**Care, Education and Treatment Review**

**Information to help you decide**

**What is a Care, Education and Treatment Review?**

A Care, Education and Treatment Review (CETR) is a meeting to find out if all aspects of your care and treatment are as good as they can be. When a CETR takes place, it looks at what is good and what could be better.

The review panel have a Chairperson and also two independent panel members - a Clinical Expert and Expert by Experience.

If you are happy to meet the panel, they will speak to you to understand what you think about your care, and whether this could be improved. You can bring someone with you, like a family member or advocate. They will also talk to people from health, education and social care and will look at some of your files.

**All the meetings are private and confidential.**

**Anything that is written down will be kept in a safe place.**

**It is your choice to have a CETR**

It is up to you to decide and the CETR can only happen if you or a parent agree. It’s OK to ask other people what they think, if it helps you.

More detailed information can be found in the separate CETR planner document.

**Do I have to take part in the CETR?**

You can choose whether to take part or not and can change your mind at any time. We want you to feel happy, safe and in control of how you take part, and we will do whatever we can to help. The meeting will take place somewhere you know, such as CAMHS.

**What happens afterwards?**

The panel will tell you what we have found, and make recommendations to help you and everyone involved in your care.

These recommendations are to help your care stay good or get better, consider how it can be managed in the community, and to help you plan for your future.

**Care, Education and Treatment Review Consent Form**

Date:

**I consent for my Care, Education and Treatment to be reviewed.**

**I understand that I will be involved in all decisions regarding my future.**

|  |  |
| --- | --- |
| Signature of young person\* |  |
| Name (capital letters) |  |
| Signature of parent or guardian (if young person under 16)  |  |
| Name (capital letters)  |  |

*\*Unless a young person does not have capacity to consent their signature is required*

*Please tick here if they do not have capacity to consent*