

DELEGATED AUTHORITY

Legal Context

The Government is clear that foster carers should be authorised to make everyday decisions about their fostered child wherever possible, within the legal framework. The Care Planning, Placement and Case Review (England) Regulations 2010, the Fostering Services Regulations 2011 and associated statutory guidance, which came into force in April 2011, all underline the importance of social workers liaising closely with parents, children and foster carers from the start of a foster care placement to enable proper planning to take place about who does what. In order to achieve the most appropriate arrangements for the delegation of authority, social workers have to work sensitively with parents, often in very difficult circumstances. They also have to ensure that foster carers are well prepared and clear about the responsibilities they are being asked to undertake.

Key statutory Guidance that cites delegated authority includes:

- The Children Act 1989 Statutory Guidance Volume 2: Care Planning, Placement and Case Review (2010). Chapter 3 addresses the placement including the placement plan and shared responsibilities and consents;
- The Children Act 1989 Statutory Guidance Volume 4: Fostering Services: Chapter 3 contains a section on foster carers' delegated authority and also refers to delegated authority in sections on contact with family and friends; achieving healthy outcomes for looked-after children and educational achievement;
- The Children Act 1989 Statutory Guidance Volume 1: Court Orders. Chapter 3 contains a section on the effect of care orders;
- The revised National Minimum Standards for Fostering Services (2011) address decision-making in the following areas:

National Minimum Standards 2011

- NMS 1 outlines what is expected in relation to the child's wishes and feelings and the views of those significant to them being taken into account.
- NMS 2 'Promoting a positive identity, potential and valuing diversity through individualised care' states 'foster carers meet children's individual needs as set out in the child's placement plan as part of the wider family context.' (NMS 2.3)
- NMS 4 'Safeguarding children' identifies the need for 'foster carers to take appropriate risks as a normal part of growing up' (NMS 4.4) and that 'the service implements a proportionate approach to any risk assessment.' (NMS 4.5)
- NMS 6 'Promoting good health and wellbeing' states 'children's health is promoted in accordance with their placement plan and foster carers are clear about what responsibilities and decisions are delegated to them and where consent for medical treatment needs to be obtained.' (NMS 6.5)
- NMS 7 'Leisure activities' refers to foster carers understanding 'what is in the child's placement plan and have clarity about decisions they can make about the day to day arrangements for the child, including such matters as education, leisure activities, overnight stays, holidays, and personal issues such as hair cuts' (NMS 7.3) and 'foster carers are supported to make reasonable and appropriate decisions within the authority delegated to them, without having to seek consent unnecessarily' (NMS 7.4).
- NMS 9 'Duty to promote contact' expects that 'foster carers understand what decisions about contact are delegated to them, in line with the child's care plan, and make those decisions in the child's best interest' (NMS 9.7).

The IRO handbook: Statutory Guidance for Independent Reviewing Officers and Local Authorities addresses their functions in relation to case management and review for looked after children

The delegated authority decision making tool has been created to support social workers to liaise closely with parents, children and foster carers from the start of a placement, to enable effective planning to take about the permissions each party has, and to offer clarity about who will be carrying out which task. This policy is written to assist with the completion of the decision-making tool and explain the context for delegated authority.

Written consent is required in specific instances e.g. passports, medical consent or overnight school trips

Implicit consent is where no signature is required but consent issues exist concerning the young persons care, or activities they wish to partake in e.g. optician appointments, overnight stays, facebook activity, day school trips

Day-to-day decisions include decisions involving the foster carers own personal care of the young person, e.g. arrangements for pocket money, transport issues, bedtime routine, choices of food.

Key Principles

- Effective delegation of authority should reduce delays in decision-making and increase the child's opportunity to enjoy their childhood and experience a full family life;
- In practice this means working out, as far as possible, the areas in which decisions can be delegated before the need to take them occurs;
- Young people's views and feelings should be taken into account when discussing the issues in relation to delegated authority;
- Parents must be supported and informed so that they can play as full a part as possible in their children's lives;
- Foster carers should be enabled and supported to take everyday decisions about their fostered child where appropriate. In long-term placements this is even more important;
- A foster carer's span of responsibilities should take account of their wishes and feelings about undertaking the tasks involved;
- Decisions about delegation of authority should be based on good quality assessment of needs and identification of risks involved for both the individual child and the foster carer;

- Foster carers should be trained and supported to assess risk in areas in which they are authorised to make decisions.

The Placement Plan

Parents, foster carers and fostered children (subject to their age and understanding) should attend a **Placement Planning Meeting** before the placement begins, or, where this is not possible, within five days after the placement starts in order to discuss the placement plan and ensure that there is clarity about who will have the authority to make particular decisions. The placement plan should help foster carers understand what decisions they can make.

The placement planning meeting is the forum to share information and to establish who does what and agrees what, when a child is placed. It should be focused on ensuring that the day-to-day needs of the child are met with the minimum of disruption. It is also concerned with ensuring that the child can feel as normal as possible in the foster home.

Where authority for certain decisions has been delegated, the person with **Parental Responsibility** still remains liable in law for any failure to meet any part of their parental responsibility. A person to whom authority has been delegated may be liable if the decision they made was negligent or criminal.

Delegation of authority should be revisited at every review and discussed with all the parties between reviews. Any changes must be incorporated into the Placement Plan by the social worker.

The balance and distribution of responsibilities will differ in individual placements depending on factors such as:

- The age and views of the child;
- The experience of the carer;
- The legal status of the placement;

- The nature and length of the placement;
- The role and involvement of the parent;
- The training, experience and confidence of the foster carers.

The level of decisions/ consents should be considered within supervisory visits.

Practice points

- The placement planning meeting is the forum to share information and to clearly identify who does what and agrees what when a child is placed. It should focus on ensuring the day-to-day needs of the child are met with the minimum of disruption and delay.
- The plan should focus on ensuring that the child can feel as normal as possible whilst living in the foster home.
- Parents, foster carers and fostered children (subject to their age and understanding) should attend the placement planning meeting before the placement begins, or, where this is not possible, within five days after the placement begins in order to discuss and ensure that there is clarity about who will have authority to make pertinent decisions.
- Foster carers need full historical and current information about the child and his/her family in order to provide safe and effective placements. It is incumbent on the child's allocated social worker to provide the information.
- The Placement Plan, and therefore the arrangements for delegated authority, needs to be considered on a regular basis and as any issue arises; it must be reviewed at each CiC review and any changes to the child's circumstances, parents willingness to work in partnership in delegating appropriate authority and/or foster carers difficulties in managing any issues about delegated authority must be included in the Placement Plan by the child's allocated social worker.
- Delegation of authority can only be agreed by those with parental responsibility. Foster carers never have parental responsibility for their fostered child thus they can only make decisions by acting on behalf of the parent or local authority. Parental responsibility cannot be transferred to foster carers

Procedures – the Planning Process

The following identifies what must happen to ensure that children and young people placed with foster carers experience as normal a life as possible.

The Placement Plan (which replaces the 'foster placement agreement') must be drawn up by the child's allocated social worker before the child is placed, or, if not reasonably practicable, within 5 working days of the start of the placement. The Placement Plan is an integral part of the child's Care Plan and is a legal requirement for every new

placement. A copy of the Placement Plan must be made available to the foster carers, parents and the Independent Reviewing Officer.

The following information must be included in the Placement Plan:

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1. Why the placement was chosen and how the placement will contribute to meeting the child's needs.
2. How, on a day-to-day basis the child will be cared for and the child's welfare will be safeguarded and promoted by the appropriate person.
3. Any arrangements for contact between the child and parents/anyone with Parental Responsibility/any other connected person, including, if appropriate, reasons why contact is not reasonably practicable or not consistent with the child's welfare; details of any [Contact Order] (under Section 8 or 34 of the Children Act 1989); the arrangements for notifying any changes to contact arrangements.
4. Arrangements for the child's health (physical, emotional and mental) and dental care, including the name and address of registered medical and dental practitioners; arrangements for giving/withholding consent to medical/dental examination/treatment.
5. Arrangements for the child's education and training, including the name and address of the child's school/other educational institution/provider and designated teacher; the Local Authority maintaining any statement of Special Educational Needs.
6. The arrangements for and frequency of visits by the child's social worker; and for advice, support and assistance between visits.

It is vital that the Placement Plan is explicit about the distribution of tasks, consents and responsibilities between parents, social workers and foster carers; in other words there should be clarity about who does what under what circumstances. It is important that time is taken to anticipate consents and agreements that may be needed in the weeks and months ahead in order to avoid problems later on in the placement. The plan should include as much detail as possible, including the name and role of the lead person with respect to each consent and task. Where authority is delegated and there are two foster carers in the household, the Placement Plan must be clear about the joint nature of their responsibilities

or clearly define which foster carer has the delegated authority, if for any reason this is not shared. A 'Decision Support Tool' is included for use by social workers in Appendix 1.

The child's allocated social worker must seek agreement to the Placement Plan from all those responsible for implementing the Care Plan – the parents (whenever possible; this may not always be feasible but every effort must be made to work in partnership with parents. All parties should sign the Placement Plan. Where both parents have PR,

consultation should take place with both of them whenever possible about the decisions and consents with regard to the delegation of authority.

The Placement Plan must be used as a **working tool** rather than a one off product. It must be kept updated and **reviewed at each statutory review** chaired by the Independent Reviewing Officer. The first review will be particularly important as the time for participants in the meeting to pay attention to how the delegated authority is working in practice and to any areas of consent and decision making which were not anticipated or detailed sufficiently at the initial Placement Planning meeting. Subsequent review meetings provide opportunities to evaluate how the arrangements for delegated authority are working, to agree what changes need to be made, if any, to ensure that the arrangements are having the maximum positive impact on the child's life.

Good communication between the child's allocated social worker, the supervising social worker and foster carers is essential. This group must function as a 'core team' and must work together to optimise the impact and opportunities within the placement, to resolve conflict and solve any problems. Time and attention must be paid to the functioning of the core team in order to support successful placements.

When there is a change of the child's allocated social worker or supervising social worker, it is vital that a meeting is co-ordinated with the new 'core team' member so that the new relationships can be established and the Placement Plan discussed. This should enable positive and productive working relationships and reduce difficulties in managing differences of opinion that can arise during a placement. Where there are differing views about how the placement should be managed, how a child is cared for or about an aspect of delegated authority, these must be discussed with the relevant team manager and with the involvement and assistance of the Independent Reviewing Officer, if relevant.

Guidance on Key Areas of Decision Making

HEALTH CARE

Foster carers should be absolutely clear from the outset about their responsibilities if children require emergency medical treatment and if they require planned treatment. The child's health plan must set out the details of the child's health needs and how they will be met. The Placement Plan should clearly show where and when the foster carers have delegated authority to take decisions or give consents in relation to a child's health. The Placement Plan can be used by the foster carer as evidence of their

delegated authority – should they need to present this to a health professional, for example

Medical and Health Issues

Immunisations

Foster carers should have delegated authority wherever possible. Concerns about particular immunisations should be explored with parents at the start of the placement. Where consent has been refused by a parent, health colleagues must be informed by the social worker. Parents may have concerns about particular immunisations, and this should be explored with them at the beginning of the placement and any issues detailed in the Placement Plan.

Emergency treatment

Children should never have to wait for pain relief or emergency treatment as a result of confusion about who has authority to give consent. Situations may arise where children sustain an injury or require emergency treatment. The Placement Plan should include who can give consent to treatment and in what circumstances so that undue delay is avoided, for example by foster carers having to contact the emergency duty team out-of-hours or a manager having to go to the hospital to sign a consent form. It should be noted that even where authority has not been delegated, foster carers can do what is reasonable in an emergency to keep a child safe; and ensure that it is reported to the Social Worker and the OOH phone outside office hours.

Consent for planned operations should routinely be obtained from the Head of Children's Services as most hospitals require this. In other cases, invasive intervention may be required in an emergency. Delegated authority should be discussed at the outset of the placement and the Placement Plan should make clear what has been delegated

Medical procedures carried out at home

Foster carers at times need to offer specialist care for a child with a disability or illness. Training will be offered by a qualified professional and the placement plan will reflect this delegation. No-one other than the trained carers can carry out these medical procedures.

Dental Treatment

Foster carers should be able to consent to routine examinations and treatment wherever possible. This includes pain relief injections in routine dental work. Where a general anaesthetic is required permission must be given by a Divisional Director.

Routine medicals / examinations by community paediatrician

Foster carers should be able to give and sign consent. Foster carers can consent to non-invasive examinations as long as this is in line with the child's Health Action Plan (e.g. a weight management clinic). Invasive examinations should be agreed by the social worker beforehand.

Non-routine medical treatment

The placement plan will consider who can give consent to emergency treatment. Foster carers can do what is reasonable in an emergency. Planned procedures should be discussed in advance with the parent and the extent of delegation made clear.

Opticians

Routine eye tests and the ability to order glasses for children or young people if required should be delegated.

Permission to administer prescribed medication

The dosage would normally be managed by the foster carer and kept in the foster carers locked medicine cupboard. Foster carers must record all prescribed medication given to the child, ensuring this information is available for their supervising social worker as part of their recording.

Permission for schools to administer prescribed/over the counter medication

Foster carers are able to sign forms that give information to schools of medication prescribed for foster children's medical conditions e.g. asthma or medication to counteract an allergic reaction.

Permission to administer medication

A foster carer may consult with a pharmacist which allows foster carers to seek immediate remedies for children suffering from low level complaints or ailments such as head lice, nappy rash or coughs. Carers can request medication for children which will only be issued with advice from a pharmacist. This is in line with practice for foster carers; again foster carers will record and report this to social workers. Where a child's condition is acute, liaison with the social worker and OOH/EDT service is likely to be sought.

Education

School day trips

School staff risk assess these trips. Delegation should be to the foster carer wherever possible and if not, the reasons should be made clear.

Overnight school trips

In long term placements the foster carer is usually given the authority to agree to these trips, but must discuss with the social worker unless otherwise stated in the Placement Plan. Where further permissions are required, this will be stated in the placement plan. Where trips may require additional funding from the local authority, foster carers must gain prior agreement from the child's social worker. Any implications for contact arrangements will need to be considered.

Meetings with school staff

These includes parents' evenings, **Personal Education Plan** (PEP) meetings and unplanned meetings in response to incidents or immediate issues. Delegation may vary according to the short or long term nature of the placement. In medium to long term

placements the foster carer will usually meet school staff, but must keep the social worker informed. Steps to keep parents involved must be considered.

Using computers

These can be used to support learning in and out of school. Awareness of issues in relation to children's safety online needs to be considered. Procedures and advice can be found at Internet safety Policy and from the Child Exploitation and Online Protection Agency Know IT all the parents and carers pages.

School Photos

Foster Carers can consent to school photos unless specifically excluded in the placement plan. This should be judged in relation to risk and any restriction on the child's photo or name appearing in the media, based on good assessment and specified in the Placement Plan.

Accessing education and leisure activities

Looked after children and young people should have the same opportunities as any other child and young person to take full advantage of extra-curricular education activities (e.g. football clubs or guides). Foster carers should be delegated the task of providing agreement wherever possible.

Personal health and social education

A child or young person's involvement in school provision for sex and relationship education should be discussed at the placement planning meeting and the parents' wishes identified. If it is agreed that the child or young person attends, the carer should be able to consent to any school documentation within the home. Unless parents have expressed particular wishes about what they want their child to be told, a carer should respond as any reasonable parent would.

Choosing a school

The choice of an early years setting or school should be discussed and agreed by the holders of parental responsibility at a statutory review meeting. The foster carers should then be able to accept the place and sign any relevant forms.

Change of school

If the foster carer decides to move house or wants the child to attend a different school, this will need to be agreed at a statutory review meeting. The impact a move of school will have on the child must be a key focus in the discussion. The foster carer should be able to complete the practical steps to implement the agreed actions and the delegation of authority to do this needs to be reflected in the Placement Plan.

Meetings with school staff

These includes parents' evenings, PEP meetings and unplanned meetings in response to incidents or immediate issues. Delegation may vary according to the short or long term nature of the placement. In medium to long term placements the foster carer will usually meet school staff, but must keep the social worker informed. Steps to keep parents involved must be considered.

Sports activities/organisations

All children who go to school will participate in physical education – this does not require consent. Foster carers should be able to give consent to children participating in extra-curricula sports activities. Delegated authority to give such consents should be discussed at the start of the placement and the decision recorded in the Placement Plan.

Leisure and everyday life in the foster home

Body piercings

In long-term placements of older children, the judgement of the foster carers should generally prevail: they should be able to weigh up the arguments for and against giving permission and be confident to make decisions which do not accord with the child's wishes (if it is in the child's best interest to not agree). In general, a young person should understand the health and aesthetic implications of piercing.

There will be circumstances when social workers, foster carers or parents disagree, but have to accept that the young person is of an age to make such a decision for themselves.

It should be noted that, in English law, it is illegal for young people under 16 years old to have their genitals pierced. It is also illegal for females under 16 to have their breasts pierced, although this does not apply to males under 16.

Contact

The principles and arrangements for contact need to be established and formalised in the Placement Plan and then reviewed at each statutory review. It may be possible for foster carers, particularly in well established placements, to undertake a degree of decision-making in respect of some contact arrangements if the parameters for this are clear, agreed beforehand and detailed in the Placement Plan. Any task that involves foster carers in supervising contact or facilitating contact in the home requires the foster carers to have received adequate training for these tasks. Risk assessments must be completed in all cases where contact is being undertaken in the foster carers home.

Disability Living Allowance

If a claim for Disability Living Allowance (DLA) is made for a child under 16, it is the responsibility of the Secretary of State for Work and Pensions to appoint a person to receive and deal with the allowance on the child's behalf. For most children outside foster care the appointee is a parent, but for fostered children the appointee is usually their foster carer. The parents or local authority's agreement to this is not required, however it would be useful to have this agreed within the Placement Plan .

It is the appointee's responsibility, ie the foster carer, to use the DLA to support the child. DLA is not intended to be saved in its entirety, but any unused DLA can be saved and put towards future needs of the child. The Department for Work and Pensions (DWP) is responsible for monitoring the award; there is no requirement to keep receipts or records of expenditure, London Borough of Barking and Dagenham (including the fostering service) are not responsible for monitoring the award. However, the DWP can be asked to investigate if there are concerns that the DLA award is not being used appropriately.

Haircuts

This is often not straightforward and can be a fraught area for foster carers and children. It is an important issue which can require sensitive attention, as hair care and style may have cultural or religious significance for families. Decisions about the timing of, and arrangements for, haircuts should be delegated to foster carers, wherever possible. However, the issues need to be fully explored with parents at the outset. Arrangements should be agreed at the Placement Planning Meeting and recorded in the Placement Plan; arrangements should be revisited, as necessary, in statutory reviews.

Holidays in the UK

Plans for taking a child on holiday should be discussed with parents and the child's social worker. Any issue about funding and or impact on contact arrangements should be raised at the earliest opportunity, and before the child is aware that there is the opportunity to go on holiday with the foster carers. It is essential that the child's social worker and parents know the whereabouts of the holiday destination. It may be necessary on some occasions for social workers to undertake a risk assessment in relation to the holiday arrangements.

Holidays abroad (See "Obtaining Passports" below)

The possibility of a child accompanying their foster carers on a family holiday abroad should be discussed with parents 'in principle' when the child becomes looked after recognising that this is a potentially sensitive issue. The parents' views and concerns should be known at the outset. In all cases, there should be clarity at the outset about consents, passports and the possibility that arrangements can allow for short notice, so the foster carers can take advantage of a cheap holiday deal or a trip at short notice for personal reasons. Consents and passports are also relevant in relation to school trips abroad. Every CiC should have a passport by their second CiC review, given that foster carers are often able to make trips to other countries. Given the delays in securing passports, it could transpire that the child in care cannot accompany the family. To therefore avoid this dilemma and create the need for respite arrangements, a passport should be secured. Foster carers should follow similar guidelines to securing passports as they would for their own children.

Mobile telephones

This is an issue that can cause considerable disagreement. There needs to be clarity about what foster carers can decide in relation to the ownership and use of mobile telephones and for this to be detailed in the Placement Plan. As a general principle, foster carers with young people in long-term placements should be responsible for making decisions regarding the possession and use of mobile phones. Any restrictions should be specified at the time of placement or discussed in statutory reviews. Parents may need help to understand that foster carers who are caring for other children in the household need to be able to operate as consistently as possible with all the children. Foster carers and social workers may wish to refer to the Fostering Network *Pathways Through Fostering* book *Safer Caring*, or to check other resources available from www.fostering.net or www.ceop.police.uk on this topic.

Photographs and other media activity

There should be no restrictions on foster carers taking family pictures of the fostered child, or the child and their friends. The foster carer does not need consent for this. It is important that fostered children have a record and memories of their childhood and photographs can be a helpful way for fostered children to make sense of their history.

Decisions on whether the foster carer can consent to other types of photographs or media activity can be more problematic due to issues of confidentiality and safeguarding. The issue of the age and competency of a young person to make informed decisions also has to be factored into the considerations of 'who decides what'. It should be assumed that young people over 16 would be the 'lead' in these decisions.

- School photographs – Foster carers should be enabled to give consent for formal school photographs. They should be encouraged to ensure children have school and group photographs taken as part of their life history.

- Other types of photographs/wider media activity – Many children love to be able to take part in activities that may lead to publicity in the media. Others wish to engage in paid or voluntary activities which drive improvements in foster care and that may attract media attention. While this should be normally encouraged and celebrated, the issues of 'who consents', needs to be judged in relation to particular known risks to the safety of an individual child. Young people and foster carers often feel they are struggling with blanket policies in these areas so individual consideration of each case is important.

Any restrictions on a child's photograph or name appearing in the media should be based on good explanations and clearly specified in the Placement Plan. This should cover posting photographs on websites such as Facebook. Due to the particular vulnerabilities in this area, there should be full consultation between the child/young person, carer and Social Workers before any agreement is reached,

Participating in hazardous activities

Early anticipation and discussion about a child taking part in hazardous activities can save much distress and disappointment. Views will vary on what activity may be considered 'hazardous' or 'risky'.

The Government expects that any risk-averse culture will be challenged. The Government also wants foster carers to be able to act more often as 'any good parent would'. However, prior consultation with parents and collaboration over these types of decisions are necessary and it is important that foster carers work within London Borough of Barking and Dagenham policies in relation to any restrictions on certain activities and in ensuring any necessary insurance is in place. If authorised to take decisions for a range of anticipated activities that can cause injury, for example, skating, riding, sailing, wall climbing and karting, the foster carer would need to ensure that the child or young person has the correct safety equipment, adequate preparation and, where applicable, is supervised by a recognised instructor or supervising organisation. More unusual requests should be discussed at a statutory review meeting and a decision on delegated authority agreed.

Overnight stays

The Government's intention is that foster carers should be able to make decisions about overnight stays as if the fostered child was their own child, and act as any protective

parent would. The authority delegated to the foster carer to make decisions about overnight stays should be set out in the Placement Plan, along with any restrictions on overnight stays that may be necessary in exceptional circumstances. Volume 2, chapter 3, of the Children Act 1989 Statutory Guidance covers this matter in the section 'Shared Responsibilities and Consents'.

Visiting friends

As with overnight stays, the statutory guidance concerning visiting friends is clear: unless there is a reason for not delegating authority, the foster carer should be authorised to act as a good parent in decisions regarding visits to friends.

Areas where authority cannot be delegated

Religion

A child in the care of Barking and Dagenham Local Authority cannot be brought up in a religion that is different to the one they would have otherwise been brought up in. This does not mean that a child cannot be placed with a foster family of a different faith, if this family is appropriate to meet the child's wider needs.

However, it does mean that the foster carers cannot actively seek to persuade the child to change their religion. If a fostered child is considering changing their religion, even if they are over 16, foster carers should seek advice and guidance about how they respond. Full consideration in the statutory review needs to be given to the long-term implications of the child departing from the faith of the family of origin.

Obtaining Passports (see "Holidays Abroad" above)

Young people can apply for an adult passport at age 16. Applications for passports for younger children can only be signed by someone who holds parental responsibility, that is a parent or, if a care order is in place, an officer of Barking and Dagenham Local Authority. This does not prevent foster carers being authorised to undertake some of the preparation of the application form or, if necessary, collecting passports (with a letter of consent from the signatory) from regional passport offices. Passports are frequently a problem when carers want to take children on holiday at short notice, or early on in a placement. It is therefore essential that the placement planning meeting or first statutory review considers arrangements for a passport application so this process is started as early as possible

Taking the child abroad

A fostered child cannot be taken abroad without the written consent of someone holding parental responsibility. It is often difficult for parents to think about their child being

taken out of the country. Foster carers and social workers need to be careful not to raise a child's hopes about a holiday before consent has been obtained from a parent or from a manager.

Tattoos

UK law is clear: 18 is the minimum age for a person to have a tattoo. The issue of parental consent, therefore does not arise.

Change of school

This needs to be agreed at a review meeting as the impact on the child/young person may be significant.

Referral for a child to access another service (e.g. CAMHS)

Social workers submit these referrals. This should be agreed in consultation with the foster carer and parent.

New or Name Changes

Someone with parental responsibility must give written consent to any name change to a child under 18. Decisions Requiring Service Manager Clearance

Treatment involving anaesthetic

Foster carers must inform the Fostering Service who will seek advice from a Service Manager. In out of hours situations the Emergency Duty Team must be contacted who can contact a relevant manager. Parents will be consulted wherever possible. In exceptional circumstances which require immediate action, the foster carer would need to be guided by the medical practitioners and inform the social work service at the earliest opportunity. The social workers will work with the foster carer to consult with and liaise with the child's parents. Where no agreement can be reached over whether the treatment is in the child's best interest, a senior manager can make the decision to

proceed if a compelling medical rationale has been established, if the Local Authority has parental responsibility.

Discontinuation of medical treatment - as above