



Statement regarding the letter circulating on social media

The letter that has been circulating on social media in recent days regarding the use of Gillick competency assessment refers to our process whereby we ask schools to refer pupils to us who do not have **any** consent in place for the school aged vaccinations that we deliver on a vaccination session in a school setting. For clarity, we do not deliver the Covid vaccination at all in schools at present, nor have we ever actually administered Covid 19 immunisations ourselves. The letter currently circulating refers to the HPV and DTP/Meningitis ACWY programmes for secondary pupils. It is, as always, equally interesting and disappointing to see the level of hatred that some people are capable of when they make assumptions based on very limited information.

We would always prefer if parents and caregivers gave consent or declined via our consent forms, or e-consent system. We ask schools several times prior to a scheduled session to remind parents that we request a consent form for *all* pupils, however, some schools are better resourced for pursuing this with parents than others and this message is not always communicated as clearly as we would hope to all families.

Ideally, if parents and carers gave consent or declined vaccines as we ask them to every year, it would make sessions run much more smoothly for our immunisation teams, as the need to seek self-consent using the Gillick competency framework would then be rendered unnecessary.

Unfortunately, there will always be those who do not engage with us or do not return the consent form, despite our cover letter clearly asking parents to do so. We ask them to return a form every year, for every vaccination programme, irrespective of whether they decline or consent to a vaccination so that we know their wishes for their child. These are the pupils that we need to consider taking self-consent from, as amongst those there will be pupils who would not be able to easily access vaccinations elsewhere for a variety of reasons. These vaccines are proven to prevent deaths and serious illness in young people - meningitis ACWY is one of those. If a pupil who did not have consent in place were to contract meningitis after we had visited a school, there would justifiably be the question of why we had not assessed the pupil for self-consent and offered the immunisation.

Gillick competency assessment is a framework used to clearly establish a young person's ability to understand the risks and benefits of the vaccination they are offered. Our clinical staff receive considerable training in the use of Gillick competency assessment several times a year, so they are well versed in understanding how to assess competence and when it can or should not be applied. It is completely legal, and there are significant amounts of information available on this in the public domain, including here:
<https://learning.nspcc.org.uk/child-protection-system/gillick-competence-fraser-guidelines#heading-top>

This does not constitute a safeguarding issue. Further, our clinical staff are also trained to a minimum of level 2 in Safeguarding Children, and most are level 3 trained. There is also no breach of the Data Protection Act 2018, as section 9 (2)(h) of the Data Protection Act 2018 allows for processing of a child's data for the provision of direct healthcare and the management of healthcare systems. This is also clearly communicated to parent's and carers in the cover letter that we send out every year, for every immunisation programme. We operate transparently, we do not have anything to conceal, nor is there any conspiracy to vaccinate pupils in direct opposition to parental consent.

Again, we would reiterate that if parents have any concerns about their son or daughter receiving a vaccine against their wishes, that they simply ensure they return the consent form or complete the online consent accordingly and discuss their wishes with their child.



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