**Delegated Authority: Bristol City Council Standard Agreement for all Children in Care**



This is Bristol City Council’s standard agreement for Delegated Authority for all children in their care.

Consideration needs to be given to the individual needs of the child/young person including their legal status and outlined in the Placement Planning Meeting. Reasons not to delegate must be noted and kept under review.

Medical consent form should be given to foster carers in addition to this form.

Name of Child ……………………………………………………..

Name of Carer(s) ……………………………………………………..

The chart below indicates who can be delegated authority.

*N.B. Key worker is delegated authority to residential provider*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **HEALTH** | **Foster Carer/ Key Worker** | **Social Worker** | **Team Manager** | **Service Manager** | **Assistant Director or Head of Service** |
| Routine health and development checks e.g. dentist/opticians GP,HV. | Yes |  |  |  |  |
| Consent to urgent medical treatment | Yes |  |  |  |  |
| Consent to routine immunisations |  | Yes |  |  |  |
| Consent to specific immunisations e.g. Swine Flu, HPV |  |  | Yes |  |  |
| Consent to planned operation/ongoing treatment that require general Anaesthetic including dental treatment |  |  |  | Yes |  |
| medical procedure carried out in the home where the person administering the procedure requires training (e.g. child with disability/illness) |  |  |  | YesTraining must be given by a qualified Health professional and then approval can be given for the procedure to be undertaken by the foster carer. No one other that the trained carer may carry out a medical procedure. Parents will be asked to give permission for these procedures to be undertaken by a trained foster carer. Only in exceptional circumstances will parental permission be dispensed with. |  |
| Decision in relation to involvement in counselling or Therapeutic Intervention including educational psychologist assessments |  | Yes |  |  |  |
|  |  |  |  |  |  |
| **MAINSTREAM EDUCATION**  | **Foster Carer/ Key Worker** | **Social Worker** | **Team Manager** | **Service Manager** | **Assistant Director or Head of Service** |
| Choice and timing of child attending any type of education |  | Yes |  |  |  |
| Non residential off site activities | Yes |  |  |  |  |
| Educational residential trips of one night | Yes (and inform social worker) |  |  |  |  |
| Educational residential trips of more than one night |  | Yes |  |  |  |
| Liaison with school/attendance at school/college meetings/receipt of reports | Yes |  |  |  |  |
|  |  |  |  |  |  |
| **NURSERY /PRE-SCHOOL** | **Foster Carer/ Key Worker** | **Social Worker** | **Team Manager** | **Service Manager** | **Assistant Director or Head of Service** |
| Permission for a child in care to attend any nursery or pre-school provision |  | Yes |  |  |  |
|  |  |  |  |  |  |
| **RELIGION** | **Foster Carer/ Key Worker** | **Social Worker** | **Team Manager** | **Service Manager** | **Assistant Director or Head of Service** |
| Involvement of child in regular religious activities |  | Yes |  |  |  |
| Baptism or confirmation or child in particular | Parent Only |
|  |  |  |  |  |  |
| **HOLIDAYS AND SOCIAL ACTIVITIES** | **Foster Carer/ Key Worker** | **Social Worker** | **Team Manager** | **Service Manager** | **Assistant Director or Head of Service** |
| Consent to attendance at recognised children’s social organisations e.g. Scouts, Cadets | Yes |  |  |  |  |
| Consent to attendance at other children’s social clubs | Yes |  |  |  |  |
| Overnight Stays with friend (sleepover) | Yes |  |  |  |  |
| Extended stay with friend |  | Yes |  |  |  |
| Decision to leave child in care of another responsible adult on a regular basis |  | Yes |  |  |  |
| Agreement for child to take part in adventure activities with the foster family that would require consent | Yes |  |  |  |  |
| Agreement for child to take part in activities that involve risk e.g. rock climbing | Yes (with copy of risk assessment for activity ) |  |  |  |  |
| Application for passport |  |  | Yes |  |  |
| Agreement to take child away from the placement for longer than a weekend |  | Yes |  |  |  |
| Agreement to take child out of the country for no longer than 28 days |  |  |  | Yes |  |
|  |  |  |  |  |  |
| **CONTACT** | **Foster Carer/ Key Worker** | **Social Worker** | **Team Manager** | **Service Manager** | **Assistant Director or Head of Service** |
| Decision of contact arrangements with birth family over and above those already agreed as part of the child’s care plan |  | Yes |  |  |  |
| Decision in respect of contact arrangements with previous foster carers |  | Yes |  |  |  |
|  |  |  |  |  |  |
| **OTHER ISSUES** | **Foster Carer/ Key Worker** | **Social Worker** | **Team Manager** | **Service Manager** | **Assistant Director or Head of Service** |
| Haircuts – if agreed by parent at Placement Planning the Foster Carer can arrange | Yes |  |  |  |  |
| Child having a mobile phone | Yes |  |  |  |  |
| Young Person involved in part-time employment |  | Yes |  |  |  |
| Child image being used in Media e.g. newspaper/TV |  |  |  |  | Yes |
| Child using computer/internet | Yes |  |  |  |  |
| Sex Education | Yes |  |  |  |  |
| Disability Living Allowance | Yes |  |  |  |  |

Signed and Date:

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

Child’s Social Worker………………………………………………………………………………..

Foster Carer…………………………………………………….…………….……………….

Foster Carer……………………………………………………….………