

Consent in the context of a child related matter is when either a child/parent/or person with Parental Responsibility voluntarily agrees to a suggestion or desire from a professional from within the children's workforce.

There are three types of consent in this context: - expressed, informed and implied.

- Expressed consent is when a person unmistakably makes it clear they agree with what is being suggested/requested. This can be in either written form or in speech.
- Informed consent is when a person is asked to confirm they have understood a situation, its implications and likely outcomes.
- Implied consent is when a person gives an indication of their consent in actions or gestures.

### Why is it important?

There is a legal duty to seek consent. However, when working with children and their families there is an understanding that better outcomes are achieved when all parties have a voluntary open and honest relationship, which underpins the joint activity taken in the best interest of those involved. Therefore by gaining and maintaining consent, which is reflective of the given need, those involved will gain confidence in the professional intervention and therefore are likely to be more open to any suggested/required change.

What are we seeking consent for?

- We are seeking consent to work with a child and their family
- To make an assessment of that child
- To share information with our partner agencies - as laid out in consent to share form
- Most importantly, that we are working with the family and not doing to the family.

### How do we do it?

A person with either concerns for a child or has a suggestion they believe may benefit that child can seek expressed or informed consent from the child/parent/or person with Parental Responsibility prior to contacting the Multi Agency Safeguarding Hub (MASH) for assistance in the matter.

- Consent will not specifically be required when there is a statutory duty from the MASH to respond e.g. a child has been or is at risk of significant harm, to prevent a crime or to share information under some aspects of the Education Act. Where it is safe to do so we would aspire to work with the parents/ carers to protect their child/ren.
- If you have been unable to obtain the parent/guardian's consent to share this concern because you have not been able to make contact with them **and** you feel further delay would have a negative impact on the child. You must give details of the dates, times and methods by which you have attempted to contact them.
- If information is received without consent then the MASH may choose to seek this as part of their intervention or direct others to do so.
- It is important to understand that consent can be withdrawn at any stage and workers should routinely check with the children and families they are involved with that it is still granted and is reflective of the work being undertaken.
- On those occasions when consent is not evident, and there are no clear or immediate child protection concerns or statutory duties, the MASH will return the information to the person making the contact for them to ascertain the necessary consent.
- It is important that we regularly re-visit the issue of consent with the children and families that we work with. They may have given consent at the outset, but have the right to change their mind. So we should regularly check for consent when there are significant changes and ask those with responsibility on at least a yearly basis for that consent.



## One Minute Guide Consent



### NRM:

- If the potential victim is under 18, or may be under 18, an NRM referral must be made. Child victims do not have to consent to be referred into the NRM and must first be safeguarded and then referred into the NRM process.
- When that child turns 18, we do need their consent to maintain that NRM. So we should attempt to seek consent to this for all children, subject to NRM, turning 18.
- For an adult to provide their informed consent, you must explain:
  - what the NRM is
  - what support is available through it
  - what the possible outcomes are for an individual being referred

### For more information:

- [Data Protection Act 1998](#)
- [Human Rights Act 1998](#)
- [Freedom of Information Act 2000](#)
- [Children Act 1989](#)
- [Working Together to Safeguard Children 2018.](#)
- [General Data Protection Regulation](#)
- [HMG Information sharing - Advice for practitioners providing safeguarding services to children, young people, parents and carers \(July 2018\).](#)
- [National Referral Mechanism guidance: adult](#)