POLICY TITLE:	**CONSENT POLICY AND PROCEDURE**
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POLICY OWNER:	Chief Executives – Dr Clare Fenton and Mr Peter Fenton
RESPONSIBLE SIGNATORY:	Dr Clare Fenton – Chief Executive Mr Peter Fenton – Chief Executive

EQUALITY AND DIVERSITY STATEMENT

The Amber Tree Clinic LTD is committed to the fair treatment of all in line with the Equality Act 2010. An equality impact assessment has been completed on this policy to ensure that it can be implemented consistently regardless of any protected characteristics, and all will be treated with dignity and respect.

To ensure that this policy is relevant and up to date, comments and suggestions for additions or amendments are sought from users of this document. To contribute towards the process of review, email admin@theambertree.co.uk

Amendment Record

Version	Amendment	Reason

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1. POLICY STATEMENT

This policy sets out the statutory requirements that apply to The Amber Tree Clinic LTD to clarify and formalise how consent to care and treatment will be obtained, reflecting current legislation and guidance.

Consent is needed before any contact, assessment, examination, treatment, or care. Care and treatment can only be provided with the young person's and their parent/carers informed consent.

If the child is unable to provide informed consent, assent alongside informed parental/carer consent can be considered. The exception to this is if there is a life or limb threatening situation, for example there is a disclosure of a plan to harm someone. In this situation the clinician would act to ensure the safety of the young person or others as required, and consent will not be required but an explanation for the breach will be given.

A young person or their parent can withdraw their consent at any time. At the Amber Tree we will check that the young person and their parent/carer consent at each review of treatment or when there is any change in care or contact. The clinician delivering the treatment will be the one who seeks consent.

The Amber Tree utilises English laws and guidance: The Mental Capacity Act (2005), The Children Act (1989 amended 2014), Fraser Guidelines and The Mental Health Act for our consent procedures.

2. DEFINITION OF CONSENT

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 where the treatment is complex, or involves significant risks and/or side effects.

3. CONSENT OF CHILDREN AND YOUNG PEOPLE

3.1. Treatment of young people over 16 – The Mental Capacity Act

Those over 16 years will be assumed to have the capacity to consent unless they have a condition or illness that could impact on their ability to have capacity. Examples of these conditions include being under the influence of drugs/ alcohol, or having a mental illness. If it is felt that there is a condition impacting on capacity a capacity assessment will be conducted. A capacity assessment is time and decision specific therefore one assessment will not cover all treatment and care. This assessment involves ascertaining whether the person can understand, weigh up, retain and communicate their decision. This assessment will be repeated each time there is a change in mental state, care or contact and at treatment reviews. The Amber Tree will not authorise covert medications for those over 16 without a legal review and order that this can occur.

3.2. Treatment of young people under 16 – The Children Act and Fraser Guidelines

Young people under 16 are not provided for under the Capacity Act therefore Fraser Guidelines and The Children Act is used. A child under 16yrs will be assessed for their competence to consent to care and contact. A competence assessment involves similar questions to a Capacity assessment and assesses the child's maturity and intelligence when making a decision. Similar to the Capacity Act it is time and decision specific. If a child does not have competence to consent but is assenting (allowing or cooperating) to treatment then parental/carer consent can be used.

4. PARENTAL RESPONSIBILITY

A Parent/carer is the legal guardian of the child and will have parental responsibility (PR). Parental Responsibility is sometimes split between two people, this can occur for example, if the parents are married at the time of the child's birth, or through a court order. It is important that the parent/carer is involved in the care their child as they have a responsibility for their child's welfare. If a child under 18 years is competent or has capacity to consent we also ask the parent/carer for their consent. If they disagree, we would seek to work with them and their child to find a way forward that is helpful for both. Young people sometimes ask that we do not share information with their parent/carer. We would discuss their reasons with the young person and work with them to consider how to communicate the information in a way that feels helpful. Disclosures of abuse need to be managed sensitively and The Amber Tree will not inform the parent/carer of a disclosure if it is felt this would jeopardise the young person's safety, however, we would discuss the disclosure with social care and, if required, the police. Episodes of self-harm, thoughts of suicide or plans to self-harm will be disclosed to the young person's parent/carer to enable them to provide a safe environment for their child.

5. SEEKING CONSENT

To be able to give informed consent, information will be provided in verbal and written form about the medication and/or therapy. If other forms of communication are required this will be accommodated, such as translating information into different languages or use of interpreters. The Amber Tree will always give a choice of treatments with the pros and cons of each. A recommendation will be given as to which we feel may be the best option but the final decision will be with the young person and their parent/carer. For medications, the side effects and monitoring requirements will also be explained. Consent can be verbal or non-verbal and will always be recorded in the appointment notes.

When a child is accepted for assessment a consent form will be emailed explaining our policies around data protection and how to raise a concern also what you can expect from the first appointment(s). The consent form asks for consent from both the young person (for those aged 16 years and over) and their parent/carer. For those aged under 16 years The Amber Tree encourage the parent/carer to discuss the form with their child before consenting on their behalf. This consent will be recorded on Clinko, our patient record, along with the date.

6. THE MENTAL HEALTH ACT

The Mental Health Act seeks to safeguard those who have a mental illness to ensure they are able to access the treatment they need while safeguarding their human rights as much as

possible. The Amber Tree can arrange a mental health act assessment if required and will work with crisis teams and/or inpatient units should a mental health emergency arise.

7. MONITORING CONSENT

To ensure our consent procedures continue to be in line with current practice and laws in England and to ensure that consent is being taken, recorded and reviewed correctly this will be audited quarterly and the results discussed at the governance meeting to address any needs arising. If a concern is raised between audits this will trigger an immediate audit alongside a review of the concern which will be conducted in line with our complaints policy.

8. 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. 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/carer is not willing to give consent:

- We will talk to the parent or carer so we can understand the reason for their objection.
- Discuss whether there is anything we 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 parent/carer may be more comfortable with.
- For children deemed not to have competence/capacity we will support the parent/carer in explaining to the child why they are not able to have the treatment having the proposed treatment
- For children deemed to have competence/capacity we will support the child in explaining to the parent/carer why they are able to have the proposed treatment

9. CONTACT DETAILS

Medical Director – Dr Clare Fenton

Administrative Director – Mr Peter Fenton

Tel: 07858 676886

admin@theambertree.co.uk

https://www.theambertree.co.uk/

10. EQUALITY IMPACT ASSESSMENT?

How is the policy likely to affect the promotion of equality and the elimination of discrimination in each of the groups?			
Protected Characteristic (Equality Act 2021)	**Impact** Positive/ Negative/ None	**Reason/ Evidence of Impact**	**Actions Taken** (if impact assessed as Negative)
Age			
Disability			
Gender reassignment			
Marriage or civil partnership			
Pregnancy or maternity			
Race			
Religion or beliefs			
Sex			
Sexual orientation			
Other, please state:			
EIA completed by:			
Name: **Role/Job Title:**			
Date completed:			