**Practice Guidance**

**Consent for Social Work Support under S17 Child in Need of Help and Support**

## **Introduction and Purpose**

This practice guidance has been developed to ensure that when consent is withdrawn during a Children in Need assessment and planning (s. 17 Children Act 1989) a rationale is recorded by the line manager. This includes children open to Assessment and Intervention, Children and Families and Disabled Children’s Social Work Teams.

## **Consent for support (S.17)**

Consent for a Request for Support to be submitted for a s.17 Assessment should be obtained by the person submitting the Request for Support document.

Upon receipt of a Request for Support the Front Door will confirm if consent has been obtained. If consent has not been obtained prior to submission and providing the child is not at risk by us doing so, the Request for Support will be returned to the person submitting so consent can be obtained.

If same day action is required and consent has not been obtained by the person submitting the Request for Support the Front Door will seek to obtain consent from those with Parental Responsibilities to an assessment under s.17 Children Act 1989.

The obtaining of verbal consent should be time and date stamped in the referral form.

If consent is provided verbally, either in person or over the phone, it would be appropriate for a summary of the conversation to be emailed to the consenter so they can confirm the accuracy in writing. This written confirmation / consent should then be retained on the Eclipse record.

If consent is not obtained for a s.17 assessment the Front Door will consider if the concerns shared / gathered warrant consideration for a Strategy Meeting. A supervisiory discussion should take place between the social worker and a manager. This should consider the referral information and the context within which the family have not given their consent for an assessment to be undertaken as well as any non-statutory support that is in place for the child/ren and their family.

If there is not reasonable cause to suspect the child is suffering or is likely to suffer significant harm (Section 47 of the Children Act 1989) and a decision is made that the assessment should be cancelled, management oversight is added to the child’s file with the rationale and decision for cancelling the assessment recorded in the assessment form. Any decision to cancel an assessment should be exceptional and this should be discussed with the Service Manager. The Social Worker should ensure the parents/carers have been informed about other support services which they may wish to access.

No child, unless agreed between the Front Door and the receiving team / service, should proceed to a s. 17 Assessment without consent being obtained. Consent is not required to undertake a s.47 enquiry.

## **Consent and Information Sharing:**

Consent is required for information to be shared between agencies for children that are classed as Children in Need (S.17).

It is good practice that the consent is obtained both verbally and in writing.

The consent given should be explicit and set out for the holder of PR to include:

1. What information may be shared, including whose.
2. Who the information may be shared with.
3. Under what circumstances the information could be shared.

Information can be shared without consent if it is with the intention of safeguarding or promoting the welfare of a child regardless of the views of the parent / young person. Consent is not required to undertake a s.47 enquiry however; consent is required to undertake an assessment of need or to provide a support service.

## **Children over 16 years:**

In England, a child is defined as anyone who has not yet reached their 18th birthday. However, once children reach the age of 16, they are presumed in law to have mental capacity to make their own decisions (Mental Capacity Act 2005). At this age they can give consent for the sharing of information, assessment, care, and treatment. They can also refuse. Persons with parental responsibility cannot override consent or refusal from a capacious 16/17-year-old, neither can they consent on their behalf. It is good practice to encourage children of this age to involve their families in decisions about their life, unless it would not be in the child’s interests to do so, and consent considerations should be recorded as above.

## **Receiving In Team Immediate Actions**

When a referral with an outcome of assessment is received by the Assessment & Intervention, Children and Families or Disabled Children’s Social Work Teams, the Team Manager must provide Management Oversight, allocate the assessment, and start the assessment form the same day received or within one working day (if received after 16:00hrs).

In allocating and starting the assessment the Team Manager must provide a timescale for completion, when the first visit is due by and any other relevant actions. The tasks set must be child specific and not a ‘cut and paste’ standardised set of instructions.

## **When Consent is withdrawn during Social Work s.17 Assessment/Planning**

The Front Door will have confirmed or obtained consent at the point of reaching a decision that a s. 17 assessment is required. There is therefore no need for the allocated social worker to reaffirm consent when planning to visit a child / family.

If the person with parental responsibilities withdraws consent to a s. 17 assessment in the process of arranging the first visit or at any point during the assessment / planning the social worker and team manager should discuss this in a formal supervision.

In holding a discussion, the social worker and team manager should consider the referral information, the work undertaken so far – what has it told us - and the context within which the family have not given their consent for an assessment to be undertaken / continued.

If there is not reasonable cause to suspect the child is suffering or is likely to suffer significant harm (Section 47 of the Children Act 1989) and a decision is made that the assessment should be ended the social worker will:

* Write up all actions / visits to date.
* Formally record that the consent has been withdrawn and the reason.
* Provide an analysis of the strengths / risks and a rational why the consent withdrawal is supported.

The above will be completed in the assessment document.

The team manager upon receiving the above will add a management decision on the assessment document or as a management oversight if the assessment is completed with a rationale for ending our involvement.

The Social Worker will inform the family that any outstanding work is being finalised and a copy will be provided. Consent will be sought to send any outstanding reports/minutes to involved professionals for completeness of records.

## **Partnership Working**

When consent is withdrawn, professionals around the child need to be informed and should be contacted by the Social Worker within three working days of the consent being withdrawn. The communication should include reasons for the ending of our involvement and whether we have consent to share any outstanding documents (e.g., minutes/assessments) for completeness of partnership records.

Professionals should not be informed until the team manager has confirmed the decision to end our involvement.

Where families have agreed to Early Help Services, a Transfer Across Meeting will be organised.

## **Quality Assurance**

The number of assessments ended before completion will be reviewed monthly by the Service Managers in the Assessment and Intervention, Children and Families and Disabled Children’s Social Work Teams.

If the numbers increase significantly (50% or more), a dip review will be completed.

The Child in Need Panels, chaired by Service Managers will review the progress of Child in Need Plans for the service and any Child in Need Plans ended due to consent being withdrawn will be referenced on the Tracker.

## **Taking an alternative view**

## The culture and practice between the Front Door and receiving teams should be based on communication and shared decision making. When the decision to proceed to a s. 17 assessment is not clear the respective team managers from the Front Door and receiving team should discuss and reach a mutual position.

## On the rare occasion when a mutual decision cannot be reached the respective service managers will discuss and make the final decision.

## In principle all decisions made by the Front Door are accepted by the receiving team, but if you are in doubt do not simply end an assessment. Talk to the Front Door manager and together agree the right outcome.

If an alternative view is taken both team managers – Front Door and receiving team – should record this clearly on the child’s record under a management oversight. The receiving team manager is responsible for recording the rationale / decision on the open assessment before closing it and informing parents/carers of this decision and support available via Early Help.