



Stand-by-me
Bereavement Support

Charity number 1161035

Consent Policy

Approved by Stand-by-Me Trustees: 9/7/21

Reviewed: 10/11/25
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Policy Introduction

Stand-by-me Bereavement Support Service for Children is dedicated to upholding the highest standards of safeguarding, consent, and capacity when supporting children, young people, and their families. This policy outlines the principles and procedures we follow to ensure that every child and young person's participation in our groupwork programmes **or workshops** is based on informed, voluntary consent from those with parental responsibility, or from the young person themselves where appropriate under Gillick Competency guidelines.

Our approach centres on transparency, respect for individual circumstances, and a commitment to empowering children and young people through age-appropriate engagement and decision-making. In addition to recognising legal requirements around consent, our policy ensures that safeguarding and confidentiality are protected at every stage, and that parents, carers, and professionals are well-informed and collaboratively engaged.

1. General Principles

Stand-by-me Bereavement Support Service for Children is guided by Gillick Competency guidelines in matters of consent for children and young people under the age of 18.

Consent and capacity are central to our work with children, young people, and families. We are committed to ensuring that every child or young person's **participation in our services** reflects their level of understanding, personal circumstances, and emotional wellbeing, and that their voice is heard wherever possible.

2. Parental Consent

Prior to a child or young person attending a Stand-by-me groupwork programme, written consent is required from a parent or carer with parental responsibility. This consent confirms:

- That the parent/carer agrees for their child/young person to attend the groupwork programme.
- Who Stand-by-me may contact in the event of an emergency.
- Whether Stand-by-me may share relevant information with identified professionals (for example, school, GP, or support worker) following a group, **workshop**, or when necessary for safeguarding purposes.
- Whether Stand-by-me may contact the family in future about additional services, events or follow-up support.

All consent forms are stored securely in the child or young person's confidential record and are accessible only to the Clinical Service Manager, Bereavement Support Manager, Administration Manager and designated Group Leaders.

When parents are separated, Stand-by-me will take reasonable steps to ensure that all parents or carers with parental responsibility are informed of their child or young person's involvement in the groupwork programme **or attendance at a workshop**.

If the parent attending with the child does not wish to share the other parent's contact details, assessors must record this on the child's record along with a clear rationale for why this information is being withheld. This ensures transparent decision-making, risk awareness, and compliance with safeguarding standards.

Wherever possible, Stand-by-me will maintain open communication with all those holding parental responsibility, while prioritising the child or young person's safety, emotional wellbeing, and confidentiality in line with safeguarding policy.

3. Gillick Competence – Background

Gillick competence assesses whether a child under 16 has sufficient maturity, understanding, and intelligence to consent to their own care. Even where a child lacks competence, their best interests remain central, and they should be involved in the decision-making process as far as possible.

Children under 16 who can show an understanding of the purpose, nature, risks, and alternatives of a proposed intervention are recognised as Gillick Competent.

4. Gillick Competency – Assessment

Before determining that a child or young person is Gillick Competent, a Stand-by-me professional will complete a competency assessment (see Appendix 1).

Consent is valid only if given voluntarily and without pressure. Competence may vary depending on the situation and should be reassessed as appropriate. If a child is not deemed competent, consent must be provided by an individual with parental responsibility or by the court.

5. Who Should Assess Competence

Only trained Stand-by-me professionals may undertake a Gillick Competency Assessment. Findings must be documented and securely stored within the child or young person's record.

6. Age of Consent

- Under 13: Rarely appropriate for a child to consent independently without parental involvement.
 - Ages 16-17: Presumed to have capacity to consent to intervention or participation independently, though parental or court authority may override refusal if necessary to prevent harm.
 - Under 16: Competence judged case by case in line with Gillick principles and safeguarding policy.
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7. Safeguarding

If safeguarding concerns arise, these must be raised through the safeguarding process, regardless of competence.

Professionals must inform the young person of this action unless doing so would place them at further risk. Decisions about parental notification will be determined by the local authority or police, based on the young person's best interests.

8. Gillick Competency Test

A young person is Gillick Competent if they can:

- Understand that choices exist and that choices have consequences.
- Weigh relevant information and make an informed decision.
- Understand the purpose, nature, and risks of the proposed action.
- Understand available alternatives.
- Make the decision freely, without coercion or undue influence.

Children aged 12 and above are generally considered able to give or withhold consent for information sharing, depending on individual circumstances and maturity.

9. Consent for Onward Referrals for Mental Health Support

Where a young person requests mental health support, Stand-by-me may need information from the young person, parent/carer, and school to make a suitable referral.

If a competent young person does not consent to parental involvement and there are no safeguarding concerns, a referral may be made to the GP with the young person's agreement. The young person will receive a copy of any documentation shared.

Reviewed/Updated by: Helen Watson/

Approved by:

Signature: *Carol Read* Date:

Carol Read
Chair of Trustees

Next review date:

Appendix 1

Gillick Competency Assessment (to be saved to child's record)

Name of Child / Young Person

Date of Birth.....

Following a comprehensive assessment, taking into consideration the principles laid out below and in accordance with our Safeguarding Policy, I assess the above named child to be deemed competent for the purposes of making decisions about their care being provided by Stand-by-me Bereavement Support Services for Children.

- the ability to understand that there is a choice and that choices have consequences
- the ability to weigh the information and arrive at a decision
- a willingness to make a choice (including the choice that someone else should make the decision)
- an understanding of the nature and purpose of the proposed intervention
- an understanding of the proposed intervention's risks and side effects
- an understanding of the alternatives to the proposed intervention, and the risks attached to them
- freedom from undue pressure.

Name of professional assessing competency:.....

Role:.....

Date.....