**Dynamic Support Registers and Care, Education and Treatment Reviews**

**Learning Log**



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# Introduction

While all local areas must have a clear understanding of and protocols surrounding their Dynamic Support Register and Care, Education and Treatment Reviews, approaches are likely to differ between areas.

Throughout this e-learning module, you will be prompted to use this Learning Log to find out about and reflect on protocols and practices in your local area, as well as complete activities. You may wish to use this to note down other thoughts as you go through the e-learning, as it will be a useful resource for conversations with colleagues about strengthening local processes.

# Module One

## Activity 1: Meet Alice

Alice is 14 years old and has just started a new secondary school. She has moved from a much smaller school with small class sizes to a large secondary school in a new town due to her family moving for her mum’s new job.

At her previous school, Alice was noted to be a quiet and shy young lady who was often observed to be ‘on the outside’ of activity both in the classroom and playground.

She did have a boyfriend, Tom, and was very upset to be leaving him. They continue to communicate online.

Her parents have raised concerns about Alice’s difficulty in making and sustaining friendships and feel Alice is socially isolated.

Alice is not known to the SENDCO and her parents have raised their concerns with the class teacher, but they feel the school are not taking their concerns seriously.

Alice is starting to become more withdrawn and is now reluctant to go to school most days. This has resulted in an increasingly poor attendance and deterioration in her academic attainment.

Alice has told her mum she hates herself and her life and that nobody wants to be her friend.

What do you think are the main concerns about Alice?

If Alice lived in your area, where might she and her family get the help and support they need?

In which section(s) of the THRIVE model of care do you think Alice currently sits?

* Getting advice?
* Getting help?
* Getting more help?
* Getting risk support?

## Activity 2: Specialist support

What conditions can you think of which might require very specialised Mental Health support services?

## Activity 3: Children and young people admitted to in-patient care

Reflect on how the statistics about children and young people admitted to in-patient care made you feel.

Why do you think such a high percentage of children and young people with learning disability and / or Autism are admitted to in-patient care?

## Activity 4: Behaviour that challenges

Which behaviours do you think might be challenging to the family, friends andprofessionals around an individual?

## Activity 5: Hospital or home?

Think about these three different environments. What might each one offer a child or young person, both positive and negative?

|  |  |  |
| --- | --- | --- |
|  | Positive | Negative |
| Hospital |  |  |
| Specialist support in the community |  |  |
| Home |  |  |

## Activity 6: Alice and the DSR

Do you think Alice should be included on a DSR? Why or why not?

Would Alice be included on your local DSR?

## Activity 7: Meet Tom

Tom is 15 years old and has recently received a diagnosis of Autism. He struggles with emotional regulation and when he is overwhelmed Tom can become distressed or angry.

He has an additional diagnosis of anxiety and struggles with relationships.

You helped Tom and his family seek this diagnosis and continued to help them to get the right support in place for Tom at school. He doesn’t have an EHCP but has access to sensory breaks and is allowed to go to the ‘hub’ at break times and use the computer. He is also allowed to leave classes early as he struggles with being amongst crowds of people.

Tom keeps himself to himself at school and is regarded as a bit of a loner. He is doing well academically.

He does however have a girlfriend, Alice, but she has recently moved to a new part of the country. They share a love of Pokémon and spend a lot of time chatting online.

Do you think Tom should be included on a DSR? Why or why not?

## Activity 8: Falling through the gap

Can you think of any children or young people learning disability and/or Autism who may be missed and therefore not included on the DSR?

## Activity 9: Back to Alice

Since we first met Alice sadly her situation has significantly deteriorated.

Alice began to self harm and began refusing meals. Her mental and physical health began to rapidly decline and in year 10 and she was admitted to a specialist treatment unit for children and young people diagnosed with an Eating Disorder.

Do you think Alice should be included on the DSR now? Why or why not?

# Module Two: The Dynamic Support Register

## Activity 1: Referring to the DSR

Who can refer a child or young person to the DSR in your area?

## Activity 2: Back to Alice

After spending several months in the eating disorder unit Alice began to respond well to treatment and is slowly making good progress. She has been discharged home and is hoping to go back to school after the summer holidays.

Whilst Alice was in the unit the staff raised concerns that Alice might have Autism. A number of assessments took place and Alice received a diagnosis of Autism prior to discharge.

Do you think Alice should be included on a DSR? Why or why not?

## Activity 3: Reviewing the DSR

How frequently does the DSR review meeting take place in your local area and who attends it?

## Activity 4: Back to Tom

Tom is still at school but is starting to tell his parents he doesn’t want to attend anymore and is refusing to get out of bed in the morning.

His parents are frustrated that school aren’t being very helpful and refuse to acknowledge that Tom is starting to really struggle with his social and emotional wellbeing.

Tom’s girlfriend Alice was recently admitted to a residential unit for young people with an Eating Disorder. He continues to stay in touch with her by text but cannot contact her online.

However, there are some concerns that he is becoming controlling towards Alice and her mum has texted Tom’s parents and told them she doesn’t think they should continue to have contact.

His mum is also aware that he has started to meet up with some lads from his online gaming community who are quite a lot older than him. They are worried he is displaying some risky behaviours and are desperate for someone to take their concerns seriously.

Tom’s parents feel SENDIAS is the one service that have really listened to their previous concerns and consider Tom’s needs outside of school as well as in school.

Thinking about Tom’s current situation, what RAG rating do you think he would have on the DSR and why?

## Activity 5: Stressors and trigger points

Record any reflections you have on the stressors and triggers points included in the e-learning.

Can you think of any others?

What is the process in your local area for raising concerns about a significant change in a child or young person’s situation?

## Activity 6: Falling through the gap

In Module 1 we looked at why these children and young people are particularly vulnerable to falling through the gap and under the radar of services. Which children and young people might only be known to either Education, Health or Social Care, thereby increasing the chance of them being missed and ‘falling through the gaps’?

Here are some suggestions to get you started:

* Those who are electively home educated
* Those who have undiagnosed Autism
* Those who present differently at home and at school

|  |  |  |
| --- | --- | --- |
| **Only known to Education** | **Only known to Health** | **Only known to Social Care** |
|  |  |  |

## Activity 7: Alice and the ECHCP

Let’s think back to Alice and her discharge from the eating disorder unit. Remember that she received a diagnosis of Autism before being discharged, and she is now looking forward to going back to school.

Do you think she is likely to have an EHCP? Please provide a reasoning.

## Activity 8: A Two-Way Street

Thinking of the various services a child or young person may have had contact with:

What plans and documentation might be included on the DSR to ensure a full and holistic picture of a child or young person’s care and support needs?

How could the information held in the DSR help Education to identify children and young people with SEN?

What documents or information might SENDIAS have about a child or young person that could be held on the DSR?

## Activity 9: Fulfilling your role

How would you identify children and young people in need and what would prompt you to bring them to the attention of a commissioner?

How would you find out if a children or young person is already known to services? Including whether they are registered on the DSR?

How would you find out about the DSR (or equivalent register) in your local area?

Who would you contact to refer a child or young person for inclusion on the DSR in your local area?

# Module Three: The Care, Education and Treatment Review

## Activity 1: Back to Tom

Tom’s mum told Tom he was no longer allowed to have any contact with Alice.

Tom was extremely distressed by this news and went up to his bedroom and smashed up his phone and computer. When Tom’s mum tried to intervene, he pushed her over and stormed out of the house.

Tom’s mum was so concerned she called the police who eventually found Tom walking along the dual carriageway and brought him home. Tom has said he doesn’t want to be alive anymore.

Thinking about Tom’s current situation do you think a CETR should be called? Why / not?

## Activity 2: The Commissioner

Do you know who your local commissioner is that is responsible for the DSR in your area? If not, identify how you would find this out and record in the box below who they are and their contact details.

## Activity 3: Alice’s CETR

Which people and professionals might be invited to Alice’s CETR ?

## Activity 4: The CETR Process

**Before the CETR**

* The commissioner will make sure that the appropriate consent has been obtained from the person under review.
* The review team will study the patient’s clinical and support documentation to learn as much about them and their care programme as possible.
* One or both of the independent experts will wish to meet the person and their parent or carer.
* Whenever possible, arrangements for a CETR should begin at least two weeks before the meeting.
* The person whose care and treatment will be reviewed is given information about the process and a *My Care and Treatment Review* booklet.
* Appropriate support should be provided to help the person fill in all the suggested information in their CETR planner. This will help them record their views which can be shared and heard at the meeting.
* The family member should be contacted by the commissioner (or their representative) at least two weeks before the CETR to ask if they would like to be involved and, if so, whether they would like to attend in person, or remotely by telephone or video conference.
* Information explaining the CETR process, plus details of the names and roles of those on the review panel, is sent to the individual and their family member.

**On the day of the CETR**

* The first task will be for the commissioner to finalise the agenda so that everyone invited will have an opportunity to take part in person. Some people may join in via teleconference if they are unable to travel to the meeting.
* The chairperson will invite one or more of the professionals involved in providing or managing the care programme into the meeting room, together or in succession, to provide a summary of care and to answer questions from the panel.
* The commissioner may provide a verbal summary of the CETR outcomes to senior hospital staff before concluding the meeting.
* The individual and their family should also be offered verbal feedback at the end of the CETR.
* The chairperson and the independent experts will discuss what they have heard and together write up a detailed report based on a standard CETR template.

**After the CETR**

* The final report will be sent by the chairperson to the person, their advocate (if one has been appointed), a family member and the care team within two weeks of the CETR.
* The review team will make recommendations to improve the individual’s care with follow-up checks to ensure this is happening
* Within a week of the CETR, the individual will be supported to fill in the feedback form in their CETR Planner booklet by someone they choose, if they wish.
* Everyone who took part in the meeting will be sent a copy of the finished report within two weeks of the review. This should include those helping with actions.
* The completed Excel review template containing recommendations and actions will be submitted and stored securely as part of the individual’s medical record.
* The commissioner or nominated person will make sure that everyone is kept informed of progress regularly.
* The commissioner should check that all recommendations are followed up and the action plan completed within the agreed timetable.

## Activity 5: The KLOEs

Which KLOE(s) might be helped by information you hold about a child or young person in your role in SENDIAS?

## Activity 6: Tom’s LAEP

Shortly after the police left, Tom became very distressed again which led to him becoming extremely angry and aggressive towards his mum when she tried to calm him. He was threatening to harm himself so she called the police again.

When they arrived they were accompanied by a mental health nurse and a social worker who felt Tom would be safer going into a secure hospital straight away to help him feel safer. Tom agreed with this plan and was admitted that evening.

There was no time for a CETR so the MH nurse called a LAEP meeting.

What role do you think SENDIAS might have in this LAEP meeting?

## Activity 7: Learning Check

## How many letters from the acronym PERSONAL can you remember?

* P
* E
* R
* S
* O
* N
* A
* L

# Module Four: Next Steps

## Activity 1: Sharing your knowledge

How would you explain each of the following processes in a way which is simple and non-intimidating?

The DSR

The CETR

The LAEP

The RCA

## Activity 2: Signposting: DSRs, CETRs and admission pathways

Find the information on your area’s Local Offer about DSRs, CETRs and the pathway for admission to in-patient mental health services, then note the links here.

## Activity 3: Signposting: Personal budgets

Find the information on your area’s Local Offer about personal budgets, then note the links here.

## Activity 4: Commissioners

Some commissioners may not be familiar with SENDIAS.

What do you think they should know about the service and your role with children and young people with learning disabilities and/ or Autism?

## Activity 5: Finding out more

You have probably found the answers to at least some of these questions as you have progressed through the training. If there are any you have not yet been able to answer, talk to colleagues and commissioners to find the answers out, and note them here.

The Local Offer

* Is there information on the DSR/ CETR processes?
* Is there information specific to children and young people with learning disabilities and/ or Autism?
* Is there adequate community support for this group of children and young people?
* Is there a mechanism to report deficits in service provision within the Local Offer?

The Commissioner

* Who is the local commissioner responsible for holding the DSR and chairing CETRs?
* How can you make a request for a child to be added onto a DSR in your area?
* Who do you contact to request a CETR in your area?
* Is the commissioner familiar with the role of SENDIAS?
* Are they aware that you may be involved with children who are/or should be under their care?

**Thank you for completing the course**

# Further reading

[Care, Education and Treatment Reviews for children and young people: Code and Toolkit, A guide for commissioners, panel members and people who give support](https://www.england.nhs.uk/wp-content/uploads/2017/03/children-young-people-cetr-code-toolkit.pdf) (NHS England, 2017)

[Care and Treatment Reviews (CTRs) – An Overview](https://www.mencap.org.uk/sites/default/files/2018-04/2017.134%20Information%20and%20advice%20resources_Care%20and%20treatment%20reviews.pdf) (Mencap, 2017)

[Care and Treatment Reviews: A family survival guide](https://bringingustogether.org.uk/wp-content/uploads/2017/08/CTR-Survival-Guide-Aug-2017-1.pdf) (Bringing Us Together for NHS England, 2017)

[Dynamic Support Registers e-learning, case studies and webinars](https://www.england.nhs.uk/learning-disabilities/dynamic-registers-and-dynamic-systems/) (Cheshire and the Wirral NHS Foundation Trust)

[Easy Read CETR Policy](https://www.england.nhs.uk/wp-content/uploads/2017/03/easy-read-care-treatment-review-policy.pdf) (NHS England, 2017)

[Making a Difference with CTRs video and case studies](https://www.england.nhs.uk/learning-disabilities/care/ctr/my-ctr/#videos) (NHS England)

[The Learning Disability and Autism programme](https://www.england.nhs.uk/learning-disabilities/) (NHS England)