North East Child Psychiatry Ltd
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NECP policy 001 – Consent policy
Version 3

North East Child Psychiatry Ltd

Consent policy

This policy covers the following areas:

Introduction

Consent is needed before one examines, treats or cares for a person.

Care and treatment can only be provided to a person with their informed consent or with some other specific legal authority. For example, an act of care or treatment that has not been consented to could be authorised by: The Mental Health Act 1983, The Mental Capacity Act 2005 or The Children Act.

Adults are always assumed to be competent to give consent unless demonstrated otherwise. To consider if someone is competent the questions to ask are:

- Can this person understand the information relevant to the decision?
- Can this person retain the information?
- Can the person use or weigh the information as part of the process of making the decision?
- Can the person communicate the decision (whether by talking, using sign language or by any other means)?

People may be competent to make some health care decisions, even if they are not competent to make others.

Giving and obtaining consent is usually a process, not a one-off event.

People can change their minds and withdraw consent at any time. If there is any doubt, one should always check that the person still consents to the care / treatment.

Types of consent

Implied consent – the majority of examinations provided by a health professional used to be carried out under implied consent. This is no longer considered best practice.

Verbal consent – verbal consent should be sought before any activity takes place. A clear explanation of what is to be done, any risk to consider and any alternatives should be discussed with the person. The discussion should be documented in the patient record. Written evidence should be dated/timed and signed (includes electronic signature).

Written consent – as good practice, the General Medical Council (GMC) states written consent should be obtained in cases were the treatment is complex, or involves significant risks and / or side effects.

Children and young people

Consent is also needed before one examines, treats or cares for someone under 18 years of age.

It is good practice to ask children and young people who have the maturity and mental capacity to make their own decisions whether they want to be involved in an activity. Most young people over 12 are likely to come into this category, although an assessment must be made based on their individual needs.

Young people aged 16 and 17 years are presumed to have the competence to give their own consent.

Younger children (i.e. under 16 years of age) who understand fully what is involved in the proposed activity can also given consent, although their parents would ideally be involved. If a competent child gives consent to treatment then a parent cannot over-ride that consent.

Children who are under 16 years of age are able to provide or refuse treatment following the ruling in the House of Lords in the Fraser case of 1986 which resulted in the concept of being ‘Fraser competent’, also known as being ‘Gillick competent’.

One should always gain parental consent for children aged under 16 and consider carefully whether parental consent is necessary for young people aged 16-17. In most circumstances, parents have a legal parental responsibility for their children up to the age of 18.

If a younger child does not give consent, then someone with Parental Responsibility (PR) can give consent on their behalf but this is a serious step and legal advice may be needed.

Consent from young people is not a replacement for parental consent. It is a way for the child or young person to be involved in the decision making process.

Parental Responsibility

The mother of a child, and the child’s father (if he is married to the mother), automatically have parental responsibility (PR). If the parents are not married, the father will have PR if he acted with the mother to have his name recorded in the registration of the child’s birth and child’s birth was registered after 1st December 2003.

An unmarried father can also obtain PR by later marrying the mother, by making a PR agreement with her, or by getting a court order.

PR can also be granted to other people by the court, e.g. a legal appointed guardian.

Parents and those with PR can only provide or refuse consent on behalf of a child / young person, if they are thought to be capable and can communicate their decision.

Seeking consent

The person who will be delivering the care or treatment is who should seek the consent. Although other professionals with similar training and experience can gain consent on behalf of a colleague that would not be best practice.

To be able to provide consent the person must be informed. That is, they must have been provided with information about the benefits and risks of the proposed treatment as well as alternative treatments. If the person is not offered as much information as they reasonably need to make their decision, and in a form they can understand, their consent is not valid. This information must be provided in a form which meets the information and communication support needs of those with a disability or, impairment or sensory loss.

Consent must be given voluntarily, and not under any form of duress or undue influence from health professionals, family or friends.

Consent can be written, oral and non-verbal.

Refusal of treatment

Competent adults are entitled to refuse treatment, even when it would clearly benefit their health. The only exception is where treatment is for a mental disorder and the person is detained under the Mental Health Act 2007. In this situation the person can receive care or treatment for their mental disorder but they retain the right to choose whether to give or refuse consent for any other care or treatment.

If a child/young person is keen to take part in treatment but their parent or carer is not willing to give consent:

- Talk to the parent or carer so one can understand the reason for their objection.
- Discuss whether there is anything one can do to make the treatment more acceptable (for example by providing extra supervision/support)
- If appropriate, consider other treatments that the child could have, which their parents may be more comfortable with.
- Support the parents in explaining to the child why they are not comfortable with them having the proposed treatment

Mental Capacity Act (2005)

The Mental Capacity Act (MCA), 2005, provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves.

The MCA applies to people aged 16 years and over.

For people aged 16 years and over, who lack capacity for the relevant decision, the decision must be made in their best interests, as defined by the MCA.

Liberty Protection Safeguards

The Liberty Protection Safeguards will provide protection for people aged 16 and above who are or who need to be deprived of their liberty in order to enable their care or treatment and lack the mental capacity to consent to their arrangements.

People who might have a Liberty Protection Safeguards authorisation include those with dementia, autism and learning disabilities who lack the relevant capacity.

The Liberty Protection Safeguards were introduced in the Mental Capacity (Amendment) Act 2019 and will replace the Deprivation of Liberty Safeguards (DoLS) system. The Liberty Protection Safeguards will deliver improved outcomes for people who are or who need to be deprived of their liberty. The Liberty Protection Safeguards have been designed to put the rights and wishes of those people at the centre of all decision-making on deprivation of liberty.

The Liberty Protection Safeguards have yet to be enacted into UK law, the safeguards were originally due to be implemented in October 2020, then delayed to April 2022 and, last year, further deferred to an unspecified date.

NECP Consent form

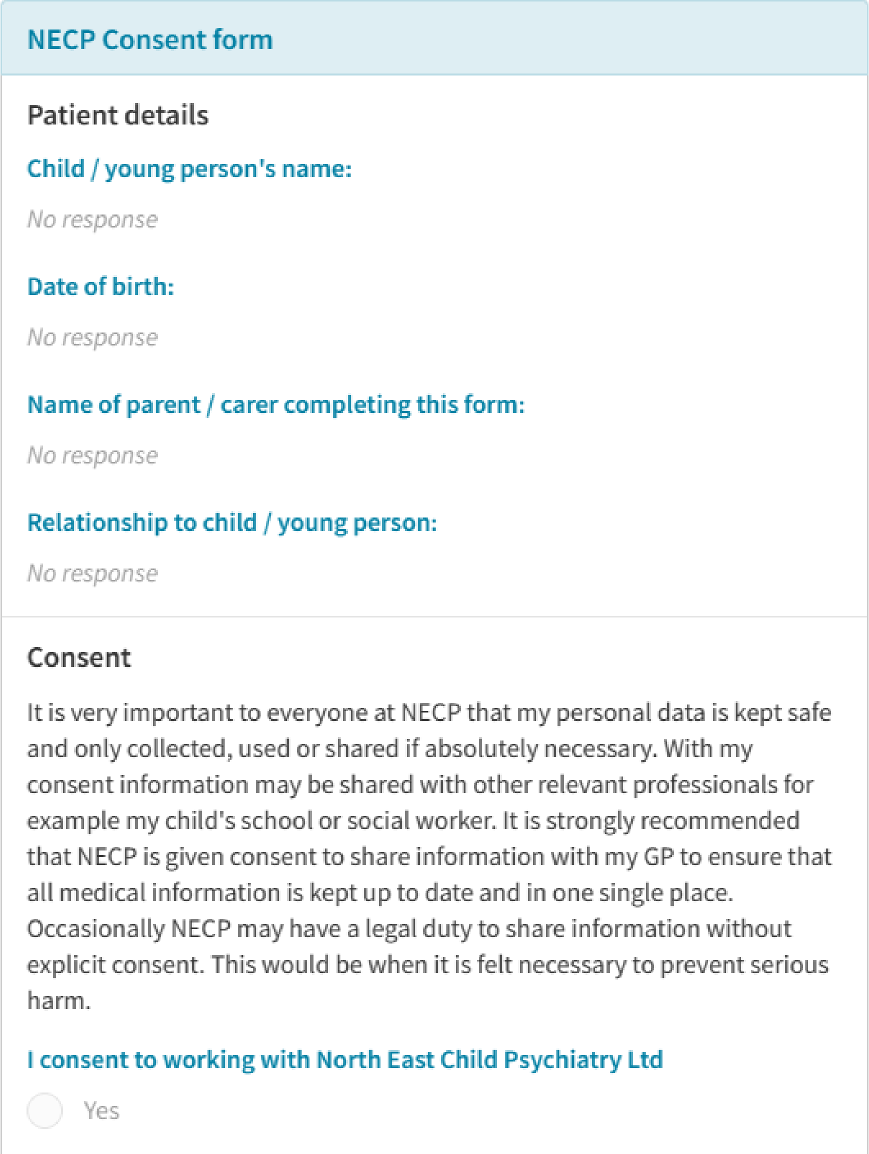
All children and young people newly accepted into NECP for assessment and, possibly, treatment, are sent a consent form via an email link.

The consent form is an electronic form created within the electronic patient record system Cliniko.

Due to NECP seeing under 18 year olds, the consent form is emailed to the person with parental responsibility.

There is a clear audit trail for the date the form was sent. Also when the parent / carer has completed the form it is automatically uploaded into the patient’s Cliniko record, again, date stamped.

A blank version of the NECP Consent form appears below:



NECP Consent form

Patient details

Child / young person's name:

No response

Date of birth:

No response

Name of parent / carer completing this form:

No response

Relationship to child / young person:

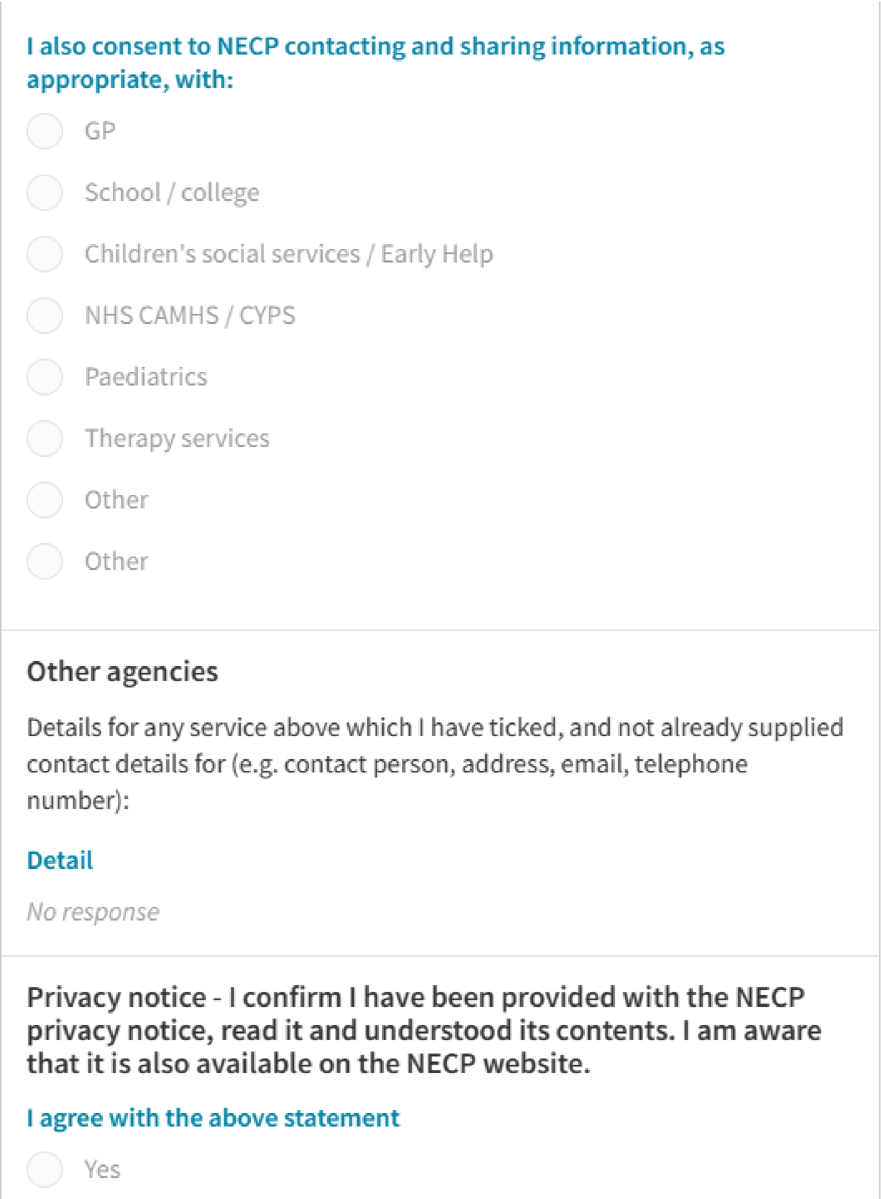
No response

Consent

It is very important to everyone at NECP that my personal data is kept safe and only collected, used or shared if absolutely necessary. With my consent information may be shared with other relevant professionals for example my child's school or social worker. It is strongly recommended that NECP is given consent to share information with my GP to ensure that all medical information is kept up to date and in one single place. Occasionally NECP may have a legal duty to share information without explicit consent. This would be when it is felt necessary to prevent serious harm.

I consent to working with North East Child Psychiatry Ltd

○ Yes



I also consent to NECP contacting and sharing information, as appropriate, with:

○ GP

○ School / college

○ Children's social services / Early Help

○ NHS CAMHS / CYPS

○ Paediatrics

○ Therapy services

○ Other

○ Other

Other agencies

Details for any service above which I have ticked, and not already supplied contact details for (e.g. contact person, address, email, telephone number):

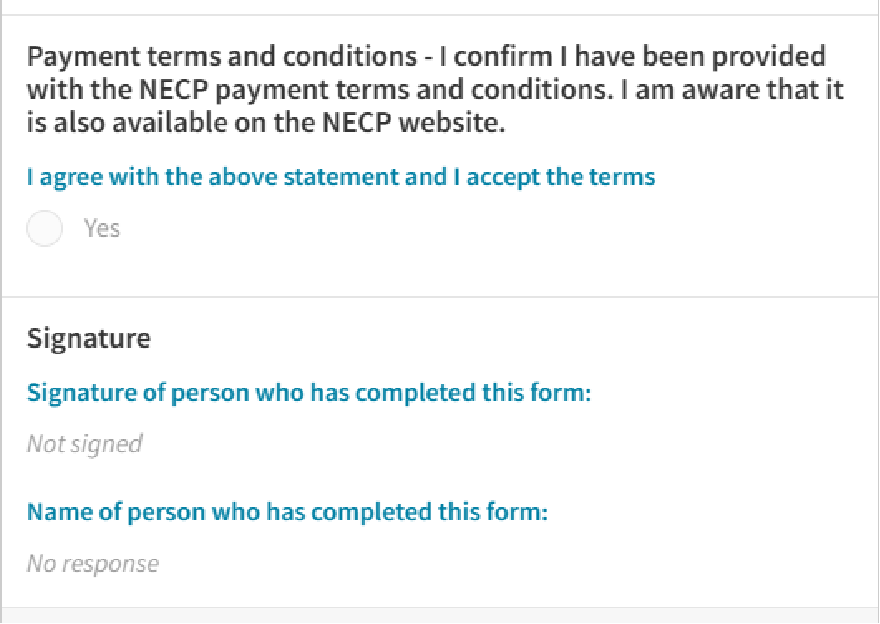
Detail

No response

Privacy notice - I confirm I have been provided with the NECP privacy notice, read it and understood its contents. I am aware that it is also available on the NECP website.

I agree with the above statement

○ Yes



Payment terms and conditions - I confirm I have been provided with the NECP payment terms and conditions. I am aware that it is also available on the NECP website.

I agree with the above statement and I accept the terms

○ Yes

Signature

Signature of person who has completed this form:

Not signed

Name of person who has completed this form:

No response

Managing complaints

NECP have a complaints policy which can be referred to. In the first instance Dr Gilder is keen that any issues are raised directly with her to support an informal resolution if possible. If an apology is indicated it will be given. Should this not produce a satisfactory outcome then a more formal process will need to be followed, as per policy.

How this policy will be shared

NECP are committed to transparency, as such this policy will be published on the public website.

Contact details

Nominated Consent responsible lead

Name: Paul Gilder

Phone / email: 07919 832062 / admin@northeastchildpsychiatry.co.uk

We are committed to reviewing our policy and good practice annually.

This policy was last reviewed on: 2nd January 2026

Signed: Paul Gilder

Date: 02/01/2026

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References

Mental Capacity Act Code of Practice