**Early Help Assessment Process**

**Consent Guidance**

**March 2019**

**What is the B&NES policy for EHA consent?**

Gaining signed consent on assessments and referral forms has historically been a confusing issue. This guidance seeks to clarify the situation and provide help and advice on issues of consent for Early Help Assessments.

Any new early help assessments that are logged with the Integrated Working Team, no

matter where they have been generated, must have been signed by both the assessor and

the person who is the subject of the assessment or that person’s parent/carer where they are judged to be too young and not competent according to *Fraser guidelines of competency.* For a fuller explanation of these guidelines please see the guidance on the NSPCC website, <http://www.nspcc.org.uk/inform/research/questions/gillick_wda61289.html>

Since the introduction of the new assessment paperwork in 2019 it is also preferable for the assessment to be signed off by the assessors line manager wherever practical to ensure some degree of oversight.

It is important that the assessor has discussed the need for consent with the person

being asked to provide it. This is detailed on the form and the assessor should be confident

that the person has adequately understood why the assessment is been undertaken and what it will be used for. There is a tick box on the form which states this but it should NOT

be thought of as adequate to have just asked the person to read the statement and tick the

box. In all cases the responsibility of explaining the need for and importance of consent rests

with the assessor, not the person being asked to give consent.

Any early help assessments that are received without signed consent cannot be considered to be completed and therefore cannot be processed or acted upon. In such cases the assessor will be contacted as soon as possible by a member of the team to ascertain the reason for the lack of consent. Writing ‘verbal consent given’ or similar in the signature box cannot be considered as consent as it is important to secure consent at the outset before further sharing of information.

In cases where the EHA form has been typed and submitted electronically then it is

acceptable for the signature page to follow by other means, either by post or fax or a scanned copy by email. In such cases the assessment can be logged and responded to pending receipt of the signature page, but this will still need to be submitted to the Integrated Working Team as soon as possible.

**Explaining the wording on the form.**

Issues of consent are inextricably linked to issues of information sharing. There is an

explanation on the form, but again it is the responsibility of the assessor to ensure that the

person has read and understood this.

Where there are agencies or individuals that the person does not want their information shared with then a statement that *excludes* that particular agency or person is needed and there is space for this on the form. If there are no specified exemptions then it will be assumed that the information can be shared with any agencies or individuals involved both currently and in the future without the need for new consent to be sought.

The reason for this is that is very difficult to predict which other services may require the information in the future to be beneficial in the support package offered further down the line.

It must also be stressed that the person who is the subject of the assessment is the owner of the information contained within it and therefore has the right to choose who their information

can be shared with. Even if it is the opinion of the professionals involved that ‘X’ agency

needs to be included, if the person is not in agreement with this then the information cannot

be shared. In such cases it would be the responsibility of the lead professional to discuss

with the person the potential benefits of sharing the information but the final decision rests

with the individual, not the professional.

**Why is consent so important?**

Consent is fundamental to the early help process because it places the individual or the family at the centre of the process and reinforces the fact that this is something that is being done with and for the family, not ‘to’ a family. As professionals we must remember that we do not ‘do an EHA on someone’, rather we look to engage families in a process that is focused around their strengths and needs and seeks to bring an early offer of help and support where is it most needed. It is virtually impossible to do this in any meaningful way without the consent of the individuals concerned.

In order for the early help process to maximise the chances of positive outcomes for the family then it is vital that the family are fully and willingly engaging with the process. If a family feels that this is something they have no control over then it is very likely that they will disengage from the process and the potential for positive outcomes is reduced.

**How to ensure you have consent early on.**

The issue of consent should not be left until the end of filling out the assessment paperwork. The start of any assessment process is most empowering when it is a discussion with the individual or family about the reasons for suggesting this approach and the benefits for the family. This way a professional will know very early on how the family feel about the idea and if they are in agreement with completing the assessment. If they are not willing to give consent then the offer of an assessment should be revisited at a later date.

Explicit signed consent indicates the child, young person and family’s involvement in the

entire process, including gaining the information in the first place.

If the individual is happy for the professionals involved to gather some information from other

sources then this will enhance the assessment, but should only be done after a discussion to

this effect. Individuals should never be presented with a completed form and asked to sign it.

This would not be considered to be informed consent or engagement in the process.

**The importance of maintaining consistent consent throughout the process.**

Although it is important for consent to be discussed and gained early on in the process, then

it should not be forgotten during the rest of the assessment. Early help assessments may lead to a package of support that involves different services and agencies becoming involved at different times as appropriate. A good assessment will go on to generate regular updated action plans and goals that the child, young person and family wish to achieve. It is important to revisit with the family at regular points whether they are still happy for the process to continue and still give their support and consent to the process. There is a risk that once the process is up and running, the focus can shift away from the family and towards the objectives of the professionals involved. Without consent then the chances of achieving positive outcomes for the family are greatly reduced.

**What to do if you do not have consent.**

The early help assessment process is consent-based and without it cannot be completed. However, a family should not be abandoned just because they have not agreed to the process. If you as a professional have concerns about a family and feel that there would be benefit in engagement in early help then you should continue to offer the family support in

accordance with your role, whilst maintaining a dialogue about the additional benefits that a more integrated approach to support could bring. It can be empowering for a

family with additional needs to feel that you will not simply walk away if they are not in early

full agreement with the early help being offered. Building a trusting relationship can take time and some families will need to see how committed to them you really are before agreeing to a more formal assessment. Although this can be frustrating the benefits of giving the power and control back to a family that feels it has none is a hugely empowering and beneficial experience, regardless of whether or not consent is eventually secured.

Integrated Working Team

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