**Delegating authority to foster carers**

**Introduction**

An important principle of the foster care charter is to: “Treat foster carers with openness, fairness and respect as a core member of the team around the child and support them in making reasonable and appropriate decisions on behalf of their foster child’.

Foster carers should be treated as full members of the team implementing children’s care plans. Delegated authority is the term used when the responsibility for making day to day decisions about children has been passed to foster carers. This can include decisions around activities, haircuts and overnight stays. Important principles for ensuring appropriate delegated authority are:

1. **Listen to what children want**

The people who look after children on a daily basis are usually the ones who make day-to-day decisions such as whether to agree sleepovers and school trips. This should be no different for foster carers. Children do not want social workers making these decisions – it makes them feel different to their peers, can result in missed opportunities and gets in the way of them enjoying a full childhood and

family life.

 **2. Involve birth families in care planning**

Children’s relationships with their birth families vary. Some birth families will be very involved in making decisions about their child’s care, particularly where the child is likely to return home. It is essential wherever possible, and always where children are voluntarily accommodated, to involve birth families in discussions about delegating decision making to foster carers, helping them understand how

beneficial this can be to the life of their child.

**3. Set out clearly what decision making is delegated**

Authority for day-to-day decision making should be delegated to foster carers unless there is a good reason not to. This should be set out in the child’s placement plan which sets out the plan for their day to-day care and how decisions about them will be made. This plan should include what decisions can be made by their foster carer and where decision making is not delegated to the foster carer the reasons should be clearly explained in the child’s placement plan.

**4. Help promote placement stability and good outcomes for children**

Ensuring that foster carers are supported to make day-to-day decisions helps the children in their care to have confidence in these relationships and supports the development of trusting and secure attachments to their foster carers.

**5. Work together in the best interests of the child**

Effective partnership working is core to good quality foster care. Where the foster carer, supervising

social worker and child’s social worker are clear about how day-to-day decisions are to be made, decisions are more likely to be on time with everyone working in the best interests of the child.

**6. Support foster carers to develop the skills and confidence they need**

Through appropriate training and supervision, fostering services should support their foster carers to develop the skills and confidence to take day-to-day decisions, empowering them to make these decisions within a strong framework of support.

**7. Understand and support appropriate delegation of authority to foster carers**

Everyone at every level should understand how authority should be delegated to foster carers. The delegated authority tool should be used at placement planning meetings to clearly outline the decision making that is given to foster carers and can be shared with birth parents. This should be regularly reviewed at children’s reviews to ensure that appropriate delegation is maintained.

**DELEGATED AUTHORITY - DECISION SUPPORT TOOL**

This document is designed to support social workers, parents, foster carers and young people to discuss who has the authority to give Consent/agreement or undertake a particular task for a child who is Looked After, i.e. **Delegated Authority**. It should be used to help 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, but should be used in conjunction with the Placement Plan proforma, entitled Child / Young Person's Placement Plan.**

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 individual children

• Is clear and inclusive of parents and foster carers.

This tool is not a definitive or exhaustive 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. 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.

**Delegated Authority in relation to**:

Child’s name and LCS no …………………………………………………………………

Carer(s) name(s) ……………………………………………………..............................

Parent/person(s) with PR………………………………………………………………….

Children’s Social Worker ………………………………………………………………….

Fostering Social Worker …………………………………………………………………..

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| **Consent/agreement/task** | **To who is the****authority****delegated?****(delete as****Applicable)** | **Who delegates the****authority? Local****Authority (S31&****38)/person(s) with****PR (S20)? (delete****as applicable)** | **Notes (inc.****notifications, prior****consultation/recording****requirement/conditions)** | **Date** |
| **1. Medical and Health** |  |  |  |  |
| 1.1 Signed consent to emergency medicaltreatment inc. anaesthesia | N/A | N/A | Team Manager/Persons with PR or via EDT |  |
| 1.2 Consent – routine immunisations | Carer/SW | LA/Person with PR |  |  |
| 1.3 Planned medical procedures | Carer/SW | LA/Person with PR | Can be delegated for routine treatment but Team Manager /Person (s) with PR for surgery/anaesthetic |  |

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| **Consent/Agreement/Task** | **To who is the authority delegated to?( delete as applicable** | **Who delegates the authority? Local Authority( s31& s38) /persons with PR s20 delete as applicable** | **Notes ( incl notifications, prior consultation/recording requirement/conditions** | **Date** |
| 1.4 medical procedure carried out in the home where the person administering the procedure requires training( e.g. child with disabilities) | Carer/SW | LA/Person with PR |  |  |
| 1.5 Dental –signed consent to dental emergency treatment incl anaesthetic | Carer/SW | LA/Person with PR | NB can be delegated provided no general anaesthetic- if general anaesthetic then Team Manager /person(s) with PR |  |
| 1.6 Dental routine treatment incl anaesthetic | Carer/SW | LA/Person with PR | NB can be delegated provided no general anaesthetic- if general anaesthetic then Team Manager /person(s) with PR |  |
| 1.7Optician- appts, glasses | Carer/SW | LA/Person with PR |  |  |
| 1.8 Consent to examination/treatment by school doctor | Carer/SW | LA/Person with PR |  |  |

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| 1.9 Administration of prescribed/over the countermedications | Carer/SW | LA / Person withPR |  |  |
| 1.10 Permission for school to administerprescribed/over the counter medications | Carer/SW | LA / Person withPR |  |  |
| 1.11 Referral/ consent for YP to access anotherservice e.g. CAMHS | Carer/SW | LA / Person withPR |  |  |
| **2. Education** |  |  |  |  |
| 2.1 Signed consent for school day trips  | Carer/SW | LA / Person withPR |  |  |
| 2.2 Signed consents for school trips of up to 4days | Carer/SW | LA / Person withPR | Social Worker /person(s) with PR toback up with writtenconsent |  |
| 2.3 Signed consents for school trips of over 4days | Carer/SW | LA / Person withPR |  |  |
| 2.4 School trips abroad  | N/A | N/A | Team Manager/person with PR |  |
| 2.5 Using computers at school  | Carer/SW | LA / Person withPR |  |  |
| 2.6 School photos  | Carer/SW | LA / Person withPR | Parental involvement? |  |
| 2.7 Attendance at parents’ evenings | Carer/SW | LA / Person withPR | Parental involvement? |  |
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| 2.8 Attendance at PEP meetings  | Carer/SW | LA / Person withPR | Parental involvement? |  |
| 2.9 Attendance at unplanned meetings reincidents or immediate issues | Carer/SW | LA / Person withPR |  |  |
| 2.10 Registering at a school  | Carer/SW | LA / Person withPR |  |  |
| 2.11 Changing a school  | Carer/SW | LA / Person withPR | Consultation neededwith IRO |  |
| 2.12 Referral/ consent for YP to access anotherservice (please specify the service) | Carer/SW | LA / Person withPR |  |  |
| 2.13 Personal Health and Social Education Carer/SWLA / Person withPR | Carer/SW | LA / Person withPR |  |  |
| **3 Personal, leisure and home life** |  |  |  |  |
| 3.1 Passport application  | Carer/SW | LA / Person withPR | Can only be signed for by someone holding PR |  |
| 3.2 Overnight with friends (‘sleep overs’)  | Carer/SW | LA / Person withPR | Can be delegated tocarers for knownfriends |  |
| 3.3 Holidays within the British Islands  | Carer/SW | LA / Person withPR |  |  |

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| 3.4 Holidays outside the British Islands  | N/A | N/A | Team Manager /person(s) with PR |  |  |
| 3.5 Sports/ social clubs  | Carer/SW | LA / Person withPR |  |  |  |
| 3.6 More hazardous activities- e.g horse riding,skiing, rock climbing | Carer/SW | LA / Person withPR | Can be delegatedprovided SW is awareof arrangements |  |  |
| 3.7 Haircuts/colouring  | Carer/SW | LA / Person withPR | Can be delegatedunless dramaticchanges planned thenSW / person(s) with PRneeds to be consulted |  |  |
| 3.8 Body piercing  | Carer/SW | LA / Person withPR | In English law, it is illegalfor under 16s to havetheir genitals pierced. It is also illegal for femalesunder 16 to have theirbreasts pierced, although this does not apply to males under 16. |  |  |
| 3.9 Tattoos  | N/A | N/A | It is illegal for anyoneunder the age of 18 to have a tattoo |  |  |

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| 3.10 Mobile phone  | Carer/SW | LA / Person withPR | NB ensure SW liaisonwith SIU for any risksaround exploitation |  |
| 3.11 Part time employment  | Carer/SW | LA / Person withPR | NB ensure actions are inline with Education Act2002 |  |
| 3.12 Accessing social networking sites e.gFacebook, Twitter, MSN | Carer/SW | LA / Person withPR | NB ensure SW liaisonwith SIU for any risksaround exploitation |  |
| 3.13 Photos or other media activity | Carer/SW | LA / Person withPR | NB ensure SW liaisonwith Snr Managers in these situations |  |
| **4 Faith and religious observance** |  |  |  |  |
| 4.1 New or changes in faith, church or religiousobservance | Carer/SW | LA / Person withPR |  |  |
| 4.2 Attendance at a place of worship  | Carer/SW | LA / Person withPR |  |  |
| **5 Identity and Names** |  |  |  |  |
| 5.1 Life work (memory book, photo album/memory box) | Carer/SW | LA / Person withPR |  |  |
| 5.2 New or changes in ‘nicknames’, order of first names or preferred names | Carer/SW | LA / Person withPR |  |  |

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| **6. Contact** |  |  |  |  |
| 6.1 Transport | Carer/SW | LA / Person withPR |  |  |
| 6.2 Arranging  | Carer/SW | LA / Person withPR |  |  |
| 6.3 Facilitation  | Carer/SW | LA / Person withPR |  |  |
| 6.4 Formal supervision  | Carer/SW | LA / Person |  |  |
| **7 Other areas or categories** |  |  |  |  |
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**Signature of child/young person ………………………………………. Date**

**Signature of carer or carers …………………………………………….. Date**

**Signature of parent/persons(s) with PR …………………………………………. Date**

**Signature of child’s social worker …………………………………………….. Date**

**Signature of fostering social worker ………………………………….…………. Date**