

Delegation of Authority Decision Support Tool

UNCLASSIFIED

Document Control Information

Title:	Delegation of Authority Decision Support Tool
Date:	October 2024
Review date:	October 2024
Version	1.3
Classification:	Unclassified
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Version	Date	Description
Version 1	January 2021	First version developed and published in January 2021
Version 1.1	January 2022	Reviewed and updated.
Version 1.2	January 2023	Reviewed and updated.
Version 1.3	October 2024	Reviewed and updated.

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Introduction

This Decision Support Tool is designed to assist social workers, parents, foster carers and young people in talking 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 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 with 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.

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.

The Delegated Authority Decision Support Tool

Child/Young Person:

1. Medical and Health	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				

1.6 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		

¹More 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.

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

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			
3.2 Overnight with friends ("sleep overs")			
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			
3.9 Tattoos			
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		

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. notifications, prior consultation/recording requirement/conditions)	Date
6.1 Transport			
6.2 Arranging			
6.3 Facilitation			
6.4 Formal supervision			
6.5 Indirect contact e.g. tel and by computer			

7. Other areas or categories				
Consent/agreement/task	Who has authority to give consent/agreement or undertake the task	Notes (inc. notifications, prior consultation/recording requirement/conditions)	Date	

8. Additional Notes or questions

Signatures				
Name of Social Worker:				
Signature:	Date:			
Name of Foster Carer				
Signature:	Date:			
Name of Supervising Social Worker				
Signature:	Date:			
Name of Parents				
Signature:	Date:			