**CARE AND TREATMENT REVIEWS**

**COMMUNICATION**

***Please complete the following information in preparation for the care and treatment review for;***

**Name Date of CTR** 

Where appropriate please work with the individual to provide the following information.

|  | **RESPONSE** |
| --- | --- |
| Has consent been sought from the individual for the CTR to go ahead? |  |
| If the above is not possible, has a best interest decision been made? |  |
| Has an advocate been made available for the individual? |  |
| How will the person be involved in the review?Please advise on anything that the panel members can do to help make the review as accessible to the individual as possible.Please include environmental factors e.g. arrangement of the room for the review. Length of time the individual wants to/ can spend in the review, whether the individual would prefer one panel member to meet outside of the review etc. |  |
| What do the panel members need to know about the individual’s communication needs in order to ensure maximum communication and engagement at the review?Please provide communication plan if appropriate.Please note photographs of panel members may be available on the day if this will help. |  |
| Please advise on how the recommendations from the review should be shared with the individual so that they are fully accessible i.e. large print, verbal,  |  |
| Please advise on any augmentative communication strategies that the panel members will need to adapt. |  |
| Please advise on anything that the panel members should avoid saying/doing to ensure maximum engagement with the individual and his/her natural circle of support. |  |
| Please advise on how the individual’s natural circle of support i.e. family/friends have been or will be involved in this review (if relevant) |  |
| Please advise on how the individual is informed about his/her care/treatment/intervention. |  |
| Please advise if the panel need to invite anyone else to ensure maximum communication e.g. interpreter |  |
| Any other relevant information. |  |