Develop My Child Ltd

Consent Policy for Educational Psychology, Speech and Language Therapy and Occupational Therapy Services

Document Control

1. Confidentiality Notice

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2. Document Details

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Consent Policy for Educational Psychology, Speech and Language Therapy and Occupational Therapy Services

1. Policy Objective

The aim of this policy is to set out how Develop My Child Ltd obtains, records and reviews valid consent for independent educational psychology, speech and language therapy and occupational therapy services. Develop My Child Ltd is not registered with the Care Quality Commission and does not provide regulated medical treatment; however, all consent decisions must comply with UK law, safeguarding duties, data protection requirements and applicable professional standards.

2. Policy

This policy applies to all educational psychology, speech and language therapy and occupational therapy services provided by Develop My Child Ltd, including assessment, observation, consultation, therapy, advice, report writing, liaison with schools or other professionals, remote sessions, recordings and information sharing. It is written for a non-CQC registered provider and should not be read as a policy for regulated medical treatment, diagnosis or emergency healthcare.

Valid consent must be voluntary, informed and given by a person with capacity or competence. Clients, parents, carers and young people must receive clear, accessible and age-appropriate information about the nature and purpose of the proposed assessment or therapy, the likely benefits and limitations, any material risks or burdens, reasonable alternatives, fees where relevant, how information will be used and shared, and the right to decline or withdraw consent. Consent may be written, verbal or implied by participation, depending on the circumstances, but the consent discussion and decision must be recorded.

Adults aged 18 and over. Adults are presumed to have capacity to consent to assessment, therapy, consultation and information sharing unless there is evidence to the contrary. Where capacity is in doubt, staff must consider whether the adult can understand, retain, use and weigh the relevant information and communicate a decision. If an adult lacks capacity, decisions must be made in accordance with the Mental Capacity Act 2005 and in the person's best interests, taking account of any legally authorised decision-maker and the person's wishes, feelings, beliefs and values.

Young people aged 16 and 17. Young people aged 16 or 17 are presumed to have capacity to consent to their own assessment, therapy and information sharing unless there is significant evidence that they lack capacity. Where capacity is in doubt, an assessment must be completed and recorded. Practitioners should encourage involvement of parents or those with parental responsibility where appropriate and in the young person's best interests, but parental involvement is not a substitute for the young person's own valid consent where they have capacity.

Children under 16. A child under 16 may consent to their own assessment, therapy or information sharing if assessed as having sufficient maturity, intelligence and understanding to understand, retain, use and weigh the relevant information and communicate their decision. This is known as Gillick competence. Where a child is not Gillick competent, consent must be sought from a person with parental responsibility, provided that person has capacity and the decision is within the scope of parental responsibility.

Parental responsibility, schools and third parties. For children who cannot consent for themselves, consent must normally be obtained from a person with parental responsibility before direct assessment, therapy or individualised advice is provided. Where a school, local authority, insurer or other organisation requests involvement, Develop My Child Ltd must be satisfied that appropriate consent has been obtained and recorded. Where practicable, staff should seek agreement from those involved in the child's care, especially for significant, complex or disputed decisions, while keeping the child's welfare and best interests central.

Refusal, withdrawal and safeguarding. Consent may be refused or withdrawn at any time and this must be respected, discussed sensitively and recorded. If consent is withdrawn, practitioners should explain any likely impact on the assessment, therapy, report or advice. Where refusal, withdrawal or a request for confidentiality gives rise to safeguarding concerns or a risk of serious harm, the matter must be escalated in line with the organisation's safeguarding policy and information may be shared where lawful and necessary to protect the child, young person or adult at risk.

Remote sessions, recordings and information sharing. Consent for remote or video sessions must be confirmed and recorded, including who is present and whether any audio, video or photographic recording will be made. Recordings, observations and reports must be used only for agreed assessment, therapy, supervision, training, quality assurance or safeguarding purposes, unless further explicit consent is obtained. Confidentiality must be explained, including the limits of confidentiality where safeguarding, serious harm, legal duties or professional obligations require information to be shared.

Records and review. Staff must record the information provided, questions asked, capacity or competence assessment where relevant, the decision made, who gave consent, any refusal or withdrawal, agreed information sharing, and any safeguarding or escalation action. Consent must be reviewed if the proposed assessment or therapy changes, new material information becomes available, the person's circumstances or capacity changes, a different professional becomes involved, or there is a significant delay between consent and service delivery.

This policy is approved and authorised by:
Grainne Yeatman
Signed: *G Yeatman*
Date: 20 July 2026