

DELEGATED AUTHORITY - DECISION SUPPORT TOOL

This *Decision Support Tool* is to assist social workers, parents, foster carers and young people to talk to each other about delegated authority. It can help to prepare for the initial Placement Planning meeting and each subsequent review when the Placement Plan is considered. It is an aide to good practice in working with delegated authority. **It does not replace or replicate the Placement Plan which is the legal requirement for this purpose. The required content of the Placement Plan is set out in Schedule 2 of the Care Planning, Placement and Case Review Regulations 2010; relevant statutory guidance is in Chapter 2 of the Children Act 1989 Guidance and Regulations Volume 2: Care Planning, Placement and Case Review.**

The Decision Support Tool is supported and explained further in the Fostering Network's Handbook *Supporting Placement Planning*. It is based on consultations which suggest that the areas covered are those where it is particularly important to have clarity. The aims are to ensure that the Placement Plan:

- is viewed as a living document that can change over time
- covers all the areas necessary for every child
- is as clear and inclusive of parents and foster carers as possible.

The *Decision Support Tool* is not a definitive list of tasks and responsibilities: over the life of a child's placement with foster carers, other areas will inevitably arise and require clarification and not all of the elements that are included will apply to every young person. In addition to preparing for planning meetings and reviews, its other uses are:

- To assist supervising social workers to prepare fostering applicants for the tasks in foster care and to assess their needs in relation to the *Training, Support and Development Standards for Foster Care*.
- For child care social workers to use with parents who need additional support to understand delegated authority. The leaflet *Information for Parents about Delegated Authority* may also help with this.

Clarifying who is best placed to take everyday decisions depends on many factors: the young person's age, views, legal status and care plan, the parents' views and the experience and the views of the foster carers. Collaboration and consultation are essential for successful partnership working.

Child/ Young person

1. Medical and Health (Where a local authority holds a care order or interim care order they can make the majority of decisions relating to the child. Where there is conflict with the Parent holding PR – advice must be sought through legal).

Key pointers

- ✚ Foster carer can escort the child/young person to GP, walk in centre and A&E
- ✚ Where child or young person has capacity it may be that they can give informed consent themselves for all the following situations (listed below)
- ✚ Where it is said that the foster carer cannot give consent the child’s social worker will need to be contacted

Consent/agreement/task	Authority to give consent/agreement or undertake the task ¹	Notes (inc. notifications, prior consultation/recording requirement/conditions)	Date
1.1 Signed consent to emergency medical treatment inc. anaesthesia	Foster carer cannot give consent	BAAF medical consent documentation Consent may be obtained via the following routes: 1) Medical decision in best interests of the child (Any health professional to Save Life where life threatening and not practical to gain consent) 2) Young person if s/he has capacity – over the age of 16 yrs (Frasier Compliance) 3) Person/Local Authority with parental responsibility. (Where a Child looked after and Person with PR cannot be located section 3.5 C/A 1989 applies, Director of Early Intervention and Children Social Care provides PR.	
1.2 Consent – routine immunisations	Foster carer cannot give consent	1) Person with PR. i.e. Parent or Local Authority) 2) Child subject to Care Order and Parent not consenting this would need to be a court decision.	
1.3 Planned medical procedures	Foster carer cannot give	Decision as per 1.2	

¹ More than one than one person could have authority to give a particular consent/agreement or undertake a particular task, e.g. both the parent and foster carer may be attending parents’ evenings. If this is the case, the individuals’ respective roles should be clarified in the “Notes” column.

	consent		
1.4 medical procedure carried out in the home where the person administering the procedure requires training (e.g. child with disability/illness)	Foster carer can carry out procedure in certain circumstances	Foster carer must be appropriately trained by medical staff and signed off by trainer with Local Authority's authorisation. PR considerations applies as 1.1 & 1.2	
1.5 Dental - signed consent to dental emergency treatment inc anaesthetic	Foster carer can give consent in certain circumstances	Foster carer can only give consent for treatment that does not involve a general anaesthetic. (Follow 1.1)	
1.6 Dental - routine treatment inc anaesthetic	Foster carer can give consent in certain circumstances	Foster carer can only give consent for treatment that does not involve a general anaesthetic.	
1.7 Optician - appts, glasses	Foster carer can give consent		
1.8 Consent to examination /treatment by school Doctor	Foster carer can give consent with child/YP agreement	School doctors tend only to work into special schools providing annual assessment but not treatment. Any treatment would be planned in discussion with child's community paediatrician and Person with PR. (Follow 1.2)	
1.9 Administration of prescribed/over the counter medications	Foster carer can administer or child with appropriate capacity can self medicate.		
1.10 Permission for school to administer prescribed/over the counter medications	Foster carer cannot give consent	School will obtain consent from person with parental responsibility on every occasion.	
1.11 Referral/ consent for YP to access another health care service e.g. CAMHS, specialist clinics, counselling etc.	Foster carer cannot give consent	Consent must be received from person/s with parental responsibility. It is expected that foster carer and/or social worker will support the child/young person to appointments.	

2. Education (Where a local authority holds a care order or interim care order they can make the majority of decisions relating to the child. Where there is conflict with the Parent holding PR – advice must be sought through legal).

Consent/agreement/tas	Who has authority to	Notes (inc. notifications, prior consultation /recording requirement/conditions)	Date
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k	give consent/ agreement or undertake the task		
2.1 Signed consent for school day trips	Foster Carer/Residential Carer		
2.2 Signed consents for school trips of up to 4 days	Foster Carer/Residential Carer	Following discussion with Social Worker. Parent to be involved in discussion/agreement if applicable (Where local authority holds order)	
2.3 Signed consents for school trips of over 4 days	Foster Carer/Residential Carer	Following discussion with Social Worker. Parent to be involved in discussion/agreement if applicable (Where local authority holds order)	
2.4 School trips abroad		Would want parental consent – if not forthcoming and in care proceedings/Interim Orders – refer to court. If on Care Order, we can agree to this if for fewer than 4 weeks duration.	
2.5 Using computers at school	Foster carer/Residential Carer		
2.6 School photos	Foster Carer/Social worker/Residential Carer	May be issues if photos are to be used for publicity for the school or article in the media. (Seek advice through local authority legal advisor)	
2.7 Attendance at parents' evenings	Foster Carer/Parent/Residential Carer	Parents should if appropriate attend	
2.8 Attendance at PEP meetings	Foster Carer/Parent/Social worker	As 2.7	
2.9 Attendance at unplanned meetings re incidents or immediate issues	Social worker/Foster Carer/Residential Carer	As 2.7 (With support of social worker/foster Carer/residential Carer if appropriate).	

2.10 Registering at a school or changing school	Foster Carer/Social worker/Residential Carer	Parent's consent should be obtained – if not – refer to court Full Care Order person with PR.	
2.11 Changing a school	Social worker	As 2.7 Virtual School Head/IRO must be involved in discussion of any plans to change school Care Planning Regulations must be adhered to regarding key stage 4 children	
2.12 Referral/ consent for YP to access another service (please specify the service)	Foster Carer/Social worker/Residential Carer	Parent's consent to be obtained depending on the service. Example; After school club... As 2.7	
2.13 Personal Health and Social Education	Foster Carer/Social Worker/Residential Carer	As 2.7	

3 Personal, leisure and home life (Where a local authority holds a care order or interim care order they can make the majority of decisions relating to the child. Where there is conflict with the Parent holding PR – advice must be sought through legal).

Consent/agreement/task	Who has authority to give consent/ agreement or undertake the task	Notes (inc. notifications, prior consultation /recording requirement/conditions)	Date
3.1 Passport application	Parent/Director of EISS/Designated Person	Can only be applied for by someone holding PR. Social Worker to process application alongside person with PR.	
3.2 Overnight with friends ('sleep over's')	Foster carer/Residential	As an appropriate parent would do – see sleep over policy	

	Carer		
3.3 Holidays within the British Isles		Parental consent – if not agreed – ref to court If interim care order refer to court If full care order Director of Early Intervention and Children’s Social Care	
3.4 Holidays outside the British Isles	Director of Early Intervention and Children’s Social Care	As 3.3	
3.5 Sports/ social clubs	Foster Carer/Residential Carer		
3.6 More hazardous activities- e.g. horse riding, skiing, rock climbing		Parental consent needed (Interim Care Order & Full Care Order guidance applies)	
3.7 Haircuts/colouring	Foster Carer/Residential Carer	Young person may also be involved in discussion as would parent/social worker if appropriate.	
3.8 Body piercing		Newcastle Children’s Social Care have a no piercing policy for all children under the age of 16 years.	
3.9 Tattoos		It is illegal for anyone under the age of 18 to have a tattoo	
3.10 Mobile phone	Foster Carer/Residential Carer	Care Team discussion to take place as may influence contact with family and internet use (Safe Care Policy)	
3.11 Part time employment	Foster Carer and parent/social worker	Parental consent. Employment Law Applies.	
3.12 Accessing social networking sites e.g. Facebook, Twitter, MSN	Foster Carer and parent/social worker	Parental consent. See safe care policy regarding monitoring	

4 Faith and religious observance

Consent/agreement/task	Who has authority to give consent/ agreement or undertake the task	Notes (inc. notifications, prior consultation /recording requirement/conditions)	Date
4.1 New or changes in faith, church or religious observance		Parental consent – refer back to court No one has the right to change a faith or religion of a child other than the parent or child/Young person where age appropriate.	
4.2 Attendance at a place of worship		Parental consent- refer back to court	

5 Identity and Names

Consent/agreement/task	Who has authority to give consent/ agreement or undertake the task	Notes (inc. notifications, prior consultation /recording requirement/conditions)	
5.1 Life story work	Social Worker retains the lead responsibility	Discussion with parent/extended family when appropriate. Any member of the Care Team can undertake this task	
5.2 New or changes in 'nicknames', order of first names, or preferred names.		Should seek parents views – cannot change surname Children and young people can 'choose' to be known as another name without making 'formal' changes to legal documents such as birth certificates, passports. This does not constitute a legal change of identity.	

Names and Signature's:

Foster Carer:	Signature:	Date:
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Children/young person:	Signature:	Date:
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Child's Social Worker:	Signature:	Date:
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Residential Carer/Carers:	Signature:	Date:
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Parent:	Signature:	Date:
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