

‘Just like everyone else’

Policy for delegating authority to carers of looked after children

1 Summary A new approach

- 1.1 We want our children to experience as normal a childhood as possible, when they are being cared for by the council. For many years children have complained that they are not ‘just like everyone else’ and their lives have been hampered by bureaucracy. All children should have opportunities for new experiences as part of their normal development.
- 1.2 This policy sets out when consent needs to be obtained in relation to the child’s care. This applies to children in children’s homes as well as foster homes. We will not duplicate risk assessments undertaken by schools or activity centres but carers should make the normal enquiries of a concerned parent.

2 Types of decision

- **Consent for day to day decisions** i.e. health, leisure activities, haircuts, sleepovers, school trips or activity breaks, should be agreed by the day to day carer unless there are exceptional reasons recorded in the Placement Plan.
- **School placement decisions** will not be delegated to carers for Islington children, because the Virtual school has important skills and experience to help carers and children achieve the best possible education.
- **Significant events** such as planned surgery require the consent of people with Parental Responsibility taking account of the wishes and feelings of the child and their carer
- **In an emergency**, carers can take decisions without authority being delegated in order to protect the child as long as Islington is notified of the event immediately after. If the child is permanently or long term placed, more authority will be delegated to the carers.

2.1 The following decisions **may not be delegated**:

- changing the child’s name,
- bringing the child up in a different religion to their own,
- taking the child out of the UK or consenting to the child’s adoption.

These can only be consented to by those holding Parental Responsibility.

3 The child's role

- 3.1 The views of the child should be taken into account as well as the need for carers to hold the right authority to give good care. Older children should be encouraged to take responsibility for decision-making with guidance from their carers and social workers.

4 Roles and responsibilities

- 4.1 Children's social workers should lead the discussion on delegation of authority, seek the views of parents and children, record agreements on the Placement Plan and this is flexible enough to give the child a normal a life as possible.
- 4.2 Supervising social workers should ensure foster carers understand what agreements have been made and ensure they have the right training and skills to make good decisions.
- 4.3 The Independent Reviewing Officer will review arrangements for delegating authority to make sure that the child can have a normal a life as possible.

5 Placement Plan meeting

- 5.1 As far as possible, agreement should be made in advance so that the child's experience of care is good. Specific parental consent to matters such as medical treatment must be signed on the consent record. Any extra consent required for individual children should also be recorded on this record.

6 Particular examples of Decisions for delegation

A Applications for passports and holidays abroad

- 6.1 This must be agreed and signed only by a person with parental responsibility, i.e. parents or social workers and team managers. Holidays abroad should be discussed and agreed in advance. Foster children should also allowed to go on trips or holidays within the carers friends or family if the carer and social workers consider this is suitable within the agreed care plan. A DBS check is not necessarily required in all circumstances.

B Agreeing to health care

- 6.2 Foster carers should be given a signed consent record from parents for routine medicals, immunisations, dental, optician and general treatment. If the child is subject to a care order and parents do not sign

the consent record, the matter should be referred to the Operational manager. If the child is accommodated under section 20, parents should be asked to sign their consent so that routine medical checks and treatment can take place. If parents withhold consent, this should be addressed urgently. The Head of service can give consent for surgical treatment for children who are subject to care orders, although legal changes may enable carers to sign in the future.

- 6.3 Young people aged 16 and 17 can provide their own consent to medical treatment if they are deemed to have the capacity to do so under the Mental Capacity Act 2005. If they do not have the capacity to make the decision, the decision should be made by Islington or by their parents. Young people aged 12-15 may give consent to medical treatment if they are thought to be 'Gillick' competent.

C Photographs and social networking

- 6.4 Foster carers should take photographs of the child so that there is a good record for the child and they should not prevent photographs being taken 'just like anyone else' unless there is a clear safeguarding reason written in the child's placement plan.
- 6.5 Mobile phones and social networking are important for young people over 13 to be 'just like everyone else' and any safeguarding concerns should be raised with carers and young people and recorded in the placement plan.

D Carers absence from the home

- 6.6 In the absence of the foster carer, Islington expects and prefers that foster carers can make arrangements within their friends and family network for someone to care for the young person rather than the child go to strangers. A DBS check is not necessarily required.

For further information please refer to

www.fosteringhandbook.com/islington/what_decisions.html

The Children act statutory guidance for fostering services regulations 2011 p15-18 para 3.19 to 3.22

Delegation of authority; Amendments to the children act 1989 guidance and regs. July 13