

CLINICALEDU

C6

Children and young people: assent, competence and parental responsibility

Detailed learner reading material

Consent: Shared Decision-Making, Risk, Refusal and Valid Authority

Source review: 19 September 2026

Official and authentic sources only. This educational material is not legal advice and does not replace current local policy or case-specific clinical judgment.

Learning outcomes

- Distinguish participation, assent and legally valid consent in children and young people.
- Apply the broad UK principles for assessing whether a young person can make a healthcare decision while recognising jurisdiction differences.
- Explain the role and limits of parental responsibility and why a young person should still be heard.
- Recognise high-risk refusal and disagreement as situations that may require safeguarding, senior and legal escalation.

How to use this reading

Read this after the browser module or use it as a standalone revision resource. It provides fuller legal/professional context, worked scenarios, comparison tables and practical checks. Always verify current local policy and jurisdiction-specific law before applying the material to a real case.

A practical framework for paediatric consent

Start with the healthcare decision and the young person's ability to participate. Explain the issue in language they can understand, ask what they think is happening, explore their preferences, and then determine who has legal authority for the specific decision. The sequence matters: legal authority should not become a reason to stop communicating with the child.

Where a parent has authority, the clinician still has to judge that the proposed treatment is clinically appropriate and consistent with the child's welfare. A parent's agreement does not turn an inappropriate intervention into appropriate care.

Safety point

Do not reduce paediatric consent to a signature from an adult. First involve the young person, then establish the correct legal authority.

Understanding, maturity and the specific decision

Competence or capacity is decision-specific. A young person may understand a vaccination decision but not a complex experimental treatment with long-term consequences. The clinician should assess whether they can understand the nature, purpose and possible consequences of the proposed intervention, and the consequences of not having it, at the level required for that decision.

Communication support may be needed for disability, language or neurodevelopmental differences. Difficulty expressing a view is not the same as inability to form one.

Escalation point

A competent young person refusing serious treatment is not a routine consent problem. Seek senior and legal advice rather than relying on a single age rule.

England and Wales: 16 and 17, and under 16

Section 8 of the Family Law Reform Act 1969 provides that consent to medical, surgical or dental treatment by a person aged 16 or 17 is as effective as if they were of full age. Under 16, common-law competence is relevant. GMC guidance then adds the professional detail: assess maturity and understanding individually,

involve young people as much as possible, and take particular care where refusal or serious disagreement arises.

Scotland and Northern Ireland

Scotland uses the Age of Legal Capacity (Scotland) Act 1991 for under-16 treatment decisions and the adult incapacity framework for older young people who lack capacity in relevant circumstances. Do not import England and Wales terminology without qualification.

Northern Ireland has its own legal context. The Department of Health consent guidance remains publicly available but is explicitly under review. Current GMC standards and local HSC legal/governance advice should therefore be used alongside NI materials, particularly in serious disputes.

Parental disagreement, refusal and escalation

If those with parental responsibility disagree, the team should first clarify the clinical question, explain the reasons for the recommendation and try to resolve misunderstanding. Where disagreement persists over significant treatment, seek senior review and legal advice. If there are safeguarding concerns, use the safeguarding pathway rather than treating the issue solely as consent.

Where a competent young person refuses serious or potentially life-saving treatment, the legal position is too complex for a simple age-based algorithm. GMC guidance recommends careful weighing of rights and benefits, multidisciplinary involvement, advocacy where helpful and legal advice where court involvement may be needed.

Assent and distress

Even when a child cannot legally consent, assent can improve care by showing that they have been heard and are willing to participate. Conversely, active resistance or distress should prompt the team to ask whether the intervention, timing, environment or communication can be changed. There will be circumstances where treatment proceeds despite objection under lawful authority, but that decision requires justification and should not be normalised as routine practice.

Documentation

Record who participated, what was explained, the young person's understanding and views, who had legal authority, any parental disagreement, safeguarding issues, advocacy, senior advice and reasons for escalation. Avoid vague notes such as 'mum consented' when the real decision was complex.

Four-nation orientation

Area	England and Wales	Scotland	Northern Ireland
Young person aged 16-17	Statutory capacity to consent under FLRA 1969 s8, subject to decision-specific ability and context.	Different statutory context; 16+ generally adult legal capacity, with AWI relevant if incapacity arises.	Distinct legal context; use current GMC plus NI law/local advice.
Under 16	Common-law competence plus parental/court authority where needed.	Age of Legal Capacity (Scotland) Act 1991 s2(4) route for medical consent.	Use NI law and current professional/local guidance.
Serious refusal/dispute	Senior, safeguarding and legal escalation may be	Senior/legal escalation may be required.	Senior/legal escalation may be required.

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Assent, participation and consent

Term	Working meaning
Participation	The child or young person is informed and involved to the extent they can engage.
Assent	Positive agreement/willingness from a child who may not hold sole legal authority.
Consent	Legally valid permission from the person with authority for the specific decision.

Worked scenarios

Scenario 1

A 15-year-old demonstrates a mature understanding of a proposed treatment and asks to proceed, while a parent objects.

Application: Assess the young person's competence for the specific decision and establish the correct jurisdictional authority; parental objection does not justify excluding the young person from the dialogue.

Scenario 2

A 17-year-old refuses a potentially life-saving intervention after a detailed discussion; the team assumes adult refusal rules apply without qualification.

Application: Treat the refusal as high stakes and legally complex; involve senior/MDT support and seek legal advice rather than applying adult refusal rules mechanically.

Scenario 3

A clinician uses an England and Wales consent leaflet for an under-16 patient in Scotland without checking the Scottish statutory framework.

Application: Check the Scottish statutory framework before using the leaflet/process as the legal explanation.

Practice checklist

- Explain the decision directly to the child or young person in a form they can understand.
- Assess understanding in relation to the specific decision rather than using age alone.
- Identify who has legal authority and which UK jurisdiction applies.
- Hear and record the young person's views even where another person provides legal consent.
- Treat serious refusal or unresolved disagreement as a trigger for senior, safeguarding and legal review.
- Recheck current local policy and law before acting in complex paediatric disputes.

Official references

S010 - GMC: 0-18 years: making decisions. Scope: UK.

<https://www.gmc-uk.org/professional-standards/the-professional-standards/0-18-years/making-decisions>

S025 - UK legislation: Family Law Reform Act 1969, section 8. Scope: England and Wales.

<https://www.legislation.gov.uk/ukpga/1969/46/section/8>

S026 - UK legislation: Children Act 1989. Scope: England and Wales.

<https://www.legislation.gov.uk/ukpga/1989/41/contents>

S027 - UK legislation: Age of Legal Capacity (Scotland) Act 1991, section 2. Scope: Scotland.

<https://www.legislation.gov.uk/ukpga/1991/50/section/2>

S031 - Department of Health NI: Consent for examination, treatment or care. Scope: Northern Ireland.

<https://www.health-ni.gov.uk/articles/consent-examination-treatment-or-care>

S009 - GMC: Good medical practice. Scope: UK. <https://www.gmc-uk.org/professional-standards/the-professional-standards/good-medical-practice>

Verification note: Official links were rechecked for Pass 3 on 19 September 2026 where web retrieval was available. Legislation.gov.uk URLs are official statute links; amendment status and any high-risk source must be rechecked immediately before publication.

Key takeaways

- Involve the child or young person before reducing the issue to legal authority.
- Age is relevant, but understanding of the specific decision is central.
- The legal framework differs across UK nations, especially for under-16 consent.
- Serious refusal or unresolved disagreement may require safeguarding, senior and legal escalation.

ClinicalEdu - Authoritative Stage 2 source map

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This appendix is the controlling source map for this module. Source IDs follow the Stage 2 Research Dossier v1.0 (evidence reviewed through 18 September 2026). Any legacy shorthand labelled SUPP is supplementary and is not a Stage 2 source ID.

S010 - GMC: 0-18 years: making decisions

<https://www.gmc-uk.org/professional-standards/the-professional-standards/0-18-years/making-decisions>

S025 - UK legislation: Family Law Reform Act 1969, section 8

<https://www.legislation.gov.uk/ukpga/1969/46/section/8>

S026 - UK legislation: Children Act 1989

<https://www.legislation.gov.uk/ukpga/1989/41/contents>

S027 - UK legislation: Age of Legal Capacity (Scotland) Act 1991

<https://www.legislation.gov.uk/ukpga/1991/50/contents>

S031 - Department of Health NI: Consent to examination, treatment or care

<https://www.health-ni.gov.uk/articles/consent-examination-treatment-or-care>

S032 - Department of Health NI: Consent guides for healthcare professionals

<https://www.health-ni.gov.uk/publications/consent-guides-healthcare-professionals>

S009 - GMC: Good medical practice

<https://www.gmc-uk.org/professional-standards/the-professional-standards/good-medical-practice>

Publication control: recheck every high/very-high update-risk source immediately before publication. This educational resource does not replace current law, national/local guidance or patient-specific clinical judgement.