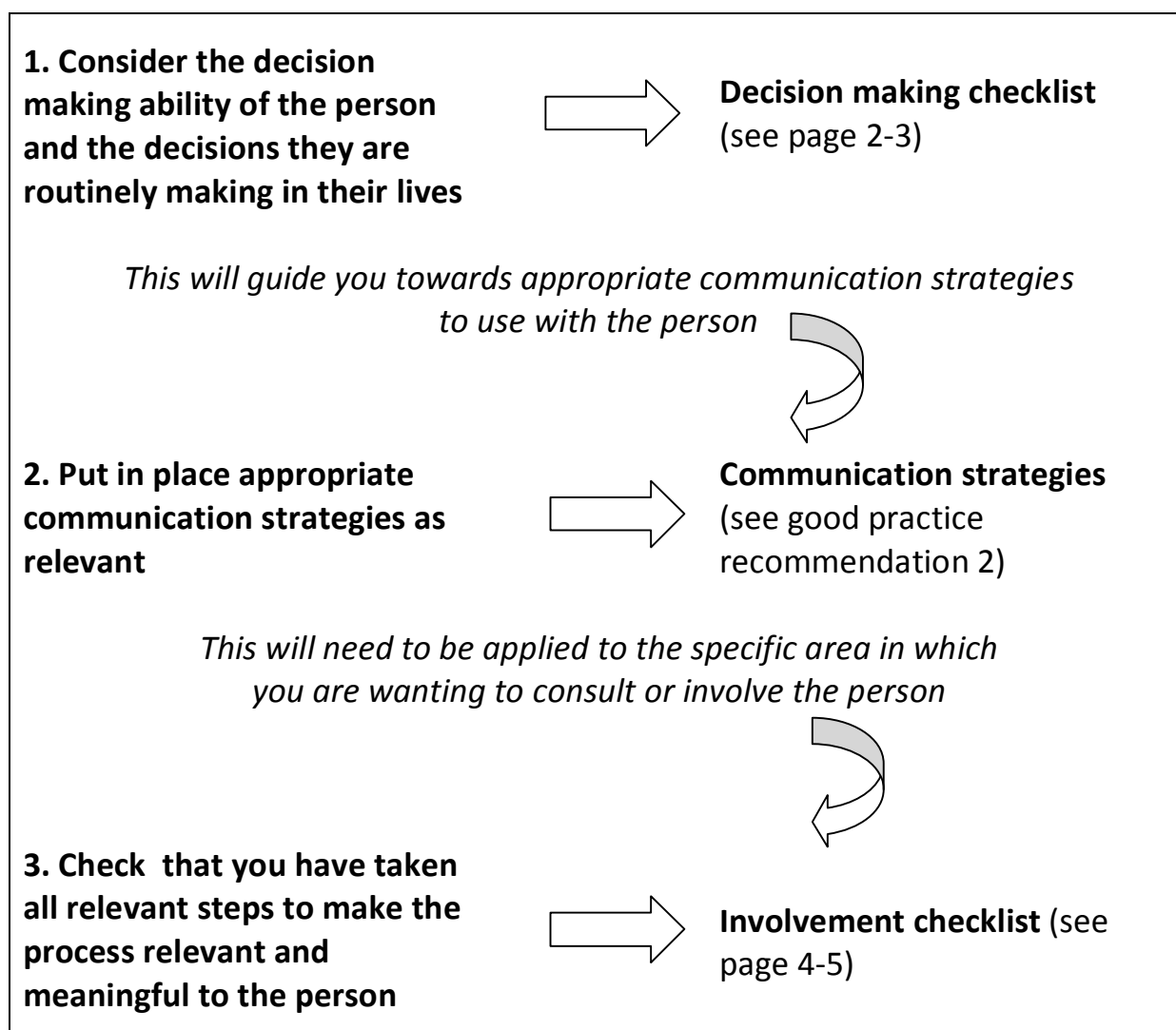




A preliminary consultation framework developed by Jane Jones and Sue Thurman (2008) (shared by permission of the Rett Syndrome Association UK)

These suggestions were developed as part of a project¹ to look at how to consult with or involve people with Rett Syndrome. They are suggested as a thinking tool to plan appropriate ways to do this and as such could be adapted as a staff training tool for staff to use in thinking how they could support people's complaints to be heard.

The process involves thinking in three stages



¹ The full toolkit developed will be available on www.rettsyndrome.org.uk from May 2009.



Decision making checklist

Type one decisions (Refuse or accept something in the 'here and now')	
Everyday choices such as what to wear, what to eat, whether to do an activity or not. Simple immediate preferences rather than genuine views.	
Is the person...?	Yes, No or sometimes?
Disengaged from process: (eg withdrawn or apparently unaware of situation)	
Passive observer: (eg react to other's presence but may not understand situation)	
Limited participator: (eg indicate preferences when shown picture /photos, can show likes/dislikes)	
Active contributor: (eg know what they want, understands some of the situation, can express views consistently)	

Type two decisions (Choose between two or more offered options)	
Everyday choices such as what to wear, what to eat, whether to do an activity or not. Mainly simple immediate preferences rather than genuine views. Some may develop an ability to participate in bigger life decisions relating their own life by expressing consistent preferences.	
Is the person...?	Yes, No or sometimes?
Disengaged from process: (eg withdrawn or apparently unaware of situation)	
Passive observer: (eg react to other's presence but may not understand situation)	
Limited participator: (eg indicate preferences when shown picture/photos, can show likes /dislikes)	
Active contributor: (eg know what they want, understands some of the situation, can express views consistently)	



Type three decisions (Tell you a choice they have made without the need for you to offer options)

Everyday choices such as what to wear, what to eat, whether to do an activity or not. Bigger life decisions relating to their own lives including their emotional state may be possible for some. They may also be able to be involved in expressing views about matters not directly related to their own lives although this requires a high degree of cognitive ability and maturity.

Is your person...?	Yes, No or sometimes?
Disengaged from process: (eg withdrawn or apparently unaware of situation)	
Passive observer: (eg react to other's presence but may not understand situation)	
Limited participator: (eg indicate preferences when shown picture/photos, can show likes /dislikes)	
Active contributor: (eg know what they want, understands some of the situation, can express views consistently)	

You can use this decision making checklist to identify whether the person is predominantly a type one, type two or type three decision maker and how active they are in the process. Use of this checklist should be supported by staff training and awareness on observation and reflection skills.

How might this apply to complaint making?



Involvement Checklist

This checklist should be completed by someone who knows the person well

What is the topic and what is the decision to be made?

Is this decision important to the person now? Is this decision relevant to the person? Is it a priority?

Does the person need to be involved in this decision directly?

Has the person previous experience or understanding of this topic? Will they need to experience something first hand for you to interpret what they are 'deciding'?

What communication strategies are you planning to use?



How will you talk to the person about the topic/decision? How can you help them to understand?

How will the person communicate with you? How will you interpret and record their communication?

How can you be sure it is the person's view? Who else have you involved in supporting and interpreting the person's responses?

How will you support their choice/decision? What will you do if it is not clear or there is a difference of opinion?

In England and Wales are you acting in compliance with the Mental Capacity Act – or in Scotland the Mental Incapacity Act?

How might this apply to complaint making?