

## Workbook 4 – Care, Education and Treatment Review (CETR)

### Key lines of enquiry

#### Child or young person – community CETR

Date of CETR \_\_\_\_\_

# CETR

This workbook helps CETR panels use key lines of enquiry (called KLOEs). It shows what sort of questions to ask and where to find evidence. It will help with deciding what goes into the CTR report.



You must give this workbook to the CETR chairperson at the end of the CETR. The CETR chairperson will record the panel's findings on a different document. The CETR Report will come from this and you will be able to say if it is OK or not before it is sent out.

This is one of six workbooks for CTR and CETR panels:

1. Adult – community CTR
2. Adult - hospital CTR (non-secure) eg. assessment and treatment unit
3. Adult - hospital CTR (secure)
4. Child or young person – community CETR ✓
5. Child or young person - hospital CETR (non-secure)
6. Child or young person - hospital CETR (secure)

**On the day** - the panel should agree who will do what. You can ask your own questions as well as the ones listed. These are just to give you some ideas. You should look for evidence or proof to support your findings. Evidence can be in the person's notes or in what people say. Try to write down important things said by the person, family carers, advocates and other people. CETR panel members are there to support each other and work together as equals. The CETR chairperson should give the panel time to discuss their findings with each other and what the actions could be.

The key lines of enquiry, called KLOEs, for a CETR are:

1. Can the child/young person be supported safely in the community? .....	4
2. Is the child/young person getting the right care, education and treatment?.....	6
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4. Are the child/young person’s health needs known and met? .....	10
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6. Is there a clear, safe and proportionate approach to the way risk is assessed or managed?.....	14
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8. Is there active planning for the future with clear ownership? .....	18
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10. Are the child/young person’s rights and freedoms being protected and upheld?.....	22
11. Is enough attention being given to the particular needs of the child or young person? .....	24



At the end of each KLOE, there is space for you to say what your findings are. If there is an urgent concern that needs action NOW, please stop and speak to the CTR chairperson. You can also tick one of the traffic lights at the end of each KLOE, to show what you think of the person’s **quality of care** overall:



Red – You have great concern about the person’s experience of care, safety, or whether there are good plans with clear outcomes



Amber - You have some concern about the person’s experience of care, safety, or whether there are good plans with clear outcomes



Green – You have no concerns about the person’s experience of care, safety, or evidence of good plans with clear outcomes



## About the child/young person

For example

- Important things that have happened in the past (called a chronology)
- What is important to and for the child or young person?
- What the child or young person finds helpful or unhelpful

## 1. Can the child/young person be supported safely in the community?



You can ask or find out about things like:

- Why is hospital admission being considered?
- Is it due to a clinical reason or a breakdown in care and/or education
- Is there a treatment plan in place which is linked to the diagnosis and an understanding of the person's difficulties (called a formulation)?
- Do assessment, care or treatment have to happen in hospital?
- Could these be carried out safely in the community or non-hospital setting? If not, why not? How could this happen?
- If hospital treatment is needed, is there a clear plan for this with expected outcomes?
- Would the child/young person be able to go home or back to their current placement afterwards? If not, what would need to happen for this to be achieved?
- Is the current social care provision being reviewed? Including short breaks?
- Is the current education provision being reviewed?
- Are people considering if being in hospital might make the child/young person's problems worse?
- Where is being considered and does it have the right skills and resources needed? Does it have a good CQC rating by the Care Quality Commission?
- Would the distance from home to hospital be a problem?
- Would the Mental Health Act be used and if so, why?

## How do you find out?



Clinical records

Admission documents

Multi Disciplinary Team (MDT) minutes

Community CETR record

Social care assessments and / or plans

Education, Health and Care Assessments or Plans and / or SEN support plans

Discussions with the child / young person, family members, advocate, care coordinator, responsible clinician or consultant, inpatient and community clinical team

CQC [www.cqc.org.uk](http://www.cqc.org.uk)

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What do the child or young person and/or their family say about needing to be in hospital? Please use **their** words.



**What are your main findings about whether this child or young person needs to be in hospital?**



**Traffic Light rating**



For any concern needing URGENT action now, please stop and speak to the chair of the CETR

## 2. Is the child/young person getting the right care, education and treatment?



You can ask or find out about things like:

- If there is a 'formulation' which says what the child/young person's main difficulties are with ideas about why this is
- What the diagnosis is
- If there is a clear assessment or treatment plan linked to a formulation and diagnosis
- Expected outcomes of assessment or treatment, and when they should happen by
- If he/she has a settled school placement
- The quality and standard of care, education and treatment
- If being in hospital could make things worse or make hard it to go back to the community
- If any other community services can help e.g. mental health outreach or crisis support

## How do you find out?



Clinical records

Treatment plans

Medication records

MDT minutes

Social care assessments and / or plans

Education, Health and Care Assessments or Plans and / or SEN support plans

Discussions with: the person, family members, teachers, advocate, care coordinator, keyworker, responsible clinician / consultant, inpatient clinical team, community clinical team

Reference to clinical guidelines in notes and in treatment plan (e.g. NICE guidelines)

EHC plans

Social care plans

What do the person and/or their family say about their care, education and treatment?

Please use **their own** words.



What are your main findings about the quality of the person's care, education and treatment?



Traffic light rating



For any concern needing URGENT action now, please stop and speak to the chair of the CETR

### 3. Is the child/young person involved in their care, education and treatment?



You can ask or find out about things like:

- If he/she has had a full language and communication assessment
- If the person's own language or method of communication is used to meet cultural needs
- How well he/she is supported to communicate eg. communication passport and other ways of engaging with the child/young person
- If staff are trained in and understand the person's communication needs
- If assessments, care and treatment plans are there and how person-centred they are
- How involved he/she is in deciding their care plan and behaviour support plan
- Is there a clear and active Positive Behaviour Support plan?
- If he/she is well supported by an advocate and knows what advocacy is for
- Have the child/young person and people who know them best been involved in developing plans e.g. communication passport, positive behaviour support plans?
- If everything is available for good communication and behaviour support to be given

### How do you find out?



- Speech and Language Therapy assessments
- Nursing assessments
- Communication passports
- Social care assessments and / or plans
- Education, Health and Care Assessments or Plans and / or SEN support plans
- Person-centred plans
- Positive behaviour support (PBS) plans
- Discussions with the child/young person, family members, teachers, advocate, care coordinator, keyworker, responsible clinician or consultant, teachers, inpatient clinical team, community clinical team, social worker



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What do the child/young person and/or their family say about how well he/she is involved in their care, education and treatment? Please use **their own** words.



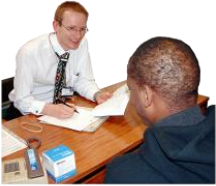
**What are your main findings about how well the child / young person is involved in their care and treatment?**

**Traffic light rating**



For any concern needing URGENT action now, please stop and speak to the chair of the CETR

## 4. Are the child/young person's health needs known and met?



You can ask or find out about things like:

- If his/her capacity to make health decisions is known and written down
- Having regular check-ups eg. dental, eyesight, hearing, bowel
- If his/her health could be affecting their behaviour
- When he/she last had an annual health check .
- If there is a record of any reasonable adjustments needed
- Are long-term conditions or health risks written in care plans and monitored?
- Do people know when and what to do if he/she is in pain or ill?
- If there is any monitoring or recording of what he/she eats and drinks
- If health risks such as difficulty swallowing or constipation have been assessed
- If he/she sometimes harms themselves e.g. cutting or taking overdoses, is this recorded, planned for and checked?
- Is healthy living promoted e.g. healthy weight, sexual health, information about stopping smoking, alcohol or drug abuse?
- Are there any other health concerns that the panel feel need to be addressed?
- If appropriate, has he/she been shown how to manage their health or medication?

## How do you find out?



- Health assessment records
- Last annual health check
- Up-to-date health action plan with clear actions by named people
- Reasonable adjustments shown in Health Passports, Crisis plans etc.
- Use of tools to assess and monitor pain eg. Dis-DAT or Abbey pain tool
- Regular nursing and medical examinations by people who care for children/young people with significant health problems or vulnerabilities
- Swallowing assessment by Speech and Language Therapist
- Regular recording of weight and BMI (body mass index)
- Personalised health information

Activities for wellbeing  
Assessments of capacity written in clinical records  
Discussions with the person, family members, advocate, care coordinator, keyworker, responsible clinician or consultant, inpatient clinical team

What do the child or young person and/or their family say about how well their health needs are known and met? Please use **their own** words.



**What are your main findings about how well the person's health care needs are known and met?**

**Traffic light rating**



for any concern needing URGENT action now, please stop and speak to the chair of the CETR

## 5. Is the use of any medicine appropriate and safe?



You can ask or find out about things like:

- Do the doctors, care team, family and the child/young person agree that all the medicines are needed?
- Are the medicines working and still needed? And side effects known?
- Have the child/young person, their family and carers been supported to discuss the need for the medicines, what the risks are and the benefits?
- Is there a need for a medication review? Are these carried out regularly? Who by?
- Do they involve the child/young person, family and multi-disciplinary team (MDT)?
- Are any non-drug methods being used to stop over use of psychotropic medicines, such as medicines for psychosis, depression, anxiety, sleep, epilepsy?
- Is he/she monitored for side-effects of medication eg. weight gain, diabetes, blood pressure, movement disorders?
- How often does he/she have PRN (emergency) medication and why? .
- How often does he/she take sleeping tablets? Has anything else been tried?

## How do you find out?



Discussions

Health team records

Drug prescription and administration records

Protocols for the use of medication in children and young people

Evidence of use of psychotropic drugs & whether reduction has been tried

Evidence that he/she has gained from the use of medication and recent attempts to withdraw it have not worked

Easy read information on drug treatments for person / leaflets provided to family

Evidence of non-drug therapies, positive behaviour support

Pharmacist reviews, comments, advice.

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What do the person and/or their family say about how well and safely medicines are used? Please use **their own** words.



**What are your main findings about how well and safely medicines are used?**

**Traffic light rating**



For any concern needing URGENT action now, please stop and speak to the chair of the CETR

## 6. Is there a clear, safe and proportionate\* approach to the way risk is assessed or managed?



**\*Proportionate means it is right for the amount of risk there is.**

You can ask or find out about things like:

- Is there a clear and detailed risk assessment in place?
- Is it up to date? Does it show the child/young person's risk now and possible risks in the future?
- Does it include the views of the child or young person, family & staff?
- Does the child/young person's care and treatment plan show a positive approach to risk and behaviour support? How?
- Has he/she been restrained? Was face-down restraint used? How often?
- Has he/she been secluded or segregated? How often?
- How are restraint, seclusion or segregation monitored?
- What is being done to reduce the use of restraint, seclusion or segregation?
- Are any other rules, control or sanctions used? How are these recorded / reported?
- Have there been any safeguarding incidents in the last 6 months?
- Is the Mental Health Act Code of Practice (chapter 26) followed?
- Are the staffing levels right for the child/young person?

## How do you find out?



Evidence that risks have been discussed with the person and family

Risk assessment tools used

Risk management plans for specific activities

Records of restraints, physical interventions and seclusion

Records of all safeguarding incidents in last 6 months

Mental Health Act Code of Practice

Advocacy reports

Risk assessments seen  
Care plans show positive management of behavioural challenges

Care plans show positive approaches to behaviour support

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What do the child or young person and/or their family say about how clearly, safely and appropriately risk is assessed or managed? Please use **their own** words.



**What are your main findings about how clearly, safely and appropriately risk is assessed or managed?**

**Traffic light rating**



For any concern needing URGENT action now, please stop and speak to the chair of the CETR

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## 7. Are any autism needs known and met?

### Autism friendly

You can ask or find out about things like:

- Does the child or young person have a diagnosis of autism? If not, does this need to be assessed?
- If the child/young person has autism, does he/she, parent carers and family have the right information, support and guidance?
- Has the plan been shared with the child / young person and parent carers and are they included in any reviews?
- If not, is assessment and diagnosis of autism part of the clinical plan? If so is it carried out within NICE guidelines?
- Do staff and clinicians understand autism?
- Is there a communication assessment for any issues related to autism?
- Have other physical or mental health conditions been thoroughly assessed?
- What methods are used to support any needs due to autism? eg. educational, sensory, social, communication. Are they right for the person's age?
- Is any challenging behaviour understood and managed in terms of autism?
- Is medication used to "treat" the autism?
- Is the person affected by the environment (school, short break, residential setting, home)? How?

## How do you find out?



Clear record of diagnosis

Use of standardised assessments used in reaching diagnosis (eg ADOS, ADI, DISCO)

Evidence of staff autism training

Specific communication, occupational therapy, sensory assessments related to autism

Use of augmented teaching methods – TEACCH/PECS

Social care assessments and / or plans


Education, Health and Care Assessments or Plans and / or SEN support plans





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What do the child or young person and/or their family say about how well autism needs are met? Please use **their own** words.



 **What are your main findings about how well the child or young person's autism needs are being met?**



 For any concern needing **URGENT** action now, please stop and speak to the chair of the CETR

Traffic light rating



## 8. Is there active planning for the future with clear ownership?



You can ask or find out about things like:

- Is the child/young person and family involved in deciding about their future care?
- Have different types of care, education and support been considered?
- Has joint commissioning been considered and agreed?
- What plans are there for education and/or training?
- Are experienced providers/commissioners involved in planning future support?
- Is there a person-centred plan showing the person's likes, hopes and dreams?
- If yes, is it being used to design a future service specification?
- Does the current care team believe that he/she can be supported safely and with a good quality of life in the community?
- Which significant people or organisations need to be involved and listened to?
- Are long term plans needed for continued support in the community eg. housing, bespoke care packages, packages that need CQC registration? Is it clear who is responsible for making things happen and by when?

## How do you find out?



Evidence of what people have done to find out about the best plans for the future

Details of any joint commissioning issues

Details of providers who have enough experience and ability to support the person in the community

Availability of community housing

Person-centred planning for the future involving the person and family

Discussions with the person, family members, advocate, care coordinator, keyworker, responsible clinician or consultant, inpatient clinical team, community clinical team

CPA report(s)

Discharge Plan under development

Are people following NICE guidance NG53 (Transition between in patient mental health

settings and community or care home settings)  
DoLS arrangements considered  
If an EHC plan is needed  
Referrals and applications for continuing financial support from social care/Health underway  
Advocacy involvement



What do the child or young person and/or their family say about planning for the future and how involved they are in it? Please use **their own** words.



**What are your main findings about the quality of planning for the person's future and discharge from hospital?**

**Traffic light rating**



For any concern needing URGENT action now, please stop and speak to the chair of the CETR

## 9. Are family and carers being listened to and involved?



You can ask or find out about things like:

- Do people fully understand family carers' views about where their child/young person lives now and in the future?
- Do family/carers feel listened to and involved in current and future plans?

How could this be improved?

- If the placement could be a long way from home, has anywhere closer been considered to enable regular family contact?
- Does the family want their child/young person to remain at home/in the community?
- Are the family involved (or will be) in developing his/her future care package?
- Are there any disagreements between family / carers and professionals about current and future care and treatment plans?
- If there are disagreements, have professionals tried to reach agreements and/or to understand their views? Have families had access to Patient Advice and Liaison Services / Carers Link or Complaints processes, family advocacy?
- Are family carers happy about the child/young person's current/future living arrangements?

## How do you find out?



Feedback from family/carers and the person or advocate

Written submissions from family/carers

Satisfactory involvement of named nurse/care co-ordinator/ keyworker

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Does the child/young person think their family/carers are involved enough? Do they feel supported to have contact with them? Please use **their own** words.



**What are your main findings about how well families and carers are listened to and involved?**

**Traffic light rating**



For any concern needing URGENT action now, please stop and speak to the chair of the CETR

## 10. Are the child/young person's rights and freedoms being protected and upheld?



You can ask or find out about things like:

- Who is involved in protecting and supporting the child/young person's rights (eg. the person, carers, professionals including advocacy, health, social care, legal)?
- Does the child or young person have an independent advocate? Will one be offered? If there is no right to advocacy, will it be offered?

- Have people considered if the Mental Health Act or Mental Capacity Act can be used to support the child/young person safely in the community? (eg. Community Treatment Orders, Guardianship, Section 17 leave, DoLS)
- Have people assessed the person's capacity to make decisions about their care and treatment?
- If people think that the person does not have capacity, has there been a proper process of deciding what would be in their best interests?
- Is the child / young person deprived of their liberty (freedom) in any way? If so, is this legally authorised?
- Are all rights and freedoms being upheld such as choice, equality, contact with family, advocacy, quality of life, cultural and personal life and beliefs?

## How do you find out?



People understand what the child/young person's rights are

The person has been offered advocacy support correctly

Advocacy support has included an IMHA or IMCA or other and best interests procedures have been followed properly

Evidence of legal documents and / or processes under the Mental Health Act, Mental Capacity Act, Children Act

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Do the child/young person and family feel the child/young person's rights and freedoms are upheld eg. choice, equality, contact with family, advocacy, quality of life, cultural and personal life and beliefs?  
Please use **their own** words.



**What are your main findings about how well the person's rights are protected and upheld?**

**Traffic light rating**



For any concern needing URGENT action now, please stop and speak to the chair of the CETR

## 11. Is enough attention being given to the particular needs of the child or young person?



You can ask or find out about things like:

- Is there an identified key worker in place?
- How is the child/young person's education or training provided?
- Is it likely to change? Who will monitor and support this?
- If the child / young person is not known to the local authority SEND team (Special Educational Needs and Disabilities) is there a need to refer for an EHC assessment?
- What social care is provided for the child / young person and their family? Is this likely to change? Who is going to monitor this?
- **Transition** - have all transitions needed to new services or places been assessed?
- Are good plans in place for the person to move from children's services to adult services?
- In moving to adult services, will some services or support be lost or unavailable?
- Are the right services (health education & social care) involved in transition planning?
- Is it clear who will do what and by when?

## How do you find out?



The child / young person has been consulted about future options

Advocacy has provided support

Named key worker/case manager identified

Contact with education, health and care services professionals is established

Transition planning (if applicable) is in hand and appropriate professionals engaged.

SEN support / EHC plans

Social care plans



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Do the child/young person and family carers feel enough attention is given to the particular needs of the child/young person? Please use **their own** words.



**What are your main findings about how well the needs of the child/young person are being addressed?**



For any concern needing URGENT action now, please stop and speak to the chair of the CETR

**Traffic light rating**

