Soundswell Speech & Language Therapy Solutions	**Subject**	**Consent (reviewed in light of queries re: College Students with learning difficulties)**
TEAM UPDATE NUMBER 5.1 (review of Team Update 5 issued 8/12/23)	**Date**	**Reviewed February 2025**

Summary (including any actions)

NB: This is not meant to be a comprehensive paper about consent. It is written in response to a recent query about consent at transition. We have taken this opportunity to revisit RCSLT guidelines and we have abstracted the relevant points.
This information will be added to the Information security policy

Adults

RCSLT guidance

- • Any individual over 16 has the right to give informed consent for health and social care.
- • Young people aged 16-17 are presumed in law to be competent. However, parental decisions may override the young person's decisions if it is in the young person's best interests.

Soundswell guidance: gain written consent in usual way.

Young people over the age of consent who have learning difficulties

Background: this addition has arisen with reference to young people at The Hive specialist College.

Some students are regular attenders (i.e. on the roll) others drop in and out, as part of placements (or internships). They attend minimal (if any lessons) and may just attend for advice. The therapists are increasingly becoming involved with this second group.

The students are 20+ and have 'quite good' cognitive abilities. Parental involvement is minimal. It is this group where the question has arisen: is it appropriate for the young people to give consent themselves?

The broad answer is 'yes' *as long as they have capacity*.

Focussing only on whether a young person has capacity and how that might be evidenced has the potential to increase the complexity to the point where opportunities for involvement in an advice and guidance capacity may well be lost.

In putting together this brief advice, we have drawn upon

(i) the conclusions of a research paper: Informed consent to healthcare interventions in people with learning disabilities – an integrative review (Goldsmith Skirton & Webb 2008)

and also

(ii) asked the senior leadership team at The Hive for their view.

Salient points abstracted from (i)

There should be a presumption that an individual has capacity to give consent unless proved otherwise
The *functional approach* to assessing mental capacity should be used for the purpose of obtaining informed consent i.e. identify specific areas of impairment and evaluate how these manifest themselves. Assess and evaluate how they impact on daily functioning.

How can the individual be helped during the decision-making process?
The research paper talks about reducing the linguistic comprehension demand by selecting appropriate vocabulary, reducing the amount of information presented into smaller chunks. Be cognisant of memory as well as comprehension.

Therapists also know about the value of pausing between (short) sentences. It is also worth considering the use of visual/symbolic materials to help reinforce comprehension – although interestingly, the research paper was unable to reach any firm conclusions as to the benefit of this in helping individual make decisions about participation.

Senior leaders at The Hive (ii)
At The Hive students are educated in three tiers: strive (lowest level), thrive (middle tier) and Live (most able students).
Parental consent is always sort for the lowest tier. Students in tier 2 are marginal and those in tier are general able to make their own decisions and can give or withdraw consent.
Staff use their 'professional judgement' as to whether an individual is deemed capable of giving informed consent. They *do,* however, actively seek to keep parents involved as capacity to make decisions also includes the making of make *poor* decisions as part of a learning process.

On a practical level: therapists to:

- use their own judgement, seeking advice from senior staff where necessary.
- always ask whether any contact can proceed (this is a routine part of what therapists do
- explain what will happen (presenting the information as simply as possible)
- observe whether the individual's demeanour changes during the course of the contact and, if necessary, ask if they are happy to continue
- refresh the explanation and consent at any/each subsequent contact
- ensure that the notes reflect these steps

Children
RCSLT: consent for assessment and intervention of children under the age of 16 will normally be sought from the parent/guardian. However, children under the age of 16 can give consent providing that: the practitioner raises the issue of their involvement with the parent/guardian and documents their response, and the child has sufficient maturity to understand the nature, purpose and likely outcome of the assessment or intervention.
Soundswell: this is very unlikely to happen. Should this situation arise, please discuss with the Directors before taking any action
RCSLT:

- • Consent may be verbal or written.
- • The acquisition of consent must be transparent (who, when, why, what) and clearly documented
- • Consent can only be given by the person/s with parental responsibility

Soundswell: verbal consent is acceptable as long as it is recorded in the case notes and followed up by written consent as soon as practical. The issue of parental responsibility is covered by the information provided on the referral form.

General

RCSLT guidance

As consent is an ongoing process, rather than a one-off decision, therapists are also required to ensure that an individual/carer continues to give consent throughout the process of service involvement. Services will need to consider, in relation to each client group, at what points in an

individual's journey through the service, it may be appropriate to seek further consent and how this might be documented.

Soundswell guidance

- • Gain written consent in nursery
- • Refresh consent when joining reception - can be verbal but must be recorded in notes
- • Refresh consent again in KS2 ***if*** child has been on caseload since reception.
- • Gain new consent in KS3
- • Refresh consent when joining KS4
- • If the child moves to a different school (where Soundswell provide a service) at a point other than transition to KS3, consent must be refreshed providing the transition report indicates there is an ongoing need.

NB: where therapist is working to support a teaching assistant running a group consent is not needed as the children are not on the our caseload. If the *therapist* is running the group, consent *is* needed for each participating child.

Informing parents

RCSLT say*:* individuals should be fully informed about a proposed intervention and consent should be gained for all care. It is good practice to provide a written information leaflet explaining any procedures/interventions.

Soundswell says**:** there will be a link on our website to this Team Update re: consent and privacy, and further information will be supplied to anyone requesting it.