR "assess* needs" OR "reassess* need" OR "reassess* needs" OR "re-assess* need" OR "re-assess* needs" OR "identif* need" OR "identif* needs" OR "monitor* need" OR "monitor* needs" OR pathway*) 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 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 partnership? OR partnering OR network*) Limiters - Publication Date: 2000- 2020
2	TX("Education Health and Care plan" OR "EHC plan" OR EHCP OR "need assess*" OR "needs assess*" OR "need reassess*" OR "needs reassess*" OR "need re-assess*" OR "needs re-assess*" OR "need identif*" OR "needs identif*" OR "need monitor*" OR "needs monitor*" OR "assess* need" OR "assess* needs" OR "reassess* need" OR "reassess* needs" OR "re-assess* need" OR "re-assess* needs" OR "identif* need" OR "identif* needs" OR "monitor* need" OR "monitor* needs" OR pathway*) 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

#	Searches
	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: 20/05/2020

#	Searches
# 1	TOPIC: ((adolescen* 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 dysfunc*)) 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	#12 OR #11 Indexes=SSCI Timespan=2000-2020
# 14	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
# 15	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
# 16	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
# 17	#16 OR #15 OR #14 Indexes=SSCI Timespan=2000-2020
# 18	TOPIC: ("Education Health and Care plan\$" OR "EHC plan\$" OR EHCP\$ OR "need assess*" OR "needs assess*" OR "need reassess*" OR "needs reassess*" OR "need re-assess*" OR "needs re-assess*" OR "need identif*" OR "needs identif*" OR "need monitor*" OR "needs monitor*" OR "assess* need" OR "assess* needs" OR "reassess* need" OR "reassess* needs" OR "re-assess* need" OR "re-assess* needs" OR "identif* need" OR "identif* needs" OR "monitor* need" OR "monitor* needs" OR pathway*) Indexes=SSCI Timespan=2000-2020
# 19	#18 AND #17 AND #13 Indexes=SSCI Timespan=2000-2020

4

5 Database: Social Care Online

6 Date of last search: 20/05/2020

#	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 paediatric or paediatric or "young people" or "young adults"
	AND All fields: "Education Health and Care plan" or "EHC plan" or EHCP or "need assess" or "need reassess" or "need re-assess" or "need identify" or "need identification" or "need monitor" or "assess need" or "assess of need" or "reassess need" or "reassess of need" or "re-assess need" or "re-assess of need" or "identify need" or "identification need" or "identify of need" or "identification of need" or "monitor need" or "monitor of need" or pathway
	AND PublicationYear:'2000 2020'

7

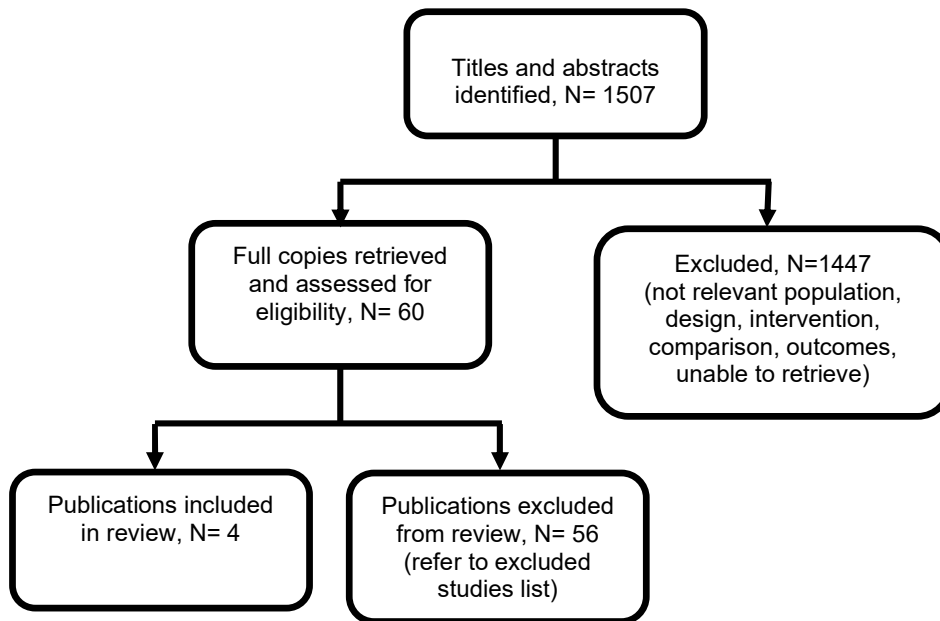
8

1 Appendix C – Effectiveness evidence study selection

2 **Study selection for: What are the most effective combined approaches to**
3 **identifying, assessing and monitoring the health, social care and education**
4 **needs (including changing needs) of disabled children and young people with**
5 **severe complex needs?**

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

7



8

9

1 Appendix D – Effectiveness evidence

2 Evidence tables for review question: What are the most effective combined approaches to identifying, assessing and 3 monitoring the health, social care and education needs (including changing needs) of disabled children and young people 4 with severe complex needs?

5 **Table 3: Evidence tables**

Study details	Results and risk of bias assessment using ROBINS-I
<p>Full citation Adams Lorna, et al. Experiences of Education, Health and Care plans: a survey of parents and young people, 220, 2017</p> <p>Ref Id 1105264</p> <p>Country where the study was carried out UK</p> <p>Study type Non RCT (Survey)</p> <p>Study dates July to November 2016</p> <p>Inclusion criteria Children and young people aged 0-25 years, and parents/carers of children and young people who had special educational needs (SEN) or a disability; identified from the National Pupil Database and Individualised Learner Record as having an EHC plan in place in 2015 via an 'EHC plan marker' on the sample; who had consented to being contacted for research purposes; and both telephone and address information was available, to ensure they could be contacted</p>	<p>Results</p> <p>Overall satisfaction with the process of getting an EHC plan Total, n=13,643 Satisfied: n=9004 (66%) Dissatisfied: n=2046 (15%)</p> <p>SEN statement in place previously, and satisfaction with the process of getting and EHC plan Yes, transfer from SEN Statement, n=8,513. Satisfied, n=5,533 (65%). Dissatisfied, n=1,107 (13%) No, new to SEN assessment, n=4,412. Satisfied, n=2,956 (67%). Dissatisfied, n=926 (13%)</p> <p>Age of child/young person, and satisfaction with the process of getting and EHC plan Aged under 5, n=1,087. Satisfied, n=804 (74%). Dissatisfied, n=152 (14%) Aged 16-25, n=2,935. Satisfied, n=1,555 (53%). Dissatisfied, n=411(14%)</p> <p>Types of need that EHC plan perceived to cover, and satisfaction with the process of getting and EHC plan education, health and care, n=4,640. Satisfied, n=3,526 (76%). Dissatisfied, n=464 (10%) Education only, n=4,683. Satisfied, n=2,857 (61%). Dissatisfied, n=890 (19%)</p> <p>Extent to which believe that the help/support described in the EHC plan will achieve</p>

Study details	Results and risk of bias assessment using ROBINS-I
<p>Exclusion criteria Those who had requested an EHC plan but been unsuccessful in obtaining one (e.g. refused)</p> <p>Patient characteristics Total responses=13,643. n=10,675 (78%), Parents/carers of a child aged 0-15 years about their own experiences of the EHC plan process (on behalf of a child/young person aged under 16) n=2,246 (5%) were from parents/carers answering on behalf of a young person aged 16+ n=722 (16%) were from young people aged 16+ answering about their own experiences</p> <p>Gender of child/young person Male: N=9,704 (71%) Female: N=3,756 (28%)</p> <p>Age of child/young person Under 5 years: N=1,087 (8%) 5-10 years: N=4,931 (36%) 11-15 years: N=4,690 (34%) 16-25 years: N=2,935 (22%)</p> <p>Ethnicity of child/young person White: N=10,845 (79%) Black and Minority Ethnic: N=2,281 (17%) Prefer not to say: N=517 (4%)</p> <p>Education setting (attended at time of survey/ after EHC plan provided) Specialist: N=4,999 (37%) Mixed: 2,247 (16%)</p>	<p>agreed outcomes total, n=13,643 Agree: n=8,459 (62%) Disagree: n=1,228 (9%)</p> <p>SEN statement in place previously, and extent to which believe that the help/support described in the EHC plan will achieve agreed outcomes Yes, transfer from SEN Statement, n=8,513. Agree, n=4,937 (58%). Disagree, n=851 (10%) No, new to SEN assessment, n=4,412. Agree, n=3,044 (69%). Disagree, n=3,971 (9%)</p> <p>Age of child/young person, and extent to which believe that the help/support described in the EHC plan will achieve agreed outcomes Aged under 5, n=1,087. Agree, n=804 (74%). Disagree n=65 (6%) Aged 5-10, n=4,931. Agree, n=3,452 (70%). Disagree, n=345 (7%) Aged 11-15, n=4,690. Agree, n=2,767 (59%). Disagree, n=516 (11%) Aged 16-25, n=2,935. Satisfied, n=1,438 (49%). Disagree, n=352 (12%)</p> <p>Types of need that EHC plan perceived to cover, and extent to which believe that the help/support described in the EHC plan will achieve agreed outcomes Education, health and care, n=4,640. Agree, n=3,341 (72%). Disagree, n=278 (6%) Education only, n=4,683. Agree, n=2,622 (56%). Disagree, n=515 (11%)</p> <p>Whether they got the EHC plan after the first request total (All parents and young people where no previous SEN Statement was in place), n=4,412 Yes, received on first request, n=3,662 (83%) No, we've had to try twice, n=485 (11%) No, we've had to try three or more times, n=176 (4%) Don't know, n=88 (2%)</p> <p>Whether got the EHC plan after the first request, by age of child/young person: Under 5, n=710</p>

Study details	Results and risk of bias assessment using ROBINS-I
<p>Mainstream: 5,428 (40%) Not in education: N=259 (2%) Educated at home: N=90 (1%) Don't know / Prefer not to say: N=620 (5%)</p>	<p>Yes, received on first request, n=667 (94%) No, we've had to try twice, n=28 (4%) No, we've had to try three or more times, n=7 (1%)</p>
<p>Whether has SEN statement previously Transferred from SEN Statement: N=8,513 (62%) No SEN statement previously: N=4,412 (32%)</p>	<p>Whether got the EHC plan after the first request, by age of child/young person: 5-10 years, n=2,387 Yes, received on first request, n=2,005 (84%) No, we've had to try twice, n=239 (10%) No, we've had to try three or more times, n=72 (3%) Don't know, n=48 (2%)</p>
<p>Perception of types of need covered by the EHC Plan Education: N=12,682 (93%) EHC plans are required to cover the child/young person's education needs. This figure is based on parent and young people's perceptions of the needs covered in the EHC plan and subsequently does not total 100%. It may also reflect cases where a child under 5 is waiting for education provision to start or the young person has left formal education Health: N=6,377 (47%) Social Care: N=6,483 (48%)</p>	<p>Whether got the EHC plan after the first request, by age of child/young person: 11-15 years, n=1,136 Yes, received on first request, n=829 (73%) No, we've had to try twice, n=182 (16%) No, we've had to try three or more times, n=102 (9%) Don't know, n=11 (1%)</p>
<p>Primary SEND type Autistic Spectrum Disorder: N=3,389 (24%) Speech, Language and Communication Needs: N=1,706 (13%) Social, emotional & mental health: n=1,592 (12%) Moderate Learning Difficulty: n=1,529 (11%) Severe Learning Difficulty: n=1,288 (9%) Physical Disability: n=763 (6%) Specific Learning Difficulty: n=634 (5%) Other Difficulty/Disability: n=522 (4%) Profound & Multiple Learning Difficulty: n=426 (3%) Hearing Impairment: n=289 (2%) Visual Impairment: n=194 (1%) Not given (data missing on sample), n=1,238 (9%)</p>	<p>Whether got the EHC plan after the first request, by age of child/young person: 16-255 years, n=179 Yes, received on first request, n=131 (73%) No, we've had to try twice, n=27 (15%) No, we've had to try three or more times, n=7 (4%) Don't know, n=12 (7%) Prefer not to say, n=2 (1%)</p>
<p>EHC plans are required to cover the child/young person's education</p>	<p>Length of EHC plan process total (Parents and young people able to specify the length of the process), n=13,643 Up to 20-weeks, n=3684 (27%) 21-24 weeks / around 6 months, n=2456 (18%) Around 7 months, n=682 (5%) Around 8-10 months, n=955 (7%) More than 10 months, n=1910 (14%)</p>

Study details	Results and risk of bias assessment using ROBINS-I
<p>needs. The proportion of children/young people not in education is based on self-reported respondent data. The majority of these responses (69%) are from those aged 16-25, so it is feasible that they might have left formal education at the time of the survey, or for younger children, in cases where they waiting for education provision to start:</p> <p>Multi-Sensory Impairment: n=48 SEN support but no specialist assessment of type of need, n=25</p> <p>Interventions</p> <p>Education, Health and Care plan (EHC plan)</p> <p>EHC plan: This is a statutory document. An EHC plan details the education, health and care support that is to be provided to a child or young person who has a Special Educational Need or a disability (SEND). It is drawn up by the local authority after an EHC needs assessment of the child or young person has determined that an EHC plan is necessary, and after consultation with relevant partner agencies.</p> <p>Follow-up</p> <p>NR: Responses were received between 25th July and 28th November 2016.</p>	<p>Don't know, n=3684 (27%) Prefer not to say, n=136 (1%) [Total more than 20 weeks, n=6002 (44%)]</p> <p>Length of EHC plan process for those with a previous SEN Statement total (Parents and young people able to specify the length of the process), n=8,513 Up to 20-weeks, n=2,467 (29%) 21-24 weeks / around 6 months, n=1,362 (16%) Around 7 months, n=340 (4%) Around 8-10 months, n=511 (6%) More than 10 months, n=851 (10%) Don't know, n=2,980 (35%) Prefer not to say, n=85 (1%) [Total more than 20 weeks, n=2,980 (35%)]</p> <p>Length of EHC plan process for those without a previous SEN Statement total (Parents and young people able to specify the length of the process), n=4,412 Up to 20-weeks, n=1,147 (26%) 21-24 weeks / around 6 months, n=1,059 (24%) Around 7 months, n=353 (8%) Around 8-10 months, n=441 (10%) More than 10 months, n=971 (22%) Don't know, n=397 (9%) [Total more than 20 weeks, n=2,868 (65%)]</p> <p>1. Bias due to confounding (Low/Moderate/Serious/Critical/No information) Moderate risk: Confounding expected, all known important confounding domains (dominant provision, definitions of eligibility and socioeconomic status) appropriately measured and controlled for, and reliability and validity of measurement of important domains were sufficient, such that we do not expect serious residual confounding.</p> <p>2. Bias in selection of participants into the study (Low/Moderate/Serious/Critical/No information) Moderate risk: Selection into the study may have been related to intervention and</p>

Study details	Results and risk of bias assessment using ROBINS-I
	<p>outcome; The report only reflects the experiences of those who had an EHC plan put in place in 2015, who consented to being contacted for research purposes and both telephone and address information was available. It also does not include the views of those who had requested an EHC needs assessment or plan but had been refused at the time of the survey.</p> <p>3. Bias in classification of interventions (Low/Moderate/Serious/Critical/No information) Moderate risk: Intervention status is well defined and some aspects of the assignments of intervention status were determined retrospectively</p> <p>4. Bias due to deviations from intended interventions (Low/Moderate/Serious/Critical/No information) No information: Deviations from the intended intervention are not reported</p> <p>5. Bias due to missing data (Low/Moderate/Serious/Critical/No information) Moderate risk: The response rate to the survey was 21%</p> <p>6. Bias in measurement of outcomes (Low/Moderate/Serious/Critical/No information) Serious risk: Outcome measurements were self-reported and reflects the participants' perceptions of what took place rather than facts.</p> <p>7. Bias in selection of the reported result (Low/Moderate/Serious/Critical/No information) Moderate risk: It appears as though the protocol has not been published, however outcome measurements and analyses are clearly defined and there is no indication of the selection of the reported analysis from among multiple analyses or the selection of the cohort or subgroups for analysis and reporting on the basis of the results.</p> <p>Overall risk of bias (Low/Moderate/Serious/Critical/No information) Serious risk: The study is judged to be at serious risk of bias in one domain, but not at critical risk of bias in any domain.</p>

Study details	Results and risk of bias assessment using ROBINS-I
	<p>Source of funding Commissioned by the Department for Education</p> <p>Other information The survey covers the views and opinions of parents and young people – the data collected therefore reflects their perceptions of what took place rather than facts.</p>
<p>Full citation Foo, Aiwyne, Chaplais, Janet, Efficacy of pre-school surveillance services in identifying children with special needs, Community practitioner: the journal of the Community Practitioners' & Health Visitors' Association, 81, 18-21, 2008</p> <p>Ref Id 1253737</p> <p>Country where the study was carried out UK</p> <p>Study type Non RCT</p> <p>Study dates April 1994 - March 1995</p> <p>Inclusion criteria Children born in Sheffield from April 1994 - March 1995, who lived there continuously up to their sixth birthday, and were referred for SEN assessment at any age prior to their sixth birthday</p> <p>Exclusion criteria NR</p> <p>Patient characteristics Children presented under 4 years of age</p>	<p>Results n=74 children (total) n=38 (51%) were seen for their 3-year review; n=36 (49%) were not seen for their 3-year review</p> <p>Stage at which problems were detected, and history of 3-year review: Problem known to NHS prior to or at three review 3-year review: n=19 (26%) Problem known for under three years (those not seen for 3-year review) No 3-year review: n=20 (27%) Problem known for 3-4 years 3-year review: n=15 (20%) No 3-year review: n=6 (8%) Problem known for over 4 years 3-year review: n=4 (5%) No 3-year review: n=10 (14%)</p> <p>Age at when special educational needs were detected Problems identified by age 4, n=60 (81%) 3-year review: n=34 (46%) No 3-year review: n=26 (35%) Problems not identified by age 4, n=14 (19%) 3-year review: n=4 (5%) No 3-year review: n=10 (14%)</p> <p>1. Bias due to confounding (Low/Moderate/Serious/Critical/No information) Serious risk: The important confounding factors (dominant provision, definitions of</p>

Study details	Results and risk of bias assessment using ROBINS-I
<p>SEN Category: Language, n=56 (49%) Behaviour, n=5 (7%) Autistic, n=10 (10%) Sensory/Physical, n=6 (9%) Hearing, n=30 (24%)</p> <p>Children presented over 4 years of age SEN Category: Language, n=6 (38%) Behaviour, n=2 (13%) Autistic, n=2 (13%) Sensory/Physical, n=2 (13%) Hearing, n=4 (25%)</p> <p>Interventions Selective health visitor (HV) three-year review programme (alongside Local preschool surveillance (PSS) services) versus no three-year review Selective HV three-year review programme: Provides opportunities to identify health and developmental problems but is not in itself a screening procedure</p> <p>Follow-up 3 years</p>	<p>eligibility and socioeconomic status) are not adequately adjusted for.</p> <p>2. Bias in selection of participants into the study (Low/Moderate/Serious/Critical/No information) Serious risk: Selection into the study was related (but not very strongly) to intervention and outcome; retrospective audit sample</p> <p>3. Bias in classification of interventions (Low/Moderate/Serious/Critical/No information) Serious risk: Intervention groups were not clearly defined</p> <p>4. Bias due to deviations from intended interventions (Low/Moderate/Serious/Critical/No information) Serious risk: There were deviations from usual practice that were unbalanced between the intervention groups and likely to have affected the outcome; Some children were not seen for their 3-year review because they were already known to specialist/therapeutic services and there was no perceived need for an additional health visitor review</p> <p>5. Bias due to missing data (Low/Moderate/Serious/Critical/No information) Serious risk: Proportions of missing participants differ substantially across interventions; Data was not available on health visitor caseloads where 3-year reviews could not be carried out at all because of limited resources, vacant caseloads or for other reasons.</p> <p>6. Bias in measurement of outcomes (Low/Moderate/Serious/Critical/No information) Moderate risk: The methods of outcome assessment were comparable across intervention groups and is only minimally influenced by knowledge of the intervention received by study participants.</p> <p>7. Bias in selection of the reported result (Low/Moderate/Serious/Critical/No information) Serious risk: There is a high risk of selective reporting from among multiple analyses.</p>

Study details	Results and risk of bias assessment using ROBINS-I
	<p>Overall risk of bias (Low/Moderate/Serious/Critical/No information) Serious risk of bias: The study is judged to be at serious risk of bias in six domains, but not at critical risk of bias in any domain.</p> <p>Source of funding NR</p> <p>Other information NA</p>
<p>Full citation Koushik, Nikhil S., Bacon, Beth, Stancin, Terry, Achenbach, Al-Qabandi Antonelli Bayley Berry Briggs Danial Feinberg Filipek Ghebre Goin-Kochel Harris Honeycutt Jacobson Jacobson Jarbrink Johnson Kane Kane Liptak Lord Lord Mandell Mandell Mandell Mandell Matson McClung Ozonoff Ozonoff Prior Ramirez Robins Shattuck Shattuck Sparrow, An interprofessional care model for evaluating autism spectrum disorders (ASDs) among low-income children, <i>Clinical Practice in Pediatric Psychology</i>, 3, 108-119, 2015</p> <p>Ref Id 1139559</p> <p>Country where the study was carried out USA</p> <p>Study type Non RCT</p> <p>Study dates NR</p> <p>Inclusion criteria Children with suspected ASD, aged 24 to 48 months, from an inner-city underprivileged Medicaid population</p>	<p>Results Time to diagnosis, calculated from the time of a documented concern of an ASD on the part of the primary care paediatrician and/or parent in the electronic health record to the time a diagnosis of an ASD was rendered either by the psychologist or another medical provider Days to diagnosis for all children evaluated preclinic and postclinic: Mean (SD) Preclinic (n=19): 141.6 (76.1) Postclinic (n=19): 87 (39.6)</p> <p>Days to diagnosis for children with ASD: Mean (SD) Preclinic (n=14): 150.2 (81.7) Postclinic (n=12): 89.3 (44.3)</p> <p>EPOC Risk of bias for interrupted time series studies</p> <p>1. Intervention independent of other changes (Low/High/Unclear) High risk: Intervention was not independent of other changes in time, and the important confounding factors (dominant provision, definitions of eligibility and socioeconomic status) are not adequately adjusted for.</p> <p>2. Shape of the intervention effect pre-specified (Low/High/Unclear) High risk: Point of analysis is the point of intervention, however the use of the electronic health record to collect preclinic information on outcome variables may skew results.</p> <p>3. Intervention unlikely to affect data collection (Low/High/Unclear)</p>

Study details	Results and risk of bias assessment using ROBINS-I
<p>Exclusion criteria NR</p> <p>Patient characteristics Demographic variables of the children Mean (SD) age (months) Preclinic: 41.2 (7.5) Postclinic: 35.2 (6.7)</p> <p>Sex (boys), n (%) Preclinic: 16 (84.2) Postclinic: 17 (89.5)</p> <p>Sex Girls, n (%) Preclinic: 3 (15.8) Postclinic: 2 (10.5)</p> <p>Race/ethnicity, n (%) European American Preclinic: 6 (31.6) Postclinic: 5 (26.3) African American Preclinic: 9 (47.4) Postclinic: 5 (26.3) Hispanic American Preclinic: 4 (21.1) Postclinic: 8 (42.1) Other Preclinic: 0 (0.0) Postclinic: 1 (5.3)</p> <p>Diagnosis, n (%) ASD Preclinic: 14 (73.7)</p>	<p>High risk: The intervention itself was likely to affect data collection</p> <p>4. Knowledge of the allocated interventions adequately prevented during the study (Low/High/Unclear) Unclear risk: Not specified in the paper.</p> <p>5. Incomplete outcome data (Low/High/Unclear) Unclear risk: Not specified in the paper</p> <p>6. Selective outcome reporting (Low/High/Unclear) Unclear risk: It appears as though the protocol has not been published, and all relevant outcomes are not specified in the paper</p> <p>7. Other risks of bias (Low/High/Unclear) Low risk: No evidence of other biases</p> <p>Overall risk of bias (Low/High/Unclear) High risk of bias: The study is judged to be at high risk of bias in three domains</p> <p>Source of funding NR</p> <p>Other information Baseline data was extracted via a retrospective review of electronic health records for the 19 children seen for diagnostic evaluations by the clinic psychologist in a 12-month period prior to the opening of the clinic (i.e., preclinic).</p>

Study details	Results and risk of bias assessment using ROBINS-I
<p>Postclinic: 12 (63.2) GDD Preclinic: 1 (5.3) Postclinic: 2 (10.5) Language disorder Preclinic: 4 (21.1) Postclinic: 4 (21.1) Stereotypic movement disorder Preclinic: 0 (0.0) Postclinic: 1 (5.3)</p> <p>Interventions</p> <p>MetroHealth Autism Assessment Clinic versus diagnostic evaluations prior to the development of the clinic (preclinic)</p> <p>MetroHealth Autism Assessment Clinic (an interprofessional clinic targeting the assessment and diagnosis of ASDs): The clinic is a collaborative effort between the departments of psychiatry, paediatrics, and physical medicine and rehabilitation. Its interprofessional team comprises two developmental and behavioural paediatricians (DBPs), a clinical/paediatric psychologist, two child neurologists, two social workers, and a speech and language pathologist who work collaboratively to provide and coordinate assessment and diagnostic services.</p> <p>Preclinic: Patients were initially evaluated in one of several clinics (e.g., paediatric neurology, paediatrics, psychiatry) and the type of information gathered varied by provider. Usually a patient would be followed by the physician in clinic until further psychological testing for a possible ASD was thought necessary, at which point a referral to paediatric psychology would be initiated. There was no care coordination; patients could be seen in multiple clinics for the same concerns, leading to variability in the number of provider appointments and further delaying accurate identification. Referral to community resources varied with the knowledge of the specific provider.</p>	

Study details	Results and risk of bias assessment using ROBINS-I
<p>Follow-up 12 months</p>	
<p>Full citation McClure, Iain, Mackay, Tommy, Mamdani, Haider, McCaughey, Roslyn, A comparison of a specialist autism spectrum disorder assessment team with local assessment teams, Autism: the international journal of research and practice, 14, 589-603, 2010</p>	<p>Results Total assessed: n=38 (dropout n=1) Average time spent on the waiting list Local team (n=38): 13 weeks (range 1-26 weeks) Specialist team (n=38): 36 weeks (range 16-81 weeks)</p>
<p>Ref Id 1248049</p>	<p>No of participants meeting the average time for completion of the assessment process at 13 weeks (4 weeks less than the NAP-C recommended time limit of 17 weeks)</p>
<p>Country where the study was carried out UK</p>	<p>Local team: n=25 Specialist team: n=1</p>
<p>Study type Non RCT</p>	<p>No of participants exceeding the average time for completion of the assessment process at 13 weeks (4 weeks less than the NAP-C recommended time limit of 17 weeks)</p>
<p>Study dates NR</p>	<p>Local team: n=13 Specialist team: n=37</p>
<p>Inclusion criteria Children and young people aged 0–18 years within the geographical areas of Argyll and Bute (rural) and East Renfrewshire (urban) awaiting assessment for autism spectrum disorder (ASD)</p>	<p>Longest time period by which the time limit (of 13 weeks) was exceeded Local team: 5 weeks Specialist team: 64 weeks</p>
<p>Exclusion criteria NR</p>	<p>No of weeks taken to assess 38 patients Local team: Within 29 weeks Specialist team: Within 75 weeks</p>
<p>Patient characteristics Age range: 3 years 8 months to 14 years 8 months Median age: 8 years 9 months. From total n=39: Female: n=7, Male: n=32</p>	<p>1. Bias due to confounding (Low/Moderate/Serious/Critical/No information) Serious risk: The important confounding factors (dominant provision, definitions of eligibility and socioeconomic status) are not adequately adjusted for.</p> <p>2. Bias in selection of participants into the study</p>

Study details	Results and risk of bias assessment using ROBINS-I
<p>Interventions</p> <p>Local assessment team versus Specialist ASD assessment team Assessments conducted using the Autism Diagnostic Observation Schedule–Generic (ADOS-G)</p> <p>Local assessment team: Comprised at least three professionals drawn from local health, education or other services. The range of disciplines represented were educational psychology, specialist teaching, occupational therapy, paediatrics, speech and language therapy and, from child and adolescent mental health services (CAMHS), psychiatric nursing and social work.</p> <p>Local teams were trained by members of the specialist ASD assessment team in a 5-day course. The training course involved the following five components: how to obtain a developmental and clinical history, specific to ASD; how to assess a child or young person in the clinic setting, making use of the Autism Diagnostic Observation Schedule–Generic (ADOS-G; Lord et al., 2000); how to reach a diagnosis on the autism spectrum using ICD-10 research criteria; how to feed back the results of multi-agency assessment to families and patients; and how to write up clinical reports.</p> <p>Specialist ASD assessment team: Comprised a consultant child and adolescent psychiatrist, a consultant community paediatrician and a speech and language therapist.</p> <p>Assessments conducted using the Autism Diagnostic Observation Schedule–Generic (ADOS-G)</p> <p>Follow-up 7 months</p>	<p>(Low/Moderate/Serious/Critical/No information)</p> <p>Serious risk: Selection into the study was related (but not very strongly) to intervention and outcome; 18% of participants were female and this was not adjusted for in the analysis.</p> <p>3. Bias in classification of interventions (Low/Moderate/Serious/Critical/No information)</p> <p>Serious risk: Major aspects of the assignments of intervention status were determined in a way that could have been affected by knowledge of the outcome; Specialist ASD assessment team members mentored the local teams in their administration of ASD assessment and collected clinical data for use by the specialist ASD assessment team in its parallel assessment of the patients.</p> <p>4. Bias due to deviations from intended interventions (Low/Moderate/Serious/Critical/No information)</p> <p>No information: Deviations from the intended intervention are not reported</p> <p>5. Bias due to missing data (Low/Moderate/Serious/Critical/No information)</p> <p>Low risk: Outcome data was reasonably complete (approximately 97% of participants completed the study)</p> <p>6. Bias in measurement of outcomes (Low/Moderate/Serious/Critical/No information)</p> <p>Low risk: The methods of outcome assessment were comparable across intervention groups and was unlikely to be influenced by knowledge of the intervention received by study participants. The specialist ASD assessment team were blinded during assessments and were blinded to the assessments made by the local team.</p> <p>7. Bias in selection of the reported result (Low/Moderate/Serious/Critical/No information)</p> <p>Moderate risk: It appears that the protocol has not been published, however there is no indication of the selection of the reported analysis from among multiple analyses or the selection of the cohort or subgroups for analysis and reporting on the basis of the results.</p>

Study details	Results and risk of bias assessment using ROBINS-I
	<p>Overall risk of bias (Low/Moderate/Serious/Critical/No information) Serious risk of bias: The study is judged to be at serious risk of bias in three domains, but not at critical risk of bias in any domain</p> <p>Source of funding Funded by a grant from the Autism Reference Group of the Scottish Executive Health Department to the Argyll and Clyde Health Board.</p> <p>Other information NA</p>

1 ADOS-G: *Autism Diagnostic Observation Schedule–Generic*; ASD: *autism spectrum disorder*; CAMHS: *child and adolescent mental health services*; EHC: *education, health*
 2 *and care*; NA: *not applicable*; NR: *not reported*; RCT: *randomised controlled trial*; SEN: *special educational needs*; SEND: *special educational needs and disability*; SD:
 3 *standard deviation*
 4
 5

6 **Appendix E – Forest plots**

7 **Forest plots for review question: What are the most effective combined**
8 **approaches to identifying, assessing and monitoring the health, social care**
9 **and education needs (including changing needs) of disabled children and**
10 **young people with severe complex needs?**

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

12

1 Appendix F – GRADE tables

2 **GRADE tables for review question: What are the most effective combined approaches to identifying, assessing and**
 3 **monitoring the health, social care and education needs (including changing needs) of disabled children and young people**
 4 **with severe complex needs?**

5 **Table 4: Evidence profile for comparison 1: Selective health visitor three-year surveillance programme versus no three-year review**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Selective HV three-year surveillance programme	No three-year review	Relative (95% CI)	Absolute		
Waiting times (special educational needs identified by age 4)												
1 (Foo 2008)	observational study	very serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	34/38 (89.5%)	26/36 (72.2%)	RR 1.24 (0.98 to 1.56)	173 more per 1000 (from 14 fewer to 404 more)	VERY LOW	IMPORTANT

6 *CI: confidence interval; HV: health visitor; MID: minimally important difference; RR: risk ratio*

7 ¹*Evidence downgraded by 2 due to serious risk of bias in 6 domains (confounding, selection of participants, classification of interventions, deviations from intended interventions, missing data, and*
 8 *selection of the reported result) as per ROBINS-I*

9 ²*Evidence downgraded by 1 due to 95% CI crossed 1 MID (Default MID for dichotomous outcomes = 1.25)*

10 **Table 6: Evidence profile for comparison 2: Interprofessional Care Model (MetroHealth Autism Assessment Clinic), versus pre-clinic**
 11 **diagnostic evaluations**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Interprofessional Care Model (post-clinic)	Pre-clinic	Relative (95% CI)	Absolute		

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Interprofessional Care Model (post-clinic)	Pre-clinic	Relative (95% CI)	Absolute		
Waiting times (days to diagnosis) - For all children and young people (Better indicated by lower values)												
1 (Koushik 2015)	observational study	very serious ¹	no serious inconsistency	no serious indirectness	serious ²	none	19	19	-	MD 54.6 lower (93.17 to 16.03 lower)	VERY LOW	IMPORTANT
Waiting times (days to diagnosis) - For children and young people with ASD (Better indicated by lower values)												
1 (Koushik 2015)	observational study	very serious ¹	no serious inconsistency	no serious indirectness	serious ³	none	12	14	-	MD 60.9 lower (110.5 to 11.3 lower)	VERY LOW	IMPORTANT

1 ASD: autism spectrum disorder; CI: confidence interval; EPOC: effective practice and organisation of care; MD: mean difference; MID: minimal important difference; SD: standard deviation
 2 Evidence downgraded by 2 due to high risk of bias in 3 domains (intervention independent of other changes, shape of the intervention effect pre-specified, and intervention unlikely to affect data collection) as per EPOC risk of bias for interrupted time series studies
 3 Evidence downgraded by 1 due to 95% CI crossed 1 MID (0.5x SD of the control group at baseline = 38.05)
 4 Evidence downgraded by 1 due to 95% CI crossed 1 MID (0.5x SD of the control group at baseline = 40.85)
 5
 6

7 **Table 7: Evidence profile for comparison 3: Local (multi-agency) assessment team, versus specialist assessment team**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Local assessment team	Specialist assessment team	Relative (95% CI)	Absolute		
Waiting times (assessment process completed at 13 weeks)												
1 (McClure 2010)	observational study	very serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	25/38 (65.8%)	1/38 (2.6%)	RR 25 (3.57 to 175.29)	632 more per 1000 (from 68)	LOW	IMPORTANT

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Local assessment team	Specialist assessment team	Relative (95% CI)	Absolute		
										more to 1000 more)		

1 CI: confidence interval; RR: risk ratio

2 ¹Evidence downgraded by 2 due to serious risk of bias in 3 domains (confounding, selection of participants and classification of interventions) as per ROBINS-I

3

4 **Table 8: Evidence profile for comparison 4: Types of need that the EHC plan perceived to cover; Education, Health and Care versus**
 5 **Education only**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Education, health and care	Education only	Relative (95% CI)	Absolute		
Meeting outcomes as specified in assessments (perceived extent to which the help/support described in the EHC plan will achieve the agreed outcomes)												
1 (Adams 2017)	observational study	very serious ¹	no serious inconsistency	serious ²	serious ³	none	3341/4640 (72%)	2623/4683 (56%)	RR 1.29 (1.25 to 1.33)	162 more per 1000 (from 140 more to 185 more)	VERY LOW	CRITICAL
Service user satisfaction (satisfaction with the process of getting an EHC plan)												
1 (Adams 2017)	observational studies	very serious ¹	no serious inconsistency	no serious indirectness	serious ³	none	3526/4640 (76%)	2857/4683 (61%)	RR 1.25 (1.21 to 1.28)	153 more per 1000 (from 128 more to 171 more)	VERY LOW	IMPORTANT

6 CI: confidence interval; EHC: education and health care; MID: minimally important difference; RR: risk ratio

7 ¹Evidence downgraded by 2 due to serious risk of bias in 1 domain (measurement of outcomes) as per ROBINS-I

8 ²Evidence downgraded by 1 due to indirect aspect of PICO (outcome); measured perceptions of meeting outcomes as specified in assessments

9 ³Evidence downgraded by 1 due to 95% CI crossed 1 MID (Default MID for dichotomous outcomes = 1.25)

10

1 **Table 9: Evidence profile for comparison 5: SEN Statement in place previously; New to SEN assessment versus transfer from SEN**
 2 **Statement**

Quality assessment							No of patients		Effect		Quality	Importance
No of studies	Design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	New to SEN assessment	Transfer from SEN statement	Relative (95% CI)	Absolute		
Meeting outcomes as specified in assessments (perceived extent to which the help/support described in the EHC plan will achieve the agreed outcomes)												
1 (Adams 2017)	observational studies	very serious ¹	no serious inconsistency	serious ²	no serious imprecision	none	3044/4412 (69%)	4937/8513 (58%)	RR 1.19 (1.16 to 1.22)	110 more per 1000 (from 93 more to 128 more)	VERY LOW	CRITICAL
Service user satisfaction (satisfaction with the process of getting an EHC plan)												
1 (Adams 2017)	observational studies	very serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	2956/4412 (67%)	5533/8513 (65%)	RR 1.03 (1 to 1.06)	19 more per 1000 (from 0 more to 39 more)	LOW	IMPORTANT
Waiting times (length of EHC plan process more than 20 weeks) (Better indicated by lower values)												
1 (Adams 2017)	observational studies	very serious ¹	no serious inconsistency	no serious indirectness	no serious imprecision	none	2868/4412 (65%)	2980/8513 (35%)	RR 1.86 (1.79 to 1.93)	301 more per 1000 (from 277 more to 326 more)	LOW	IMPORTANT

3 EHC: education and health care; RR: risk ratio; SEN: special educational needs

4 ¹Evidence downgraded by 2 due to serious risk of bias in 1 domain (measurement of outcomes) as per ROBINS-I

5 ²Evidence downgraded by 1 due to indirect aspect of PICO (outcome); measured perceptions of meeting outcomes as specified in assessments

6
7

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

2 **Economic evidence study selection for review question: What are the most**
3 **effective combined approaches to identifying, assessing and monitoring the**
4 **health, social care and education needs (including changing needs) of disabled**
5 **children and young people with severe complex needs?**

6 One global search was undertaken – please see Supplement B for details on study selection.

1 **Appendix H – Economic evidence tables**

2 **Economic evidence tables for review question: What are the most effective combined approaches to identifying, assessing**
3 **and monitoring the health, social care and education needs (including changing needs) of disabled children and young**
4 **people with severe complex needs?**

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

6

1 **Appendix I – Economic model**

2 **Economic model for review question: What are the most effective combined**
3 **approaches to identifying, assessing and monitoring the health, social care**
4 **and education needs (including changing needs) of disabled children and**
5 **young people with severe complex needs?**

6 No economic analysis was conducted for this review question.

7

1 Appendix J – Excluded studies

2 Excluded studies for review question: What are the most effective combined 3 approaches to identifying, assessing and monitoring the health, social care 4 and education needs (including changing needs) of disabled children and 5 young people with severe complex needs?

6 Effectiveness studies

7 Table 10: Excluded studies and reasons for their exclusion

Study	Reason for exclusion
Aruda, Mary M., Kelly, Mary, Newinsky, Karina, Chevarley, Concepcion Corkin Davidson Engelke Gnanasekaran Himelstein Homer Kelly MacDonald Mann Mayer McPherson Palfrey Sia Stille Stille, Unmet needs of children with special health care needs in a specialized day school setting, <i>The Journal of School Nursing</i> , 27, 209-218, 2011	Study design: Survey reporting qualitative data, medical diagnoses and parental assessment of primary care and the educational setting.
Arya, A., Agarwal, V., Yadav, S., Gupta, P. K., Agarwal, M., A study of pathway of care in children and adolescents with attention deficit hyperactivity disorder, <i>Asian Journal of Psychiatry</i> , 17, 10-15, 2015	Non OECD country: India
Boddy Janet, Potts Patricia, Statham June, Models of good practice in joined-up assessment: working for children with 'significant and complex needs', 39p., bibliog., 2006	Publication type: Narrative report
Brady, G., Franklin, A., Challenging dominant notions of participation and protection through a co-led disabled young researcher study, <i>Journal of Children's Services</i> , 14, 174-185, 2019	Publication type: Narrative review
Braun, D., Lindig, R., Rieger, M., Heine, U., Complex social-medical problems in children with multiple disabilities - What do expertise pathways accomplish?, <i>Gesundheitswesen</i> , 68, 457-457, 2006	Language: Article in German
Burgess, I. C., Service innovations: Attention-deficit hyperactivity disorder - development of a multi-professional integrated care pathway, <i>Psychiatric Bulletin</i> , 26, 148-151, 2002	Publication type: Commentary. (The study describes a multi-professional integrated care pathway).
Castro, Susana, Grande, Catarina, Palikara, Olympia, Evaluating the quality of outcomes defined for children with Education Health and Care plans in England: A local picture with global implications, <i>Research in developmental disabilities</i> , 86, 41-52, 2019	Outcomes: No relevant outcomes reported.
Castro, Susana, Palikara, Olympia, Gaona, Carolina, Eirinaki, Vasiliki, "No policy is an island": how the ICF international classification system may support local education planning in	Intervention: Does not cover identification, assessment or monitoring of combined health, social care and education needs

Study	Reason for exclusion
England, Disability and Rehabilitation, 1-9, 2018	
Craston Meera, et al., Evaluation of the SEND pathfinder programme: interim evaluation report, 103p., 2012	Outcomes: No relevant outcomes reported
Davis, Alaina M., McFadden, Sara E., Patterson, Barron L., Barkin, Shari L., Strategies to identify and stratify children with special health care needs in outpatient general pediatrics settings, Maternal and Child Health Journal, 19, 1384-92, 2015	Outcomes: No relevant outcomes reported
Dockrell, Julie E., Lindsay, Geoff, Anderson, Beitchman Bishop Bishop Bishop Catts Chedzoy Clarke-Klein Conti-Ramsden Cowan Dockrell Dockrell Dockrell Dunn Elliott Murray Frederickson Fujiki Galton Galton Hargreaves Leonard Lewis Lindsay Lindsay Lindsay Measor Nation Neale Norwich Peers Renfrew Reyes Rust Stothard Suffolk Zeedyk, Identifying the educational and social needs of children with specific speech and language difficulties on entry to secondary school, Special Issue: Language impairments: Their impact on educational progress., 24, 101-115, 2007	Intervention: Does not cover identification, assessment or monitoring of combined health, social care and education needs
Epstein, Susan G., Walker, Deborah Klein, Applying the lessons learned in identifying children with special health care needs: next steps to assure quality care, Ambulatory pediatrics : the official journal of the Ambulatory Pediatric Association, 2, 26-8, 2002	Publication type: Commentary
Evenhuis, Heleen, van der Graaf, Gabrielle, Walinga, Margreet, Bindels-de Heus, Karen, van Genderen, Maria, Verhoeff, Marleen, Lantau, Kathleen, van der Meulen-Ennema, Helen, Meester, Nelleke, Wiene, Lien, Schalijs-Delfos, Nicoline, Black, Blohme Cans Cregg Dutton Dutton Flanagan Haugen Houlston Jan Jones Karapurkar Bhasin Keith Lanners Leat McClelland Mervis Nagtzaam Rosenberg Scheiman Snowdon Sobrado Stiers Stiers Velzen-Mol Wilson, Detection of childhood visual impairment in at-risk groups, Journal of Policy and Practice in Intellectual Disabilities, 4, 165-169, 2007	Publication type: Narrative review with recommendations.
Farmakopoulou, N., Inter-agency collaboration in the special educational needs assessment, Journal of Interprofessional Care, 15, 399-401, 2001	Publication type: Conference abstract
Fitzgibbon, Tracy M., Popalisky, Jean, Myers, Kristin, Neff, John M., Sharp, Virginia L., Care management for children with special needs: part I: the role of health plans, The Journal of ambulatory care management, 32, 197-204, 2009	Outcomes: No relevant outcomes reported.

Study	Reason for exclusion
Galliver, Mark, Gowling, Emma, Farr, William, Gain, Aaron, Male, Ian, Cost of assessing a child for possible autism spectrum disorder? An observational study of current practice in child development centres in the UK, <i>BMJ paediatrics open</i> , 1, e000052, 2017	Outcomes: No relevant outcomes reported
Golding, Rachel, et, al, Developing an early years pathway within local community paediatric teams for the assessment and diagnosis of children who may be on the autism spectrum, <i>Good Autism Practice</i> , 12, 43-51, 2011	Study design: Audit with no comparative data, and no absence of comparative non-randomised studies
Haack, L., Araujo, E., Meza, J., Alcaraz, K., Mojardin-Heraldez, A., Pfiffner, L., Thinking outside the text: Utilizing video to engage Latino families in global ADHD research and service utilization, <i>ADHD Attention Deficit and Hyperactivity Disorders</i> , 11, S75, 2019	Publication type: Conference abstract
Hackett, L., Shaikh, S., Theodosiou, L., Parental perceptions of the assessment of autistic spectrum disorders in a tier three service, <i>Child and Adolescent Mental Health</i> , 14, 127-132, 2009	Study design: Audit with no comparative data, and no absence of comparative non-randomised studies
Harvey, H., Ashworth, M., Palikara, O., Van Herwegen, J., The Underreporting of Vision Problems in Statutory Documents of Children with Williams Syndrome and Down Syndrome, <i>Journal of Autism and Developmental Disorders</i> , 2020	Outcomes: No relevant outcomes reported
Homer, Charles J., Klatka, Kirsten, Romm, Diane, Kuhlthau, Karen, Bloom, Sheila, Newacheck, Paul, Van Cleave, Jeanne, Perrin, James M., A review of the evidence for the medical home for children with special health care needs, <i>Pediatrics</i> , 122, e922-37, 2008	Intervention: Does not cover identification, assessment or monitoring of combined health, social care and education needs
Hutchfield, Kay, Parsons, Malcolm, Regular users of children's services: helping to care for children with special needs, <i>Paediatric nursing</i> , 15, 36-8, 2003	Publication type: Commentary
In, Control, Report on the use of the Personal Outcomes Evaluation Tool (POET) for children with education health and care plans, 82, 2016	Outcomes: No relevant outcomes reported
In, Control, Measuring the outcomes of EHC plans and personal budgets, 42, 2014	Outcomes: Insufficient presentation of results for extraction
Joseph, C. J., McBride, L., Satterthwaite, T., Quality of medical advice for education health care plans (EHCP), <i>Archives of Disease in Childhood</i> , 104, A195, 2019	Publication type: Conference abstract
Kantzer, A. K., Fernell, E., Westerlund, J., Hagberg, B., Gillberg, C., Miniscalco, C., Young children who screen positive for autism: Stability, change and "comorbidity" over two years,	Outcomes: No relevant outcomes reported

Study	Reason for exclusion
Research in Developmental Disabilities, 72, 297-307, 2018	
Kerr, Gifford R. D., Gifford, R. D. Kerr, Assessing the needs of learning disabled young people with additional disabilities: implications for planning adult services, 5, 157-174, 2001	Study design: Survey reporting descriptive statistics on frequencies of demographic and social characteristics, medical diagnoses and severity of individual disabilities.
Ko, B., McEnery, G., The needs of physically disabled young people during transition to adult services, Child: Care, Health & Development, 30, 317-23, 2004	Intervention: Does not cover identification, assessment or monitoring of combined health, social care and education needs
Lindly, Olivia J., Martin, Alison J., Lally, Kathryn, A Profile of Care Coordination, Missed School Days, and Unmet Needs Among Oregon Children with Special Health Care Needs with Behavioral and Mental Health Conditions, Community Mental Health Journal, 2020	Intervention: Does not cover identification, assessment or monitoring of combined health, social care and education needs.
Little, J. A., Saunders, K. J., A lack of vision: evidence for poor communication of visual problems and support needs in education statements/plans for children with SEN, Public Health, 129, 143-148, 2015	Intervention: Does not cover identification, assessment or monitoring of combined health, social care and education needs
Local, Government, Social Care, Ombudsman, Not going to plan? Education, Health and Care plans two years on, 32, 2019	Publication type: Report including narrative case studies only
Local, Government, Social Care, Ombudsman, Education, Health and Care Plans: our first 100 investigations, 28, 2017	Publication type: Report including narrative case studies only
Lyon, L., School assessment form for students with special health care needs, NASN school nurse (Print), 27, 288-292, 2012	Publication type: Commentary with a sample school assessment template.
Marcin, J. P., Ellis, J., Mawis, R., Nagrampa, E., Nesbitt, T. S., Dimand, R. J., Using Telemedicine to Provide Pediatric Subspecialty Care to Children with Special Health Care Needs in an Underserved Rural Community, Pediatrics, 113, 1-6, 2004	Intervention and Population: Does not cover identification, assessment or monitoring of combined health, social care and education needs. Principle diagnoses include Endocrinology-obesity, Psychiatry, Gastroenterology, Haematology-oncology, Nephrology, and Infectious disease.
McCormack, S., Orr, D., McNicholas, F., Leahy, R., Kelleher, S., Integrated care for 22Q11 deletion syndrome in Ireland - Meeting children's needs through enhanced care co-ordination, Archives of Disease in Childhood, 104, A73-A74, 2019	Publication type: Conference abstract
McPherson, Merle, Honberg, Lynda, Identification of children with special health care needs: a cornerstone to achieving healthy people 2010, Ambulatory pediatrics : the official journal of the Ambulatory Pediatric Association, 2, 22-3, 2002	Publication type: Commentary
Morale, Sarah E., Hughbanks-Wheaton, Dianna K., Cheng, Christina, Subramanian, Vidhya,	Intervention: Does not cover identification, assessment or monitoring of combined health,

Study	Reason for exclusion
O'Connor, Anna R., Birch, Eileen E., Visual acuity assessment of children with special needs, <i>The American orthoptic journal</i> , 62, 90-8, 2012	social care and education needs
Naar-King, S., Siegel, P. T., Smyth, M., Simpson, P., An evaluation of an integrated health care program for children with special needs, <i>Children's Health Care</i> , 32, 233-243, 2003	Intervention: Does not cover identification, assessment, or monitoring of combined health, social care and education needs.
Navarra, Ann-Margaret, Schlau, Rona, Murray, Meghan, Mosiello, Linda, Schneider, Laura, Jackson, Olivia, Cohen, Bevin, Saiman, Lisa, Larson, Elaine L., Assessing Nursing Care Needs of Children With Complex Medical Conditions: The Nursing-Kids Intensity of Care Survey (N-KICS), <i>Journal of Pediatric Nursing</i> , 31, 299-310, 2016	Outcomes: No relevant outcomes reported
Nicola, K., Watter, P., Moving clinical practice forward in children with primary language disorder using the international classification of function, disability and health framework, <i>Physiotherapy (United Kingdom)</i> , 97, eS881-eS882, 2011	Publication type: Conference abstract
Nicola, K., Watter, P., Physiotherapy assessment results of children with primary language disorder: Supporting co-morbidities, <i>Physiotherapy (United Kingdom)</i> , 97, eS882, 2011	Publication type: Conference abstract
Ofsted,, The special educational needs and disability review: a statement is not enough, 2010	Publication type: Review with no relevant outcomes reported
Ogundele, M. O., Ayyash, H. F., Evidence-based multidisciplinary assessment and management of children and adolescents with neurodevelopmental disorders, <i>Archives of Disease in Childhood</i> , 104, A268, 2019	Publication type: Conference abstract
Peacock, Georgina, Lin, Sue C., Enhancing early identification and coordination of intervention services for young children with autism spectrum disorders: report from the Act Early Regional Summit Project, <i>Disability and Health Journal</i> , 5, 55-9, 2012	Outcomes: No relevant outcomes reported
Puri, S. C., Tennant, A., Clarke, M. A., Does an Integrated Needs Assessment (INA) improve social adjustment during transition from paediatric to adult services, <i>European Journal of Paediatric Neurology</i> , 13, S126, 2009	Publication type: Conference abstract
Rotholz, David A., Kinsman, Anne M., Lacy, Kathi K., Charles, Jane, Improving Early Identification and Intervention for Children at Risk for Autism Spectrum Disorder, <i>Pediatrics</i> , 139, 2017	Outcomes: No relevant outcomes reported

Study	Reason for exclusion
Samuels, Tania, Social Care Institute For, Excellence, Help for children with ASD, COMMUNITY CARE, 22-23, 2008	Article unavailable
Sayal, Kapil, et, al, Pathways to care in children at risk of attention-deficit hyperactivity disorder, British Journal of Psychiatry, 181, 43-48, 2002	Outcomes: No relevant outcomes reported
Shaw, Karen L., Brook, Lynda, Mpundu-Kaambwa, Christine, Harris, Nicky, Lapwood, Susie, Randall, Duncan, The Spectrum of Children's Palliative Care Needs: a classification framework for children with life-limiting or life-threatening conditions, BMJ supportive & palliative care, 5, 249-58, 2015	Outcomes: No relevant outcomes reported
Shepherd, Claire, Hanson, Jill, Dodd, Vanessa, Experiences of Education, Health and Care plans: a multivariate analysis, 47, 2018	Study design: Multivariate analysis of survey data. Outcomes measured are those reported in Adams 2017 and have been included in the review.
Shire, S. Y., Shih, W., Chang, Y. C., Kasari, C., Short Play and Communication Evaluation: Teachers' assessment of core social communication and play skills with young children with autism, Autism, 22, 299-310, 2018	Outcomes: No relevant outcomes reported
Simpson, W., Brown, C., Nisbet, N., Metcalfe, R., Claisse, Z., Watson, L., A new model of autism spectrum disorder assessment and diagnosis by multiagency community-based teams in primary schools, Child and Adolescent Mental Health, 18, 187-190, 2013	Outcomes: No relevant outcomes reported
Staines, Richard, School nurses can help identify children with undiagnosed autism, Paediatric nursing, 22, 7, 2010	Publication type: Commentary
Vogt Carsten, Shameli Amirreza, Assessments for attention-deficit hyperactivity disorder: use of objective measurements, Psychiatrist (The), 35, 380-383, 2011	Outcomes: No relevant outcomes reported
West, S., Dunford, C., Mayston, M. J., Forsyth, R. J., Using the school function assessment in a residential rehabilitation setting for pupils with acquired brain injuries, Developmental Medicine and Child Neurology, 55, 23-24, 2013	Publication type: Conference abstract
Wilson, Scott, Metcalfe, Julie, McLeod, Stephen, Comparing Choice and Partnership Approach assumptions to Child and Adolescent Mental Health Services in NHS Greater Glasgow and Clyde, International journal of health care quality assurance, 28, 812-25, 2015	Intervention: Does not cover identification, assessment or monitoring of combined health, social care and education needs

1 **Economic studies**

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

4

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

2 **Research recommendations for review question: What are the most effective**
3 **combined approaches to identifying, assessing and monitoring the health,**
4 **social care and education needs (including changing needs) of disabled**
5 **children and young people with severe complex needs?**

6 No research recommendations were made for this review question.