

IC(E)TR report

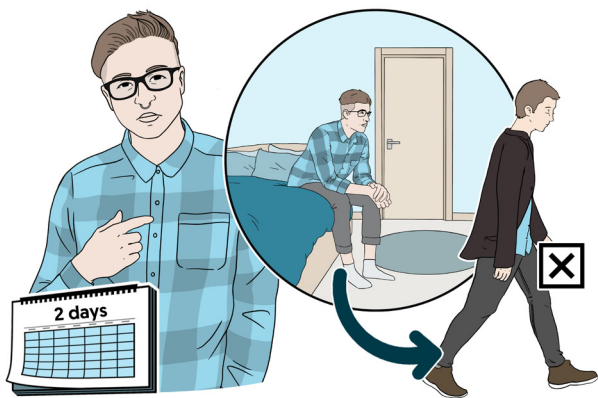
easy read



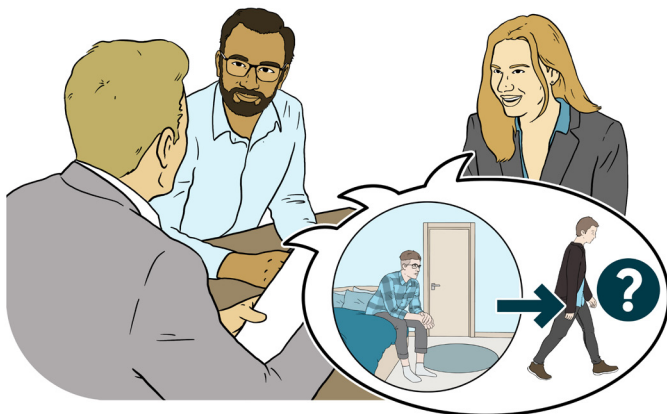
What is an IC(E)TR?



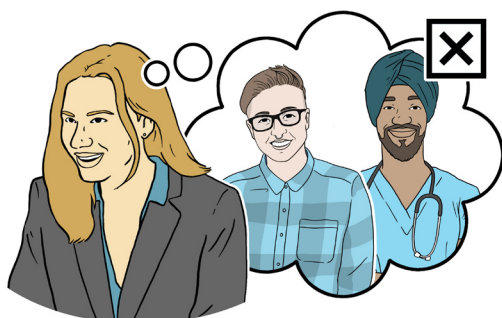
IC(E)TR stands for **i**ndependent **c**are (**e**ducation) and **t**reatment review.



It is a meeting to talk about the care of someone who is autistic or has a learning disability, who has been kept on their own in a room for more than two days at a time.



At the meeting people talk about what can be done for the person so they can leave this room, be safe and have a good quality of life.



The meeting is run by an **independent chair**. This is a person that does not know the patient or the people who provide care for the patient.

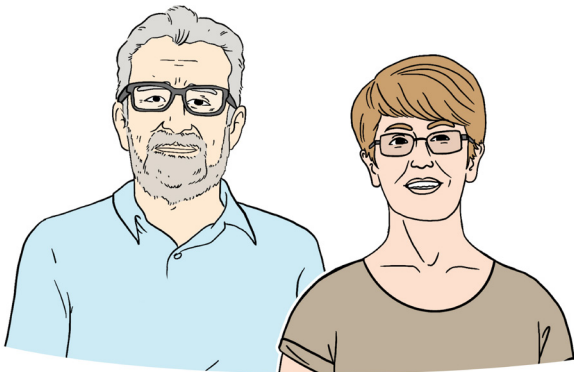


A person called a **mental health act reviewer** will also be at the meeting. They will check that the patient is being cared for in a safe and fair way.



Other people who could be at the meeting are:

- patients



- family members



- an **advocate**

This is someone who helps people to understand their rights, make decisions, and supports them to explain their decisions to others

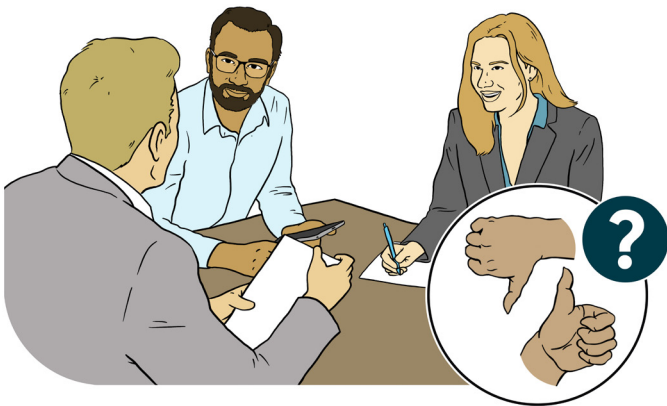


- NHS staff who arrange people's care



- staff who provide care.

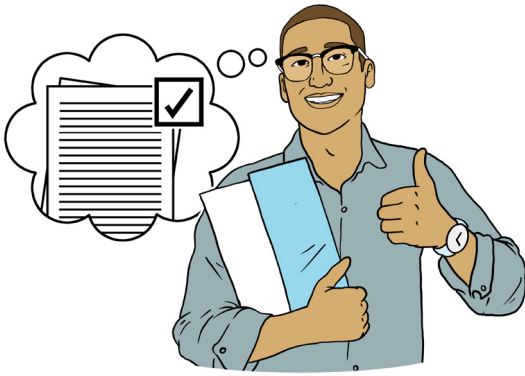
What research did we do?



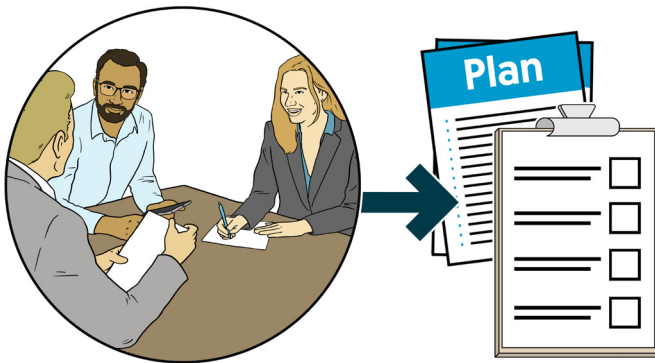
We wanted to find out how useful the IC(E)TR meetings are.



We wanted to know if the meetings were well planned and if all the right people were at the meetings.



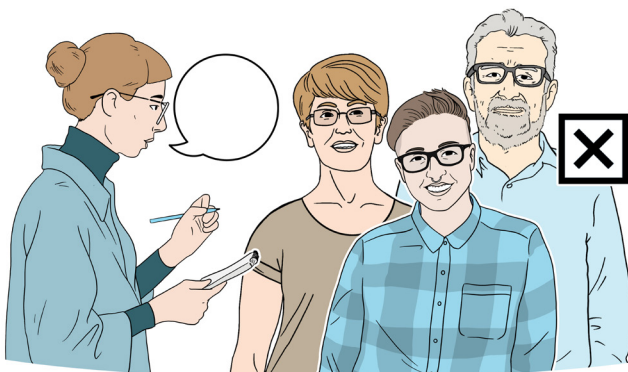
We also wanted to know if everyone understood and agreed with the **recommendations**.



Recommendations are the plans and actions that the people at the meeting think will help the patient.



We spoke to people who arrange and provide people's care to find out what they think about IC(E)TRs.



We tried to speak to patients who have had an IC(E)TR or their family members, but could not speak to anyone. This means an important point of view is missing from our research.

What did we find?



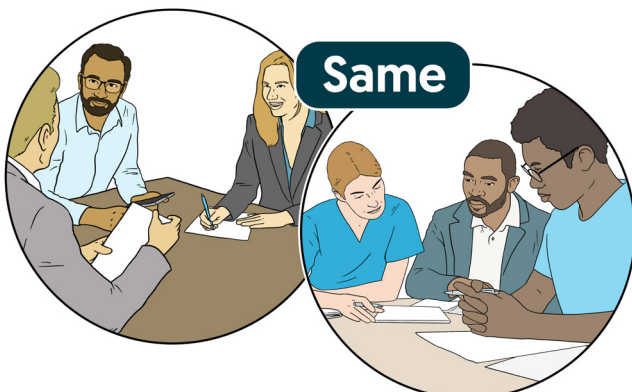
The staff who arrange and provide people's care told us that IC(E)TRs have improved since they first started doing them.



But they also said there were things that sometimes did not work well.



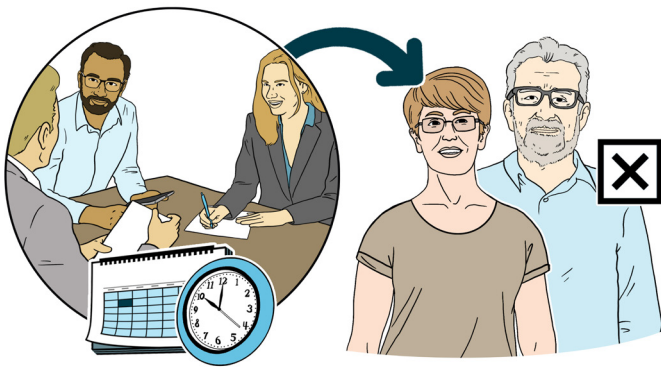
People did not always know what IC(E)TRs were for.



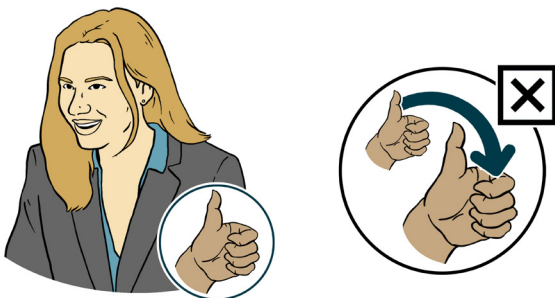
Sometimes IC(E)TRs felt the same as other meetings that a person who is autistic or has a learning disability may have.



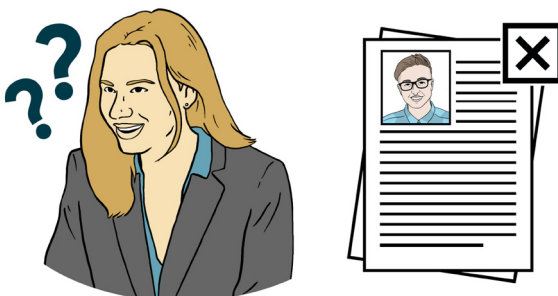
IC(E)TRs could be a lot of trouble to arrange, but this has got better.



Sometimes family members were left out of meetings because they could not be there at the time the meeting was happening.



Having an independent chair was a good idea but did not work as well as people had hoped.

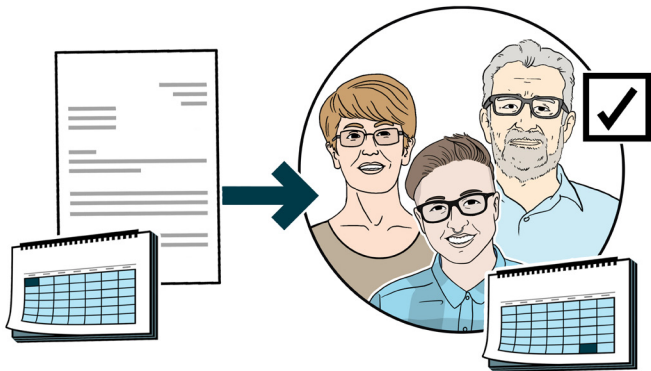


For example, the independent chair did not always seem well prepared for the meeting.



Plans to improve the patient's care were made. But they did not always make a difference to the patient.

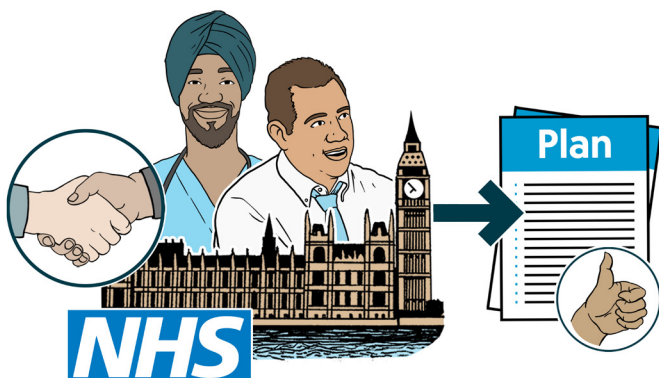
What might help?



We think that people should be told when their meeting is, in enough time before it happens so patients and their families can always go to the meetings.



The people who arrange and provide care should have a better understanding of what IC(E)TRs are for.

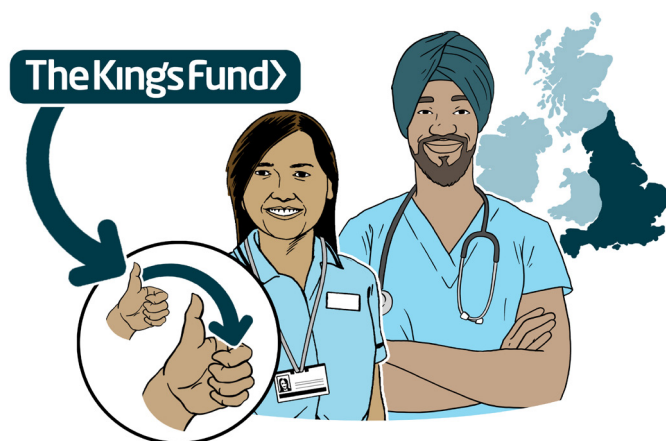


The government and NHS England should help the people who arrange and provide care to make and follow plans.

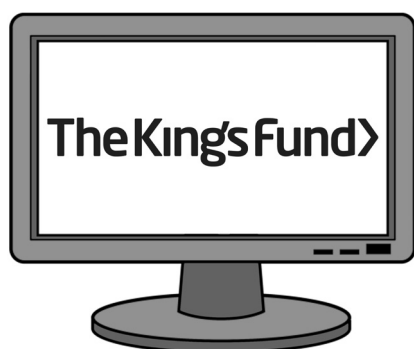


Any future research needs to include the views of patients and their families.

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