



CONSENT POLICY

Introduction

KidsAid has a duty to afford the highest possible standards of protection to the public and to promote the best standards of personal and professional conduct within the charity.

Scope

The development of this Consent Policy is to ensure the professionalism and good practice of employees, freelance therapists and volunteers working for KidsAid.

It is expected that all employees, freelance therapists, and volunteers adhere to this Consent Policy.

Responsibility

When making decisions in relation to therapy for children and young people, practitioners should keep the following points in mind:

- The welfare and best interests of the client must always be a significant consideration and at the centre of decisions made regarding therapeutic interventions.
- Everyone who works with children, young people and vulnerable adults has a responsibility for keeping them safe and to take prompt action if welfare needs or safeguarding concerns are identified.
- All practitioners and agencies are expected to contribute to whatever actions are needed to safeguard and promote a child, young person, or vulnerable person's welfare.
- Clients should always be kept as fully informed as possible and should receive clear and detailed information concerning their care and treatment, explained in a way they can understand and in a format that is appropriate to their age.
- The client's views, wishes and feelings should always be sought, and their views taken seriously. Professionals should work with clients collaboratively in deciding on how to support their needs.
- Children, young people, and vulnerable adults have as much right to expect their dignity, privacy, and confidentiality to be respected as anyone else. If a child or young person has the capacity to make a decision regarding their therapy and does not wish their parent or carers to be involved, their decision should be respected.

- Where possible and appropriate, practitioners should encourage the child or young person to involve their parents (unless it is considered that to do so would not be the best interests of the child or young person). They should also be proactive in discussing with the child or young person the consequences of their parent(s) not being involved.
- If there is cause to suspect that a child, young person, or vulnerable adult is suffering or likely to suffer serious harm then a disclosure without consent is justified.
- Practitioners should be familiar with the Department of Health's Information Sharing: Guidance for Practitioners and Managers 2018, which includes guidance on assessing a child or young person's ability to make decisions about sharing information.

In obtaining consent for therapy for a child or young person under the age of 18, we must consider the following:

1. **Young people under the age of 18 and over the age of 16** may give consent for their own therapy, if they have the mental capacity to do so. The test of mental capacity for them will be the same as that for an adult under the Mental Capacity Act 2005.
2. **Children under the age of 16** may give consent for their therapy, and request confidentiality, provided they are competent to give consent within the guidelines of the Gillick case.

When considering whether a child has the competence to decide about the proposed intervention, practitioners may find it helpful to consider the following questions:

- Does the child understand the information that is relevant to the decision that needs to be made?
 - Can the child hold the information in their mind long enough so that they can use it to make the decision?
 - Is the child able to weigh up that information and use it to arrive at a decision?
 - Is the child able to communicate their decision (by talking, using sign language or any other means)?
3. **In relation to children under the age of 16 who are not competent to give consent, the following principles apply:**

All decisions regarding therapy and consent are subject to the overriding principle of the welfare of the child, and decisions should be made in the best interests of the child.

Subject to this overriding principle:

- Those with parental responsibility have a central role in relation to decisions about the treatment of their child, and it is therefore essential that those proposing the therapy identify who has parental responsibility for the child.

- Where the parents of a child or young person both have parental responsibility and are separated, and the child or young person is living with one parent in accordance with a child arrangements order (formerly known as a residence order), practitioners should be aware that the parents continue to share parental responsibility, and both should be involved in making decisions about their child.
- In some cases, it may not be possible or practical to obtain consent for therapy from all who have parental responsibility for the child, e.g., where a parent is unavailable or cannot be traced, or where a parent may be unable to make a decision focusing on the best interests of the child, or in cases where it would not be in the best interests of the child.
- It is also recognised that sometimes, where there are serious safeguarding concerns, informing a parent with parental responsibility may place a child in danger and/or might compromise an investigation within children's social care and or a police enquiry.