

## Gillick competence in schools

Dear Sir or Madam,

Consent is a charity working in the area of parental consent in healthcare.

We are contacting NHS Trusts because parents from across the UK have shown us school vaccination letters which place a particular emphasis on Gillick competence. This is causing some concern.

Some trusts seem to imply that a competent child will be offered vaccinations even if the parent refuses consent or, at least, if no consent form is returned.

As you know, assessing competence is no simple matter, and certainly not a matter of a blanket decision. This also needs to be thoroughly understood at the front line, including by any private healthcare providers if the delivery is outsourced, and by teachers and school nurses.

We see a number of difficulties with obtaining valid consent in a school setting.

### **Competence**

Giving age-appropriate information before asking age-appropriate questions and recording individual responses takes time. Can this really work in school or will corners be cut? Are delivery teams aware that this is no tick-box exercise? Will they record what they asked the child and what the response was in a way they will stand up to potential challenge later on?

### **Informed consent**

In order for a competent child to give valid consent, they need age-appropriate information about the risk from a disease vs the vaccine. The child will need to understand the risks and intended benefits of the vaccination as well as any alternatives, including the option of not having or delaying the vaccination.<sup>1</sup>

In the case of HPV vaccine this would have to include among other things that sexual activity with multiple partners is the main risk of contracting the virus. Are staff really going to have that conversation with a 12 or 13 year-old in school?

If, as has been reported, Covid-19 vaccinations will be offered in schools from September, the child needs to show the same level of understanding and maturity but this time relating to a disease and to vaccines where the situation is still evolving, studies are ongoing and fear from both the vaccines and the disease are exceptionally high. Can we expect this of a child?

## Consent free of pressure

Is it actually possible for a child to consent in a school setting without undue influence? Peer pressure is almost a given. No child wants to be the odd one out. Pressure can also come from staff, especially if they feel strongly about vaccinations and find the parents' refusal annoying. Is it reasonable to expect children as young as twelve to stand up to such pressure?

## Your policy

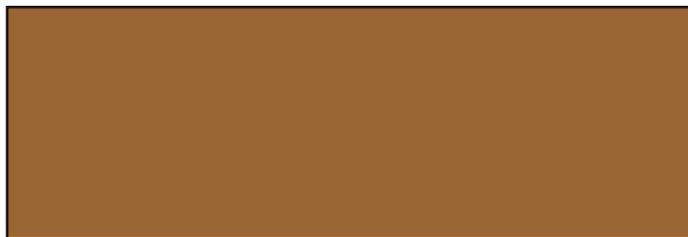
Obtaining valid consent involving Gillick competence in a school setting may simply not be realistic. If this affects your NHS Trust, then we believe a policy decision needs to be made that explicit parental consent is required.

Parents who contact us for support obviously feel strongly about this. Their views may sound unreasonable to you but they have their rights, enshrined in law. While a competent child can override parental refusal, all the above requirements need to be met and documented. Parents will ask to see the evidence.

“The right to decide on competence must not be used as a license to disregard the wishes of parents whenever the health professional finds it convenient to do so.”<sup>1</sup>

Could you clarify what relevant training delivery teams receive in your area?  
What is your policy on Gillick competence in schools?

Thank you for your assistance in this matter.



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<sup>1</sup> <http://dx.doi.org/10.1080/21645515.2015.1091548>