



Havering
LONDON BOROUGH

**CHILDREN IN FOSTER CARE -
DELEGATED AUTHORITY POLICY**

Delegated Authority-Version Control

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| Owner: | Vanessa Strang |
| Author: | Stephanie Connelly |
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CHILDREN IN FOSTER CARE - DELEGATED AUTHORITY POLICY

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CHILDREN IN FOSTER CARE - DELEGATED AUTHORITY POLICY

POLICY STATEMENT

We work in partnership with foster carers, adoptive parents, birth families and social work colleagues to ensure we can offer stable foster care placements, where we minimise the circumstances in which children who are in care feel 'different.' The Government is clear that foster carers and adoptive parents should be authorised to make everyday decisions about their fostered child/ren wherever possible, within the legal framework.

Legislation such as the:

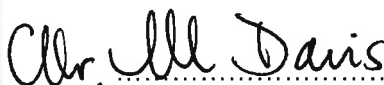
- The Care Planning, Placement and Case Review and Fostering Services (Miscellaneous Amendments) Regulations 2013,
- *Fostering Services Regulations 2011 & 2013*
- Associated statutory guidance, which came into force in April 2011,
- The Adoption Agencies Regulations 2005

These all underline the importance of social workers liaising closely with parents, children and foster carers from the start of a foster care placement. This enables proper planning to take place about who does what regarding the planning and care of the child. In order to achieve the most appropriate arrangements for the delegation of authority, social workers have to work sensitively with parents and ensure that foster carers are well prepared and clear about their responsibilities, in a range of circumstances.

This is a vital task which, because of its complexity and emotive nature, needs time and attention. Social workers and foster carers must ensure that they understand the legal framework when considering the balance and distribution of parenting responsibilities and that they are complying with Havering's policies and guidance in relation to consents and delegation of authority.

The Fostering Service and supervising social workers must ensure that the foster carers are sufficiently trained and supported to take on the responsibilities and provide regular opportunities for foster carers to discuss how the delegated authority is working in practice.

Signatories to this policy



..... Lead member for Children's Services



..... Director for Children's and Adults' Services

SCOPE

This Delegated Authority Policy is applicable to all foster carers who provide placements to children and young people in the care of the London Borough Of Havering, including foster carers from independent fostering providers. It will also be applicable to prospective adopters who acquire shared parental responsibility when a child is placed with them under The Adoption Agencies Regulations 2005 or with the consent of the parent or guardian.

What is delegated Authority about?

- Normalising the experience of young people in foster care.
- Reducing delay in decision-making.
- More productive and thoughtful thinking about who is best placed to do what.
- Discussion and forward planning regarding agreement and consent issues.
- Inclusivity and treating foster carers as part of the team around the looked after child.
- Clarity and transparency.
- Better use of existing processes and roles.

What it is not about...

- Blanket responses and approaches.
- Fashions and fads in child care.
- Foster carers 'going it alone'.
- Excluding parents or encroaching on their rights.
- Excluding social workers.
- Foster carers being exposed and punished when things go wrong.
- Reducing attention to assessing risk

LEGAL FRAMEWORK & CONTEXT

The relevant legal framework applicable to Delegated Authority for Children in Care is as follows:

Children Act 1989

- **Section 1** concerns the welfare of the child
- **Sections 2 to 4** focus on parental responsibility
- **Sections 20 to 23** focus on looked after children
- **Sections 31 to 33 and 39** focus on care orders
- **Section 34** deals with parental contact

The Care Planning, Placement and Case Review and Fostering Services (Miscellaneous Amendments) Regulations 2013

- **Regulation 9 and schedule 2** provide details in relation to the Placement Plan

Children Act 1989 Statutory Guidance Volume 2: Care Planning, Placement and Case Review (2010)

- **Chapter 3** focuses on the placement and has sections about the Placement Plan, shared responsibilities and consents.

Children Act 1989 Statutory Guidance Volume 4: Fostering Services (2010)

- **Chapter 3** contains a section on delegated authority for foster carers. Delegated authority is also referred to in the sections about contact with family and friends, achieving healthy outcomes and educational achievement.

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 Adoption Agencies Regulations 2005

- **Schedule 5** contains a section on what needs to be included in the Adoption Placement Plan. This involves making clear whether the parental responsibility of the

prospective adopter for the child is to be restricted, and if so, to which extent it will be restricted.

This list is not exhaustive and should be updated and amended in accordance with legislative changes.

If harm comes to a child in a placement, the foster carers can be held liable if negligence is proven and they can be sued. The Fostering Service has legal indemnity insurance in place which provides insurance cover for all the approved in-house foster carers. In accordance with Schedule 5 of the Fostering Services [England] Regulations 2011, the Foster Care Agreement sets out in writing the arrangements for meeting any legal liabilities of the foster carer by reason of the placement.

Supervising social workers should ensure that foster carers are satisfied and comfortable with the arrangements the Fostering Service has in place to deal with any potential liabilities and how the Havering's Fostering Service will meet claims by or against foster carers in respect of damage, loss or injury, or legal defence costs.

OUR COMMITMENTS AND ACTIONS

- We will work with parents, wherever possible, so they can make choices about delegation that support the best care for their child/ren. We shall do this by inviting and encouraging parents to attend their child's Placement Planning Meeting.
- We will ensure that all staff (including young people's social workers) understand delegated authority, our local policy and their roles and responsibilities, and that Independent Reviewing Officers ensure that appropriate delegation happens and is supported.
- We will strive to be an organisation that is not risk averse, but which allows decisions to be taken at the right level and encourages young people to take responsibility.
- We will ensure that all day-to-day decisions are delegated to young people's carers, unless there is a good reason not to.
- We will support and develop carers so they feel confident taking day-to-day decisions about the young people they care for and know where they can seek advice if they need it. We will also offer delegated authority training to all our carers and consult with them about any amendments to this policy.
- We will work on the expectation that as a young person grows in maturity, the quantity of decisions that they are able to make for themselves should increase in accordance with their understanding.

- We will fully involve carers in care planning and longer term decisions (e.g. school choice), recognising the particularly significant role of foster carers that have made a long term commitment to the child.
- We will keep placement plans, including the delegation of authority, under review at each review of the young person's care plan.
- We will promote our policy on delegated authority with the providers we place our children with and will honour our commitments whether a young person is placed in-house or with an independent provider.

In order to ensure the successful implementation of the delegated authority policy the following actions will be taken:

- Havering will identify a named officer to monitor the implementation of our delegated authority policy.
- We will communicate any delegated authority developments regularly to our children in care council, corporate parenting board and other relevant bodies.
- We will implement a process so carers, staff and young people can comment on an on-going basis about how they are experiencing delegation of authority and how they think practice can improve.
- We will deliver training about delegated authority to carers and staff which will include why delegation is important; what the legislation and statutory guidance says; respecting the carers' role and supporting carers to take appropriate levels of authority; working with birth families to help them delegate appropriately and deciding when a child is mature enough to take particular decisions themselves.
- We will ensure that IT and local care planning processes support effective delegation and are not a barrier to it (e.g. making sure our placement plan templates have space to include all the information required about delegation).
- We will ensure that carers have written authority to give consent to medical treatment where this has been delegated to them.

PRINCIPLES AND PRACTICE POINTS

Key principles of Delegated Authority

- Effective delegation of authority should minimise delays in decision-making and maximise the child's opportunity to enjoy their childhood and 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 proportionately to their age and understanding when discussing issues relating to delegated authority.
- Parents must be supported and informed so 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 the child they foster 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 assessments of need and risk for the individual child and foster carer.
- Foster carers should be trained and supported to undertake appropriate risk assessments in areas in which they are authorised to make decisions.

Key practice points

- The placement planning meeting is the forum to share information and to sort out who does what when a child is placed. It should be focused on ensuring 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.
- 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 and ensure that there is clarity about who will have the authority to make particular decisions.

- Parents should be given all the information they need to reach a decision about delegation of authority. They should be given full opportunity to discuss any concerns they have with the social worker and should be kept informed about decisions made about their child.
- Sharing information about day-to-day care and routines is essential but not enough in itself. Foster carers cannot care safely and make decisions without good quality information about the history of the child and the family. Social workers must ensure that foster carers receive this.
- 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. This will ensure that changes in the child's circumstances, or in the parent's willingness to delegate authority, or the foster carer's skills and confidence to take on authority, can be reflected in that plan.
- Delegations of authority have to be agreed by those with parental responsibility. A foster carer never has parental responsibility for their fostered child; they can make decisions only by acting on behalf of the local authority and parent. Parental responsibility cannot be transferred.
- Where a child is placed for adoption under a Placement Order, Parental Responsibility is also automatically given to the prospective adopters. The local authority, guardians and birth parents still share parental responsibility with the prospective adopters but the local authority can decide whether to restrict the degree to which the prospective adopters can exercise their parental responsibility.

GUIDANCE ON CONSENT AND DECISION MAKING PROVIDED BY THE FOSTERING NETWORK

The following are some of the key areas where decisions or consents are required, with advice about who may be best placed to lead on them. In particular, it should be noted that parent(s) must agree to authority being delegated, unless there is a care order in place or there is a placement order under the Adoption Agencies (Miscellaneous Amendments)

Regulations 2013, which allows the local authority to limit where necessary the parent's exercise of their parental responsibility in the interests of the child's welfare.

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 will set out the details of the child's health needs and how they will be met. The

Placement Plan should clearly show where the foster carer has 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.

Routine medicals

Foster carers should be able to sign consents for routine medicals – eg school or looked-after children medicals – whenever possible. They should inform the child's social worker of the outcome of these.

Immunisations

Foster carers should be given delegated authority, whenever possible, to consent to immunisations. Parents may have concerns about particular immunisations, and this should be explored with them at the beginning of the placement.

Non-routine medical 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 will sustain an injury or require emergency treatment – for example, because they have appendicitis or a broken bone. The Placement Plan should include who can give consent to treatment in these scenarios so as to avoid, as far as possible, situations where it is necessary to contact the local authority's out-of-hours service or to cause an officer from the local authority to have to go to the hospital to sign a consent form. It should be noted, however, that even where authority has not been delegated, foster carers can do what is reasonable in an emergency to keep the child safe.

In some cases children may require invasive medical procedures. These may be planned, or unplanned but predictable – for example, if a child has a long standing medical condition that results in frequent unplanned surgery. In other cases, invasive intervention may be required in an emergency. Foster carers should not automatically be barred from consenting to such procedures. Delegated authority should be discussed at the outset of the placement and the Placement Plan should make clear what has been delegated.

Optician

Foster carers should be able to sign consent for routine eye and sight tests and the provision of glasses.

Dentist

Foster carers should be able to consent to routine examinations and treatment wherever possible. Interestingly, there are no consent forms for routine dental examinations and treatment. The documents signed by adults accompanying children to the dentist are the means by which the dentist claims fees and payments. Presenting the child is assumed consent for the procedures that follow.

EDUCATION

School day trips

Risk assessments for school trips and outings are the responsibility of schools. Foster carers should be delegated the task of providing agreements and signatures for these from the outset of a placement, wherever possible. Where this is not delegated, the reason should be made clear.

Longer school trips/trips involving more hazardous activity

Longer school trips at home or abroad that require additional funding from the local authority, and trips which involve potentially hazardous activities, will require foster carers to consult with social workers. There may also be implications for contact which will need to be resolved. Where consent is necessary from the local authority and/or the parents, it is important to ask for this as soon as possible in order to avoid the child missing out on an opportunity. The LA should operate on the general presumption that unless the child is likely to be put at a particular risk of harm which cannot be mitigated, he or she should be allowed to go on the trip and overseas.

Choosing a school

The choice of an early years setting or school should be discussed and agreed by the holders of parental responsibility at the 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 review meeting. If the child is in key stage 4 permission will need to be sought from the Virtual Head before the child's school can be changed. The impact on the child should be a significant factor in this discussion. The foster carer should be able to complete the practical steps to implement the agreed actions.

Meeting with school staff

In all placements, the foster carer should usually be the person to meet school staff to discuss progress and share information that the school needs to know in order to help the child succeed. Between reviews, the foster carer should ensure that the social worker and, if appropriate, the parent is kept informed about the child's progress at school, particularly if there are any problems.

Accessing educational and leisure activities

Looked-after children should have the same opportunities as any child to take full advantage of extra-curricular education initiatives. Foster carers should be delegated the task of

providing agreements and signatures for these from the outset of a placement, wherever possible.

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 extracurricular sports activities and activities, such as scouts or guides. Delegated authority to give such consents should be discussed at the start of the placement and the outcome recorded in the Placement Plan.

LEISURE AND EVERYDAY LIFE IN THE FOSTER HOME

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 a 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.

Holidays in the UK

Most holidays will require discussion with the parent and consultation with the local authority for funding and implications for contact arrangements. It is also necessary for the local authority and parents to know the whereabouts of children. Foster carers should ensure that the local authority is given adequate notice of the intention to take a child on holiday.

Holidays abroad

The possibility of children accompanying their foster carers on a family holiday abroad should be discussed with parents 'in principle' when they become looked after. 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 the case of school trips abroad.

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 those with whom the child lives, 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 reviews.

Contact

The principles and practice of the contact need to be established and formalised in the Placement Plan and the review is the place for agreeing any changes in these. It may also 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 and agreed beforehand. Any task that involves foster carers in supervising contact or facilitating contact in the home requires that the foster carers have received adequate training for these tasks and that the necessary risk assessments have been undertaken.

Other areas

Photographs and other media activity

There should be no restrictions on foster carers taking family pictures of their 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, however, as issues of confidentiality and safeguarding can often be present. 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 very much the 'lead' in these decisions.

- **School photographs** – Foster carers should be enabled to give consent for formal school Photographs and these should be purchased by the foster carer if taken. 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.

Participating in hazardous activities

Once again, early anticipation and discussion of these types of scenarios can save much

distress and disappointment. People's views will vary on what activity may be considered 'hazardous' or 'risky'. The Government expects that the risk-averse culture will be challenged. It 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 usually necessary and it is important that foster carers work within the local authority's 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 – such as skating, riding, sailing, wall climbing and karting – the foster carer would need to ensure that the child or young person had the correct safety equipment, adequate preparation and, where applicable, was supervised by a recognised instructor or supervising organisation. More unusual requests should be discussed at a review meeting and a decision on delegated authority agreed.

Sex education

Children will receive education about sex and relationships at school, unless parents have decided to withdraw their children from such lessons. However, the arrangements in schools for how sex education is delivered in the curriculum may differ. A child's participation in the school's provision for sex and relationship education should be discussed at the placement planning meeting and parents' wishes identified and recorded. If it is agreed beforehand that the child attends, the foster carer should be able to consent on any school documentation. There will also be occasions when issues around sex and relationships arise in the foster home. Unless parents have expressed particular wishes about what they want their child to be told – and how – foster carers should respond as any reasonable parent would.

Mobile telephones

This is another area with scope for considerable disagreement. 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 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.

Social Media

Due to the constant evolution of social media, its use will need to be individually assessed and agreed at the child/ young person's placement planning meeting. This is to ensure children and young people are adequately protected from the dangers that social media can present such as cyber bullying and sexual exploitation.

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 usually 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.

It is the appointee's responsibility 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. The Department for Work and Pensions (DWP) is responsible for monitoring the award; there is no requirement to keep receipts or records of expenditure, and the child's local authority and 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.

Body piercings

Given its popularity, this merits discussion between the social workers, parents and foster carers before the request – or demand – for it arises. 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 appropriate). 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 under 16s 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.

AREAS WHERE FOSTER CARERS CANNOT LEGALLY GIVE CONSENT

Religion

A child in the care of the 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, where necessary, 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 to this. Full consideration in a review needs to be given to the long-term implications for the child of departing from the faith of the family of origin.

Taking the child abroad

Even with a passport, a fostered child cannot be taken abroad without the written consent of someone holding parental responsibility.

Passports

Young people can apply for an adult passport at age 16. Applications for passports for younger children can only be signed by a holder of parental responsibility – the parent or, if a care order is in place, an officer of the 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 review considers arrangements for a passport application so this process is started as early as possible.

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.

DELEGATED AUTHORITY - DECISION SUPPORT TOOL

This *Decision Support Tool* is to assist social workers, parents, foster carers, prospective adopters 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.
- To help prospective adopters understand whether their parental responsibility will be restricted and, and if so, the extent to which it is to be restricted.
- 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

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1. Medical and Health

| Consent/agreement/task | Who has 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 | | | |
| 1.2 Consent – routine immunisations | | | |
| 1.3 Planned medical procedures | | | |
| 1.4 medical procedure carried out in the home where the person administering the procedure requires training (e.g child with disability/illness) | | | |
| 1.5 Dental - signed consent to dental emergency treatment inc anaesthetic | | | |

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.

| | | | |
|--|--|--|--|
| 1.6 Dental - routine treatment inc anaesthetic | | | |
| 1.7 Optician – appts, glasses | | | |
| 1.8 Consent to examination /treatment by school Doctor | | | |
| 1.9 Administration of prescribed/over the counter medications | | | |
| 1.10 Permission for school to administer prescribed/over the counter medications | | | |
| 1.11 Referral/ consent for YP to access another service e.g CAMHS | | | |

2. Education

| Consent/agreement/task | Who has authority to give consent/ agreement or undertake the task | Notes (inc. notifications, prior consultation /recording requirement/conditions) | Date |
|--|---|---|------|
| 2.1 Signed consent for school day trips | | | |
| 2.2 Signed consents for school trips of up to 4 days | | | |
| 2.3 Signed consents for school trips of over 4 days | | | |
| 2.4 School trips abroad | | | |
| 2.5 Using computers at school | | | |

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| 2.6 School photos | | | |
| 2.7 Attendance at parents' evenings | | | |
| 2.8 Attendance at PEP meetings | | | |
| 2.9 Attendance at unplanned meetings re incidents or immediate issues | | | |
| 2.10 Registering at a school | | | |
| 2.11 Changing a school | | | |
| 3 | | | |

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| 2.12 Referral/ consent for YP to access another service (please specify the service) | | | |
| 2.13 Personal Health and Social Education | | | |

3 Personal, leisure and home life

| 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 | | Can only be applied for by someone holding PR | |
| 3.2 Overnight with friends ('sleep overs') | | | |

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| 3.3 Holidays within the British Islands | | | |
| 3.4 Holidays outside the British Islands | | | |
| 3.5 Sports/ social clubs | | | |
| 3.6 More hazardous activities- e.g horse riding, skiing, rock climbing | | | |
| 3.7 Haircuts/colouring | | | |
| 3.8 Body piercing | | In English law, it is illegal for under 16s 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. | |
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| 3.9 Tattoos | | It is illegal for anyone under the age of 18 to have a tattoo | |
| 3.10 Mobile phone | | | |
| 3.11 Part time employment | | | |
| 3.12 Accessing social networking sites e.g Facebook, Twitter, MSN | | | |
| 3.13 Photos or other media activity | | | |
| 6 | | | |

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 | | | |
| 4.2 Attendance at a place of worship | | | |

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) | Date |
|--|--|--|------|
| 5.1 Life story work | | | |
| 5.2 New or changes in 'nicknames', order of first names, or preferred names. | | | |

6. Contact

| Consent/agreement/task | Who has authority to give consent/ agreement or undertake the task | Notes (inc. prior consultation/ notification /recording requirement/conditions) | Date |
|------------------------|--|---|------|
| 6.1 Transport | | | |
| 6.2 Arranging | | | |
| 6.3 Facilitation | | | |
| 6.4 Formal supervision | | | |

7. Other areas or categories

| Consent/agreement/task | Who has authority to give consent/ agreement or undertake the task | Notes (inc. prior consultation/notification /recording requirement/conditions) | Date |
|------------------------|--|--|------|
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8. Additional notes or questions