ID	Field	Content
0.	PROSPERO registration number	CRD42020167078
1.	Review title	What are the most effective models of health, social care and education services working together to prepare disabled children and young people with severe complex needs for employment?
2.	Review question	What are the most effective models of health, social care and education services working together to prepare disabled children and young people with severe complex needs for employment?
3.	Objective	To identify the most effective models where health, social care and education services work together to prepare disabled children and young people with severe complex needs for employment
4.	Searches	The following databases will be searched: • 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

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		• PsycINFO • CINAHL • Emcare Searches will be restricted by: • Date: 2000 onwards • Language: English • Other searches: • 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) The full search strategies for all databases will be published in the final review.
5.	Condition or domain being studied	Disabled children and young people from birth to 25 years with severe complex needs requiring health, social care and education support.
6.	Population	• Inclusion: Disabled children and young people from birth to 25 years with severe complex needs requiring health, social care and education support • Exclusion: Disabled children and young people who do not have needs in all three areas of health, social care and education.
7.	Intervention/Exposure/Test	Any joint-working practices to prepare disabled children and young people with severe complex needs for employment. For example: • Supported internships and traineeships • Local authority independent travel training (involves multi agency assessment) • NHS learning disability employment program • Job coaching (e.g. adult services, access to work, DWP) • Curriculum and accreditation provider (e.g. T-levels and ASDAN) • Work experience coordinators • CEIAG (Careers education information advice and guidance) • Personalised budgets • Visual support hierarchy recommendations

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		• Short breaks/respite care (those which support employment) • EHC plans (including goal setting) • Named responsible practitioner (e.g., keyworker, single point of contact, lead professional, named coordinator, transition lead) • Follow on support • Arrangements/links with third sector/community organisations (e.g., chambers of commerce and employment organisations)
8.	Comparator/Reference standard/Confounding factors	• Any other joint-working practices to prepare disabled children and young people with severe complex needs for employment • Separate practices to prepare disabled children and young people with severe complex needs for employment • No specific practices to prepare disabled children and young people with severe complex needs for employment
9.	Types of study to be included	Systematic reviews of RCTs or non-randomised comparative studies (including cohort studies, before and after studies and interrupted time series), and RCTS will be included. Non-randomised studies will be included in the absence of RCTs for a given class of interventions. Service evaluations, process evaluations and audits will be included in the absence of comparative non-randomised studies. Conference abstracts will not be included. 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.
10.	Other exclusion criteria	Studies will not be included for the following reasons: • 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/) Studies published prior to 2000 will not be considered due to legislative changes, specifically the Children and Families Care Act 2014, and the Aiming High for Disabled Children (AHDC) programme 2007. Studies published in languages other than English will not be considered due to time and resource constraints with translation. 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.

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11.	Context	All settings will be considered where health, social care and education is provided for disabled children and young people from birth to 25 years with severe complex needs. In addition, settings that collaborate with health, social care and education providers to provide work experience and employment opportunities for disabled children and young people from birth to 25 years with severe complex needs will be considered.
12.	Primary outcomes (critical outcomes)	Critical Outcomes: • Progress into employment (including paid or voluntary employment, work experience or trials, apprenticeships, job shadowing, traineeships, internships, student placements, sector-based work academy placements) • Independence as measured by validated scales • Competence (measured as Capability/Confidence to meet expectations in an identified workplace)
13.	Secondary outcomes (important outcomes)	Important Outcomes: • Self-efficacy as measured by validated scales • Successful completion of independent travel training (which is individually tailored) • Competence in skills relevant to job search and self-promotion in recruitment and selection processes
14.	Data extraction (selection and coding)	All references identified by the searches and from other sources will be uploaded into STAR and de-duplicated. Titles and abstracts of the retrieved citations will be screened to identify studies that potentially meet the inclusion criteria outlined in the review protocol. 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. 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.
15.	Risk of bias (quality) assessment	Quality assessment of individual studies will be performed using the following checklists: • 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

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		The quality assessment will be performed by one reviewer and this will be quality assessed by a senior reviewer.	
16.	Strategy for data synthesis	Intervention review: Depending on the availability of the evidence, the findings will be summarised narratively or quantitatively. Where possible, meta-analyses will be conducted using Cochrane Review Manager software. A fixed effect meta-analysis will be conducted and data will be presented as risk ratios or odds ratios for dichotomous outcomes, and mean differences or standardised mean differences for continuous outcomes. Heterogeneity in the effect estimates of the individual studies will be assessed using the I2 statistic. I2 values of greater than 50% and 80% will be considered as significant and very significant heterogeneity, respectively. Heterogeneity will be explored as appropriate using sensitivity analyses. If heterogeneity cannot be explained through sensitivity analysis then a random effects model will be used for meta-analysis, or the data will not be pooled if the I2 statistic is greater than 80%. 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/ Minimally important differences: • 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 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	N/A	
18.	Type and method of review	☒	Intervention
		☐	Diagnostic
		☐	Prognostic
		☐	Qualitative
		☐	Epidemiologic
		☒	Service Delivery

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		☐	Other (please specify)	
19.	Language	English		
20.	Country	England		
21.	Anticipated or actual start date	28 January 2020		
22.	Anticipated completion date	12 May 2021		
23.	Stage of review at time of this submission	Review stage	Started	Completed
		Preliminary searches	☐	☐
		Piloting of the study selection process	☐	☐
		Formal screening of search results against eligibility criteria	☐	☐
		Data extraction	☐	☐
		Risk of bias (quality) assessment	☐	☐
		Data analysis	☐	☐
24.	Named contact	5a. Named contact National Guideline Alliance 5b Named contact e-mail CYPseverecomplexneeds@nice.org.uk 5e Organisational affiliation of the review National Institute for Health and Care Excellence (NICE) and National Guideline Alliance		
25.	Review team members	National Guideline Alliance		
26.	Funding sources/sponsor	This systematic review is being completed by the National Guideline Alliance which receives funding from NICE.		
27.	Conflicts of interest	All guideline committee members and anyone who has direct input into NICE guidelines (including the evidence review team and expert witnesses) must declare any potential conflicts of interest in line with NICE's code of practice for declaring and dealing with conflicts of interest. Any relevant interests, or changes to interests, will also be declared publicly at the start of each guideline committee meeting. Before each meeting, any potential conflicts of interest will be considered by		

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		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=167078	
31.	Dissemination plans	NICE may use a range of different methods to raise awareness of the guideline. These include standard approaches such as: • notifying registered stakeholders of publication • publicising the guideline through NICE's newsletter and alerts • issuing a press release or briefing as appropriate, posting news articles on the NICE website, using social media channels, and publicising the guideline within NICE.	
32.	Keywords	Child, infant, young person, disability, health care, education, social care, service delivery, service organisation	
33.	Details of existing review of same topic by same authors	None	
34.	Current review status	☒	Ongoing
		☐	Completed but not published
		☐	Completed and published
		☐	Completed, published and being updated
		☐	Discontinued
35..	Additional information	None	
36.	Details of final publication	www.nice.org.uk	

AHDC: Aiming High for Disabled Children; ASDAN: Award Scheme Development and Accreditation Network; ASSIA: Applied Social Science Index and Abstracts; BEI: British Education Index; CAF: common assessment framework; CDSR: Cochrane Database of Systematic Reviews; CEIAG: Careers education information advice and guidance; CENTRAL: Cochrane Central Register of Controlled Trials; DARE: database of Abstracts of Reviews of Effects; DWP: Department for Work and Pensions; EHC: Education and Health 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; NHS: National Health Service; 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