

Every Mind Child Psychology Ltd – Consent Policy

1. Introduction

At Every Mind Child Psychology Ltd, we recognise that **valid consent** is central to ethical and legal psychological practice. Consent ensures that children, young people, and their families have **choice and control** over what happens during assessments, therapy, or interventions.

Consent must be:

- **Voluntary** – given freely without pressure
- **Informed** – the person understands the nature, purpose, and potential outcomes of the intervention
- **Capacity-based** – the person has the ability to understand and make decisions

All clinicians and staff are expected to respect these principles and follow guidance from their professional bodies.

Age and Capacity Considerations

- **Ages 16–17:** Presumed able to consent to their own psychological treatment (Family Law Reform Act 1969). Refusal by a competent 16–17-year-old may only be overridden in exceptional circumstances by a parent or court. Families should generally be involved unless the young person prefers otherwise.
- **Under 16:** Clinicians must consider **Gillick competence**—whether a child has sufficient understanding to make a decision about their care. Children may be competent for some interventions and not others, and competence may fluctuate over time.

Where children are not Gillick competent, consent must be obtained from a person with **parental responsibility**, while still involving the child in discussions as much as possible. The **child's welfare remains paramount** in all decisions.

2. Purpose

This policy ensures that:

- Children, young people, and families are **fully informed and supported** to give consent
- Consent is obtained **before any assessment, diagnostic evaluation, or therapy**
- Clinicians follow **best practice and legal guidance** in assessing capacity and documenting consent

3. Consent Process

1. Assessment of capacity

- Clinicians determine whether the young person has the capacity to give consent for the intervention in question.
- Capacity is considered individually for each decision, and may change over time.

2. Providing information

- Children, young people, and families are given clear, accessible information about:
 - The purpose and nature of the assessment or therapy
 - How information will be collected, stored, and shared
 - Any recordings (e.g., ADOS assessments) or observations and their intended use
- Information is provided in formats appropriate for the child's age and needs.

3. Obtaining consent

- Consent is obtained **before starting any intervention**
- Children and young people are involved as much as possible, in line with their capacity
- Where consent is given by a parent or guardian, clinicians still aim to involve the child in decision-making where appropriate

4. Documentation

- Consent, discussions about capacity, and any parental involvement are **recorded clearly in the client record**
- Any changes in consent or capacity are documented and reviewed

4. Diagnostic Assessments

- Children and young people are informed that information shared during assessments may be included in diagnostic reports.
- Clinicians clarify expectations with families and children at the outset, ensuring they understand **what information is recorded and shared**.
- Consent is sought for **any visual or digital recordings** used as part of the assessment, explaining their purpose and future use.

5. Values in Practice

Every Mind Child Psychology Ltd approaches consent in line with our values:

- **Acceptance:** Respecting each child's autonomy and understanding their unique perspective
- **Authenticity:** Providing honest and clear explanations about interventions
- **Equality:** Ensuring all families and children, including neurodivergent individuals, can participate fully in decisions
- **Advocacy:** Supporting children to express their wishes and protecting their welfare throughout the process

6. References

- Family Law Reform Act 1969
- Gillick v West Norfolk & Wisbech Area Health Authority [1985]
- Guidance from professional regulatory bodies (BPS, HCPC)