**Delegating Authority to Foster Carers**

**Delegated Authority in relation to:**

**Child’s name ………………………………………………………………………………………**

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

**Parent/ Person(s) with PR ……………………………………………………………………….**

**Child’s Social Worker ……………………………………………………………………………**

**Fostering Social Worker …………………………………………………………………………**

**\* circle relevant answer.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Consent /agreement /task** | **To whom is the authority delegated? (delete as applicable)** | **Who delegates the authority? Local Authority / Person/s with PR. (delete as appropriate)** | **Notes (inc. notifications, prior consultation / recording requirement / conditions)** | **Date** |
| **1. Medical and Health** | | | | |
| 1.1 Signed consent for emergency medical treatment inc. anaesthesia |  |  | **Group Manager / person(s) with PR or via Out of Hours..** |  |
| 1.2 Consent – routine immunisations |  |  | **Consultant social Worker** |  |
| 1.3 Planned medical procedures | \*Foster Carer  \*Social Worker | \*Local Authority  \*Person with PR | **Can be delegated for routine treatment but Group Manager / person(s) with PR for surgery / anaesthetic** |  |
| 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  \*Social Worker | \*Local Authority  \*Person with PR |  |  |
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| 1.5 Dental – signed consent for dental emergency treatment inc. anaesthetic. | \*Foster Carer  \*Social Worker | \*Local Authority  \*Person with PR | **NB Can be delegated provided no general anaesthetic – if general anaesthetic is required, then Group Manager / Person(s) with PR.** |  |
| 1.6 Dental – routine treatment inc. anaesthetic. | \*Foster Carer  \*Social Worker | \*Local Authority  \*Person with PR | **NB Can be delegated provided no general anaesthetic – if general anaesthetic is required, then Group Manager / Person(s) with PR.** |  |
| 1.7 Optical – appointments, glasses | \*Foster Carer  \*Social Worker | \*Local Authority  \*Person with PR |  |  |
| 1.8 Consent to examination / treatment by school Doctor / school nurse. | \*Foster Carer  \*Social Worker | \*Local Authority  \*Person with PR |  |  |
| 1.9 Administration of prescribed / over the counter medications. | \*Foster Carer  \*Social Worker | \*Local Authority  \*Person with PR |  |  |
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| 1.10 Permission for school to administer prescribed / over the counter medications. | \*Foster Carer  \*Social Worker | \*Local Authority  \*Person with PR |  |  |
| 1.11 Referral / consent for YP to access another service e.g. CAMHS | \*Foster Carer  \*Social Worker | \*Local Authority  \*Person with PR |  |  |
| **2. Education** | | | | |
| 2.1 Signed consent for school day trips | \*Foster Carer  \*Social Worker | \*Local Authority  \*Person with PR |  |  |
| 2.2 Signed consents for school trips of **up to** 4 days. | \*Foster Carer  \*Social Worker | \*Local Authority  \*Person with PR |  |  |
| 2.3 Signed consents for school trips of **over** 4 days. |  |  | **Consultant Social Worker / Person(s) with PR.** |  |
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| 2.4 School trips abroad |  |  | **Service Manager / Person(s) with PR.** |  |
| 2.5 Using computers at school. | \*Foster Carer  \*Social Worker | \*Local Authority  \*Person with PR |  |  |
| 2.6 School photo’s | \*Foster Carer  \*Social Worker | \*Local Authority  \*Person with PR | **Parental involvement?** |  |
| 2.7 Attendance at parents’ evenings. | \*Foster Carer  \*Social Worker | \*Local Authority  \*Person with PR | **Parental involvement?** |  |
| 2.8 Attendance at PEP meetings. | \*Foster Carer  \*Social Worker | \*Local Authority  \*Person with PR | **Parental involvement?** |  |
| 2.9 Attendance at unplanned meetings, re- incidents or immediate issues | \*Foster Carer  \*Social Worker | \*Local Authority  \*Person with PR |  |  |
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| 2.10 Administration for a new school | \*Foster Carer  \*Social Worker | \*Local Authority  \*Person with PR |  |  |
| 2.11 Changing a school |  |  | **Discussion needed with Social Worker. Who will then liaise with IRO and Virtual School.** |  |
| 2.12 Referral / consent for YP to access another educational service (please specify the service) | \*Foster Carer  \*Social Worker | \*Local Authority  \*Person with PR |  |  |
| 2.13 Personal Health and Social Education. | \*Foster Carer  \*Social Worker | \*Local Authority  \*Person with PR |  |  |
| **3. Personal, leisure and home life** | | | | |
| 3.1 Passport application | \*Foster Carer  \*Social Worker | \*Local Authority  \*Person with PR | **Can only be signed for by someone holding PR.** |  |
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| 3.2 Overnight with friends (sleep overs) | \*Foster Carer  \*Social Worker | \*Local Authority  \*Person with PR |  |  |
| 3.3 Holidays within the British Islands. | \*Foster Carer  \*Social Worker | \*Local Authority  \*Person with PR | **This will not be agreed during school term time unless there is exceptional circumstance.** |  |
| 3.4 Holidays outside the British Islands |  |  | **Group Manager / person(s) with PR.**  **This will not be agreed during school term time unless there is exceptional circumstance.** |  |
| 3.5 Sports / Social clubs | \*Foster Carer  \*Social Worker | \*Local Authority  \*Person with PR |  |  |
| 3.6 More hazardous activities – e.g. horse riding, skiing, rock climbing. | \*Foster Carer  \*Social Worker | \*Local Authority  \*Person with PR | **Can be delegated provided SW is aware of arrangements. The organisers Risk Assessment must be seen.** |  |
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| 3.7 Haircuts / colouring | \*Foster Carer  \*Social Worker | \*Local Authority  \*Person with PR | **Can be delegated unless dramatic changes are planned, then it is advisable to consult with SW / person(s) with PR.** |  |
| 3.8 Body Piercing | \*Foster Carer  \*Social Worker | \*Local Authority  \*Person with PR | **Speak to SW.**  **There is no legal age of consent for body piercing, and so it's legal for someone under the age of 18 to have a piercing as long as they have consented to it. Children under the age of 16 can't legally consent to a genital (or in the case of girls, nipple) piercing, as it's considered to be indecent assault.** |  |
| 3.9 Tattoos |  |  | **It is illegal for anyone under the age of 18 to have a tattoo.** |  |
| 3.10 Mobile phone | \*Foster Carer  \*Social Worker | \*Local Authority  \*Person with PR |  |  |
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| 3.11 Part time employment. |  |  | **Subject to local bylaws regarding types of jobs and hours.** |  |
| 3.12 Accessing social networking sites e.g. Facebook, Twitter, MSN. | \*Foster Carer  \*Social Worker | \*Local Authority  \*Person with PR |  |  |
| 3.13 Photos or other media activity. | \*Foster Carer  \*Social Worker | \*Local Authority  \*Person with PR |  |  |
| **4. Faith and religious observance** | | | | |
| 4.1 New or changes in faith, church or religious observance. | \*Foster Carer  \*Social Worker | \*Local Authority  \*Person with PR |  |  |
| 4.2 Attendance at a place of worship. | \*Foster Carer  \*Social Worker | \*Local Authority  \*Person with PR | **Consult with Social Worker if requesting Christening, Baptism, etc.** |  |
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| **5. Identity and Names** | | | | |
| 5.1 Life history work | \*Foster Carer  \*Social Worker | \*Local Authority  \*Person with PR |  |  |
| 5.2 New or changes in ‘nicknames’, in order of first names, or preferred names. | \*Foster Carer  \*Social Worker | \*Local Authority  \*Person with PR | **NB legal changes of name by Deed Poll for under 16 – Assistant Head of Service.** |  |
| **6. Contact with Family** | | | | |
| 6.1 Transport | \*Foster Carer  \*Social Worker | \*Local Authority  \*Person with PR |  |  |
| 6.2 Arranging | \*Foster Carer  \*Social Worker | \*Local Authority  \*Person with PR |  |  |
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| 6.3 Facilitation | \*Foster Carer  \*Social Worker | \*Local Authority  \*Person with PR |  |  |
| 6.4 Formal supervision | \*Foster Carer  \*Social Worker | \*Local Authority  \*Person with PR |  |  |
| **7. Other areas or categories** | | | | |
| Opening a bank account for the child / young person. | \*Foster Carer  \*Social Worker | \*Local Authority  \*Person with PR |  |  |
| Claims for compensation, including CICA. |  |  | **Group Manager to sign applications.** |  |
| Marriage under age 18. |  |  | **Head of Service** |  |
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| Applying for and administering disability benefits, eg. DLA | \*Foster Carer  \*Social Worker | \*Local Authority  \*Person with PR |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
| 8. Additional notes or questions | | | | |
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**Signature of child / young person ………………………………………………… Date …………………………………**

**Signature of carer(s) ……………………………………………………………… Date …………………………………**

**Signature of parent / PR ………………………………………………………….. Date …………………………………**

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

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