



# Supporting Placement Planning

handbook on  
delegated authority

the fostering network  
the voice of foster care



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handbook on delegated authority

handbook for social workers, supervising  
social workers and foster carers, produced  
by the Delegated Authority Project managed  
by the Fostering Network (2009-11)



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# Part one

## introduction and context



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The single biggest problem  
with communication is the  
illusion that it has taken place.  
**George Bernard Shaw**

# I The Handbook and other resources produced by the Delegated Authority Project

## Who the Handbook is for

The Handbook has been written for child care social workers, foster carers and supervising social workers. It may also be helpful to some young people and parents of fostered children. It highlights key legislation and statutory guidance and contains guidance about good practice in relation to delegated authority when children live in foster care.

## What the Handbook aims to do

The Handbook is both a practice guide and a tool to help those most closely concerned with the care of young people to talk to each other about 'who does what' when a young person is fostered. It has been written to give social workers greater confidence about discussing parental responsibility and delegated authority and to enable foster carers to play a more informed and proactive role in planning meetings and reviews.

## What the Handbook includes

The Handbook is one of a suite of resources produced by the Fostering Network to support children's services and fostering services. In 2009 the Fostering Network was funded by the Government to research the problems in this area and produce materials to improve practice. For maximum flexibility and use, a number of the items in the Handbook can be downloaded as separate documents from [www.fostering.net](http://www.fostering.net) These are:

- *Frequently Asked Questions* – an information sheet about legal aspects of delegated authority produced by Family Rights Group.
- *Like Everyone Else* – a summary of the work undertaken and recommendations for services in relation to delegated authority. This summary has been written for corporate parenting boards and professionals in other services as well as for foster carers, social workers, young people and parents.
- *An Information Leaflet for Parents\** – produced with the help and advice from Parents 4 Parents (Islington) to help parents understand what delegated authority means and the role of foster carers.
- *Decision Support Tool\** – an aid to the essential discussions between everyone concerned with the child about everyday decision making and tasks that have to be clearly set out in the Placement Plan.

The other resources from the project available from the Fostering Network are:

- A DVD with accompanying trainers' notes in which young people explain why it is important that their foster carers can make more ordinary, everyday decisions about their care.
- *Moving Forward with Delegated Authority\** – a training course with explanatory trainers' notes that fostering services can download to deliver to their own staff and foster carers.
- *Like Everyone Else* – project report.

\* These items are offered as 'templates' in order that services can copy/adapt them to fit in with their own policies, procedures and practice tools.

- *Medical Treatment Authorisation Cards* – which can be issued to foster carers to show medical practitioners what they have been authorised to sign for in respect of medical treatment (available to purchase at [www.fosteringresources.co.uk](http://www.fosteringresources.co.uk)).

## 2 Why delegation is important – some feedback from the delegated authority project consultations

### Young people

- Are not always clear about who is responsible for some everyday decisions made on their behalf and feel that they are insufficiently involved in discussions about delegation.
- Feel embarrassed and stigmatised by problems in relation to delegated authority that make them stand out from their friends or other children.
- Can miss out on ordinary activities and trips when delays occur because it is not clear who has the authority to take the decisions.

### Parents

- Want reassurance and confirmation that they are relevant to their children's lives and are not being excluded – especially when placements are extended or become long term. This could mean meeting with foster carers outside contact and review meetings to talk about their child.
- Need to know more about how foster care works and how foster carers are approved, managed and supported.
- Would like to have the issues around delegated authority explained to them in a way that they understand.

### Foster carers

- Feel they are often unsure about who can do or agree what.
- Lack confidence because, even where they do have authority, delegation is not explained to them or discussed with them.
- Find that social workers are often unsure about who can agree what.

### Social workers

- Are sometimes unsure of the legal position around delegated authority.
- Are not always clear about their department's policies and guidance in relation to delegated authority.
- Operate very differently from one another in terms of what is delegated to foster carers.

The Government is clear that foster carers should be authorised to make everyday decisions about their fostered child wherever possible, within the legal framework. Care Planning, Placement and Case Review (England) Regulations 2010, Fostering Services Regulations 2011, and associated statutory guidance, which came into force in April 2011, underline the importance of social workers liaising closely with parents, children and foster carers from the start of a foster care placement, to enable proper planning to take place about who does what.

In order to achieve the most appropriate arrangements for the delegation of authority, social workers have to work sensitively with parents, often in very difficult circumstances. They also have to ensure that foster carers are well prepared and clear about the responsibilities they are being asked to undertake – in every case. This is a vital task which, because of its complexity and emotional nature, needs time and attention. It is not hard to see how clarity about who is best placed to do what can suffer when placements are made under pressure of time or in fraught circumstances. However, the failure to get this aspect of practice right can have serious consequences for everyone as the placement continues.

The *Delegated Authority Handbook* and the other project resources are designed to support this key area of practice. Because every situation is different, the guidance offered is general in nature. 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 their own service's policies and guidance in relation to consents and delegation of authority.

### 3 What delegated authority is 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 child.
- Clarity and transparency.
- Better use of existing processes and roles.

And 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.

## 4 Key legislation and guidance

The following are key pieces of legislation and guidance concerning delegation of authority. This is not an exhaustive list and fostering services are advised to seek their own advice about the legal framework.

- The Children Act 1989
  - *Sections 2 to 4A concern parental responsibility.*
  - *Sections 20 to 23 concern looked-after children.*
  - *Sections 31 to 34 concern care orders.*
- The Care Planning, Placement and Case Review (England) Regulations 2010:
  - *Regulation 9 and schedule 2 concern the Placement Plan.*
- The Children Act 1989 Statutory Guidance Volume 2: Care Planning, Placement and Case Review (2010):
  - *Chapter 3 concerns the placement and has sections on the placement plan and shared responsibilities and consents.*
- The Children Act 1989 Statutory Guidance Volume 4: Fostering Services:
  - *Chapter 3 contains a section on foster carers' delegated authority and it also refers to delegated authority in sections on contact with family and friends; achieving healthy outcomes for looked-after children; and educational achievement.*
- The Children Act 1989 Statutory Guidance Volume 1: Court Orders
  - *Chapter 3 contains a section on the effect of care orders.*
- The revised National Minimum Standards for Fostering Services(2011):
  - *Standard 6 refers to delegation of decisions about health.*
  - *Standard 7 refers to delegation of decision-making about education, leisure activities, overnight stays, holidays and personal issues such as haircuts.*
  - *Standard 9 refers to delegation of decision-making about contact.*
- IRO handbook: statutory guidance for independent reviewing officers and local authorities on their functions in relation to case management and review for looked after children (2010).



## 5 Frequently Asked (Legal) Questions about delegated authority

### 1 What is parental responsibility?

- Parental responsibility (PR) is defined in law as: 'All the rights, duties, powers, responsibilities and authority, which by law a parent of a child has in relation to the child and his property'.
- This means that a person with parental responsibility is responsible for the care and wellbeing of the child and, unless a court order says something different, that person, and anyone else that also has parental responsibility, can make important decisions about the child's life (subject to important exceptions set out in the *Delegated Authority Handbook for Social Workers and Foster Carers\**).

### 2 Who has PR?

- A child's foster carer never has PR.
- The child's mother has PR from birth.
- The child's father, if married to the mother at the time of the child's birth, has PR.
- Where a child's father was not married to the mother at birth he can acquire PR if he subsequently marries the mother or:
  - *he becomes registered on the birth certificate as the child's father (for a child born after December 2003)*
  - *he and the child's mother make a parental responsibility agreement providing for him to have PR for the child*
  - *the court makes a parental responsibility order in favour of the father.*
- The local authority also has PR if the child is subject to a Care Order, Interim Care Order or Emergency Protection Order. **Note that when a child is accommodated by agreement (s20 CA1989), the parents (and others with PR) retain their PR and the local authority does not have PR.**
- A person with a residence or Special Guardianship Order from the court has PR.
- Prospective adopters who have a child formally placed with them for adoption by the court have PR, although the adoption agency may restrict their exercise of PR.
- An adoption agency has PR throughout the time that a child is authorised to be placed for adoption.
- Adoptive parents have PR and the birth parents cease to have PR from the moment the adoption order is made.
- A step-parent or civil partner may obtain PR by agreement with all the people who have PR, or via a Court Order.
- A guardian who is appointed after the death of a parent or other person with PR has PR, provided the proper legal formalities have been followed.
- A second female parent can acquire PR in a similar way to an unmarried father.

\* published by the Fostering Network 2011 (see [www.fostering.net](http://www.fostering.net))

### 3 Can anybody else share PR with the parent(s)?

- PR can be shared by more than one person at the same time.
- In certain situations, one party with PR may limit the other holder's exercise of their PR.
- When a child is in care under a care or emergency protection order, the parent retains their PR but the local authority also has it and may limit the extent to which the parent (or others with PR) may exercise their PR.
- When there is a Special Guardianship Order in force, the special guardian can, for the most part, exercise PR to the exclusion of anyone else with PR (apart from another special guardian) – although parents/others with PR could still apply to challenge a special guardian's decision about the child in court.
- When a child is placed for adoption the parent and the prospective adopters have PR in certain circumstances but the adoption agency can limit the extent to which either may exercise their PR.

### 4 What does it mean to delegate authority ?

- A person with PR may not surrender or transfer any part of it to another person; however, a person who has PR may arrange for all or some of their responsibilities to be met in certain circumstances by someone else (including someone else who also has PR for the child). This is called 'delegating authority' and may be given for a particular event or arrangement (such as a medical appointment or a school trip).
- The law also says that the person who does not have PR for a child but has care of the child (eg a foster carer) may 'do what is reasonable in all the circumstances of the case for the purpose of safeguarding or promoting the child's welfare'. This means that in an emergency, if no agreement has been made about what to do, the foster carer may do what is 'reasonable' in order to safeguard the child. Statutory guidance states that what is reasonable will depend upon the urgency of the situation and how practical it is to consult a person with PR.
- Foster carers often find they need the authority to make certain day-to-day decisions, such as whether the child they are caring for is allowed to stay overnight with a particular friend, or whether she or he can go on a school trip. The Children Act 1989 Volume 2 Statutory Guidance on Care Planning, Placement and Case Review, which came into force on 1 April 2011, requires local authorities to ensure that the placement plan, which sets out the arrangements for the child to live with and be cared for by the foster carers, specifies any arrangements for the delegation of authority from the parents to the local authority. This should include any arrangements for further delegation from the local authority to the foster carer. The placement plan should help the foster carer understand what decisions they can make. Where there are issues that a foster carer believes it would be in the child's interests for them to decide, and these are not covered in the placement plan, then the foster carer should discuss this with the child's social worker during the statutory visits.

### 5 Are there some situations where authority cannot be delegated?

There are a number of situations in which consent of those with PR for the child is essential and therefore cannot be delegated to another person. For example, consent to removal from the jurisdiction (UK) must be given by all the people who have PR, unless the child is in the care of the local authority (under a Care Order, Interim Care Order or Emergency Protection Order), in which case it can be specifically authorised by the local authority for up to one month. Other examples of where authority cannot be delegated are outlined in the *DA Handbook*.

### 6 What is the difference between having PR and having delegated authority?

- A person with PR may not surrender or transfer their PR.
- A person with delegated authority may only do what they are authorised to do (unless it is an emergency, in which case they can do what is reasonable to keep the child safe), whereas a person with PR can make almost any decision about a child's upbringing.
- Any arrangement with a temporary carer is not legally binding and a person who holds PR may take back their child, and/or the authority they have delegated, at any time, unless a court order says they may not.
- Any delegation does not relieve the parent, or other person delegating, of any liability that may arise as a result of a failure to meet that parental responsibility.
- Where PR is shared, and the parties cannot agree how to exercise PR, the parties may go to court to decide the issue. Even where one party with PR has the right to limit the extent to which the other exercises their PR, eg the local authority when the child is under a Care Order, the parent may challenge the local authority decision in court if they think they are acting unlawfully.

### 7 Who takes legal responsibility for decisions made by a person with delegated authority?

- Where authority has been delegated, the person who has PR still remains liable in law for any failure to meet any part of his parental responsibility.
- A person to whom authority has been delegated may also be liable in law if the decision they made was negligent or criminal.

### 8 How does a foster carer know if the person delegating authority is able to make that decision?

- If the local authority has an Emergency Protection Order or Care Order, the foster carer may assume that any officer of the local authority has the authority to delegate responsibility. However, if the local authority does not have such an order, it is the parent or someone else with PR who has to agree to delegate any authority to the foster carer.
- A written record should be kept in the Placement Plan of all decisions to delegate authority.

### 9 What happens if the foster carer disagrees with what the local authority is proposing?

- The foster carer's Placement Plan will set out some circumstances in which authority will be delegated to them. Where there is disagreement, it is helpful to discuss the issue with the supervising social worker to understand the reasons that have led to the decision and to be clear about what options are available to the foster carer to take the matter further. Depending on the circumstances, the foster carer could, in the first instance, discuss matters with the child's independent reviewing officer (or an advocate, if the child has one) if the foster carer feels that decisions taken are not in the child's best interests.

### 10 What should I do if there is no one with PR for the child?

- The local authority has primary responsibility for a child that they have placed with a foster carer, regardless of whether anyone has PR for the child.
- A foster carer should therefore be guided by the local authority when making decisions for, or on behalf of, the child.
- However, a person with care of a child who does not have PR may do what is reasonable in the circumstances for the purpose of safeguarding or promoting the child's welfare. This applies equally if the person with PR cannot be contacted within the timescale necessary. This means that in an emergency, if it is not possible to refer back to the local authority, the foster carer can do what is necessary to keep the child safe.

### 11 What happens if the young person is 16?

- There are some things that a young person who is 16 or over, or under 16 but mature, can consent to in their own right, for example:
  - *A young person aged 16 (or a young person under that age who is considered by medical staff to have sufficient understanding of the implications of treatment) can consent to their own medical treatment.*
  - *From the age of 16 a young person can consent to their own care plan when they are looked after by the local authority and there is no court order in place.*

### 12 Who is included in the definition of parent in the Education Act 1996?

- The Education Act 1996 (section 576) defines 'parent' to include anyone who has parental responsibility for a child, or who has day-to-day care of him or her. This means that someone, including a foster carer, can be a 'parent' for education purposes without having parental responsibility for the child in question. Because of this, it is important that foster carers understand their responsibilities and rights.
- Education law makes parents responsible for a child's regular attendance at school. If a fostered child does not attend school regularly, his or her foster carer may be requested to enter into a parenting contract. If the child's attendance does not improve, and the foster carer is unwilling to work with the school or the local education authority to improve the child's attendance, it is possible that the foster carer may be prosecuted or fined.
- A significant number of children who are looked after have special educational needs (SEN), or would benefit from being assessed for SEN as a route to gaining appropriate education support. If a child has a Statement of SEN, his or her foster carer/s should have a copy of this. An appeal to the Special Educational Needs and Disability Tribunal (SENDiS) on issues such as refusal to assess whether a child has SEN, or disagreement about the school named in a Statement of SEN, may be made by a foster carer.
- Despite these legal rights, foster carers are advised not to act without consulting the parties who have parental responsibility for the child (the local authority and/or the child's parents, as appropriate). Equally, the local authority and the child's school and SENDiS should ensure that foster carers are consulted and involved in decisions about a child's education, alongside those who have PR for the child.

## 6 Key principles and pointers for practice

### Key principles

- 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 when discussing the issues in relation 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 their fostered child 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 and agrees 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 (see *Appendix 2: Information for Parents*); 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. (See FAQs on page 8).

## 7 The Planning Process

### The Placement Plan

#### **The Placement Plan:**

- Is contained within a looked-after child's care plan.
- Must be drawn up before the child is placed or, if that is not possible, within five days of the start of the placement.
- Key tasks/consents/decisions should be anticipated and who does what should be clearly agreed.
- Should clearly set out the detail of 'who does what'.
- Must be made available to parent(s) and foster carer(s) as part of the care plan.
- Is a living document that should be reviewed regularly.
- Should be agreed to by the parents, the local authority, the foster carer and the child.

#### **Plan in place from the start**

The Placement Plan (which replaces the 'foster placement agreement'), is a legal requirement when every new placement is made. It sits within the overall care plan and must be drawn up within the statutory timescales (before the placement or within five days of it starting). Copies of the Placement Plan must be made available to the foster carer(s) and the parent(s) and to the Independent Reviewing Officer.

#### **Being specific**

The Placement Plan should be explicit about the distribution of tasks, consents and responsibilities between parents, social workers and foster carers. It should include as much detail in this respect as possible, including the name of the lead person with respect to each consent/decision/task and their role. Where authority is delegated and there are two foster carers in a household, the Placement Plan should address the joint nature of their responsibilities.

#### **Parents and others**

The local authority should seek agreement to the Placement Plan from all those responsible for implementing the care plan – the parents (if this is feasible), the child's social worker, the foster carer (who must sign the Placement Plan) and the foster carer's supervising social worker. It is important to consider the implications of the Placement Plan for the role of both parents.

Where both parents have parental responsibility, consultation with both should take place, where possible, if a decision or consent is to be delegated.

### Reviewing the Placement Plan

- The IRO must consider the issues within delegated authority at every review along with the other plans within the overall care plan.
- Key consents/decisions/tasks should be anticipated and who does what agreed upfront.
- Parents, foster carers and the child should be involved in planning and review meetings.
- Building a close working relationship with parents, wherever possible, is key to good practice in relation to delegated authority.
- There should be understood ways to manage any differences of opinion.

#### Thinking ahead

It is particularly important for everyone to try to anticipate consents and agreements that may be needed in the weeks or months ahead. The age and interests of the young person, and the lifestyle and recreational holiday plans of the foster carers, should all be considered in an effort to predict what decisions are likely to arise. What is likely to come up? What will be needed? Foster carers should take responsibility for informing social workers where they foresee a matter arising that may require a decision about delegation of authority. This will help avoid problems further down the line.

Even when a specific decision has to be taken by a manager within the children's service, it may be possible to authorise the foster carer to sign the relevant documentation.

#### A 'living document'

The Placement Plan that has been drawn up in the planning meeting is reviewed at subsequent statutory reviews chaired by the independent reviewing officer. The first review will need to pay particular attention to areas of consent and decision-making which were not anticipated or covered adequately in the original placement planning meeting. Review meetings provide opportunities to look again at how authority to give consents and take decisions is distributed between the social worker, parent and foster carer and to decide if the balance is working and meets the child's needs. Any changes to delegated authority should be recorded in the placement plan.

#### Keeping parents involved and informed

As the placement continues, it is important that social workers continue to maintain a close working relationship with parents (wherever possible) by ensuring that parents receive regular information about the everyday care of their child in a way that feels right for them. The exclusion felt by many parents, and their own confusion about 'how it all works', can contribute to a need to hold on tightly to the few pieces of control that they feel they possess – for example, decisions about haircuts and holidays.

#### Resolving differing opinions

The child's social worker, the foster carer and the supervising social worker are the key professionals working with the child. The status and functioning of this 'core team' relationship and its role in problem solving and conflict resolution is key to the successful support of each placement. It is so important that it requires attention in its own right. Time is short, but good communication between these professionals is essential outside the formal reviews, particularly if there are tensions or problems. Conference calls should now be an accepted part of collaborative working.

A change of the child's social worker or the supervising social worker is also something which can make the other parties feel vulnerable and anxious. A meeting to establish the new relationships and the principles for working productively together can start things off on firm ground and help enable all parties to work productively together to manage the differences of opinion that can arise over the life of a placement. Where there are differing views about how the placement is managed, how a child is cared for or about an aspect of delegated authority, there should be agreed ways to resolve disagreements, possibly with the assistance of the Independent Reviewing Officer.

### Good quality assessments

Decisions regarding the level of delegated authority should be based on good quality assessments of need and risk for the individual child and foster carer. The balance and distribution of responsibilities should support the key relationship between the young person and the foster carer in long-term and permanent placements.

## 8 Supporting foster carers – liabilities and legal indemnity

Foster carers are acutely aware of the importance of information and support when they are caring for children. They require good quality and full information at the point of placement in order for them to care properly and safely for the child. They also need to be consulted, and be clear, about the decision-making responsibilities they undertake.

Before delegating particular tasks, decisions or consents to a foster carer, their supervising social worker should be satisfied that he or she is sufficiently trained and confident to take on these responsibilities. It is also essential that the things which they are authorised to do are discussed with them outside planning meetings and reviews to ensure that they make sense 'in practice'. However, no matter how competent and supported the carer is, the possibility that something may go wrong cannot be entirely eliminated.

If harm comes to a fostered child while in their care, the foster carers can be held liable where negligence is proven and they can be sued. It is, therefore, important that fostering services have legal indemnity insurance in place for all their foster carers. Schedule 5 of the Fostering Services (England) Regulations 2011 requires all fostering services in England to set out in writing in their Foster Care Agreement with the carer the 'arrangements for meeting any legal liabilities of the foster carer by reason of a placement'.

Foster carers should take responsibility for ensuring that they are happy with the arrangements that their agency has in place to deal with any potential liabilities. These arrangements should include how the fostering service will meet claims by or against foster carers in respect of damage, loss or injury or legal defence costs.

Options available to agencies include:

- A written indemnity to all foster carers stating that the fostering service accepts responsibility for damages and costs incurred as a direct consequence of fostering and of the actions of any fostered child.
- Extension of the fostering service's own insurance cover to include foster carers.
- Provision of insurance cover for foster carers through arrangements made by a third party insurer.



Good parenting means that risks have to be managed and this means that foster carers should be given the support to make more decisions and manage risk. Children in foster care must be treated, as far as possible, as other children are and the professionals concerned with them must work with this imperative.

# 9 Guidance on key consents and areas of decision-making

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. As always, this advice should be interpreted in the context of the fostering service's own legal advice and policies. In particular, it should be noted that parent(s) must agree to authority being delegated, unless there is a care order in place *and* the local authority considers it necessary to limit 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, for example.

### 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

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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.

### **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. 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 a medium to long-term placement, 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-curricula 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 extra-curricula 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. 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](http://www.fostering.net) or [www.ceop.police.uk](http://www.ceop.police.uk) on this topic.

### 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. For more information and guidance on this topic visit [www.ips.gov.uk/cps/files/ips/live/assets/documents/Guidance\\_notes\\_v\\_8.pdf](http://www.ips.gov.uk/cps/files/ips/live/assets/documents/Guidance_notes_v_8.pdf)

#### 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.



# Part two

## the decision support tool



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Fewer delays, less anxiety,  
better relationship with carer...

**Foster carer**



# I What is it?

The *Decision Support Tool* is intended to support good communication. It has been written to help young people, social workers, foster carers and parents prepare for planning meetings and reviews. **It does not replicate or replace the Placement Plan, which is the key document and a legal requirement for recording who is responsible for consents and decisions.**

The *Decision Support Tool* can also be used:

- To show that social workers, foster carers and parents need to talk together about a very wide range of tasks and decision-making when children live with foster carers. Some of the examples included in the *Decision Support Tool* are written into Placement Plan formats, but others can be too easily overlooked or left unclear.
- To discuss with young people and help them to understand how the decision-making of their foster carer, social worker and parent(s) fit together.
- To note down questions or decisions between reviews.
- To summarise a foster carer's span of authority across the range of dimensions without the amount of identifying detail contained in the Placement Plan.
- To assist supervising social workers consider foster carers' development and support needs in relation to the *Training Support and Development Standards for Foster Care* and their continuing development.
- To assist parents who need additional support to understand how the balance of decisions and delegated authority will work in their situation or in circumstances where their child's legal status is changing.

All activity relating to children who are looked after takes place within a particular legal context. The *Decision Support Tool* should be used in a way that takes account of this and of the policies, procedures and legal advice of a specific service.

## 2 Different types of consents and delegation

Day-to-day parenting involves countless decisions and actions, from the mundane to the highly significant. Signatures are required for some medical procedures and for children to undertake some activities or access some services. Other activities involve an element of 'informed consent', but require no signature. Finally, in addition to these, there are the decisions about the everyday personal care given by the foster carer – from emotional and physical care, to what a child has for breakfast or what time they are expected to get home from an evening out with friends.

Every situation is different. The age, views and legal status of the child or young person, the role and involvement sought by the parent, the confidence and experience of the foster carer, the policies and procedures of the children's service and even the personal values of the social worker can all play a part in defining the foster carer's role and responsibilities. The scale and the range of consents and decisions is a challenge to any attempt to categorise them, but the chart opposite may be of help in thinking and talking about everyday decisions and tasks when children live in foster care.

## Part two: the decision support tool

Type of consent/decisions	Definitions
1 Signed consents	All those procedures, activities and applications that require a signature on a document – eg passports, medical consents, school trips.
2 Implicit consents/agreements	Actions which do not require a signature but where the consent issue concerns the young person's access to or use of another service/activity/facility or individual – eg routine dental treatment, opticians, overnight stays with friends/Facebook.
3 Other day-to-day decisions/ tasks	The other tasks/decisions that involve the foster carer's own personal care of the young person. These may link with other agreements around the foster carer's role in a safer care plan or behaviour management strategy, as well as things like pocket money, times in and transporting children to school.

### 3 Who informs who and when? – some important questions for foster carers who are authorised to take decisions and undertake key tasks

Everyone has a responsibility to make the Placement Plan work as well as possible for the child. It can, however, be helpful for foster carers to have some key questions ready to make absolutely sure that they and the social workers or parents are communicating clearly about the basis of decisions and their expectations of each other.

Communication is at the heart of good practice in relation to delegated authority. It is imperative that parents feel as fully involved as possible in their child's life and the planning process. As well as being a legal duty, it increases the chances of building confidence and trust with foster carers and social workers and helps parents to think about delegated authority in a way that meets the needs of their child. Sometimes foster carers can talk directly to parents to keep them up to date and to advise them of actions they have undertaken on their behalf. In other situations, parents receive information about their child's care and welfare from the social worker who has been informed of developments by the foster carer.

Communication is also at the heart of confidence and trust between the professionals. There may be agreement about what responsibilities are delegated to foster carers, but there can still be scope for misunderstandings about who is informed about what has taken place and when. It is easy to assume that all parties have the same expectations in relation to this and only find out later, when it has become a problem, that they did not.

## Part two: the decision support tool

The pressures of time also mean that some actions and decisions – and the basis upon which these are made – are not always as clear as they need to be. Foster carers can be left wondering about advice or decisions after meetings have ended or after the social worker has left. They realise that they are not sure of the source or the basis of the advice they receive or what they are asked to do. This can make it difficult if they do not really agree with what they have been told or if they have to explain why things are as they are to the young people they care for.

Finally, things rarely run to plan: problems crop up at the worst moment; the foster carer needs something resolved quickly; the social worker is ill; the manager is out. What is in place to deal with this scenario and what principles should guide the foster carer in making 'the best possible' decision in the circumstances?

Assumptions are risky things to have. Checking what another person is expecting of us, exactly what has been agreed (and why), is rarely wasted effort. What follows are some questions which may help foster carers in these situations.

### 1 Expectations regarding how foster carers involve parents in their fostered child's life

*How can my fostered child's parents receive the information that they want from me between reviews about how I am caring for their child/making everyday decisions?*

- directly or via the social worker
- notes
- phone calls/texts/email
- a diary
- postcards.

### 2 Expectations about when foster carers should communicate with social workers or parents over decisions they have taken

*Is this consent, decision or task something I need to advise the social worker/parent/ out-of-hours service about:*

- Immediately – as soon as I have made it?
- Next time I see them?
- At the next review when the Placement Plan is reviewed as part of the Care Plan?
- I just record that it has happened.

### 3 Expectations about what informs social workers decisions

*Is the social worker's advice about a consent or decision based upon:*

- The legal position?
- Departmental policy and procedure?
- A risk assessment?
- A discussion with a manager or IRO?
- A personal view?

Foster carers can use the *Decision Support Tool* to record notes and questions about these things to discuss with their fostered child's social worker or in reviews.



# Appendices

## **Appendix 1**

Decision Support Tool

## **Appendix 2**

Information for Parents

## **Appendix 3**

Like Everyone Else: summary report

# Delegated Authority Decision Support Tool

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This *Decision Support Tool* is to assist social workers, parents, foster carers 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.

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

## I. Medical and Health

Consent/agreement/task	Who has authority to give consent/agreement or undertake the task <sup>1</sup>	Notes (inc. notifications, prior consultation /recording requirement/conditions)	Date
1.1 Signed consent to emergency medical treatment (incl. anaesthetic)			
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 (eg child with disability/illness)			
1.5 Dental – signed consent to dental emergency treatment (incl. anaesthetic)			
1.6 Dental – routine treatment (incl. anaesthetic)			
1.7 Optician – appointments, 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, eg CAMHS			

<sup>1</sup> More than one person could have authority to give a particular consent/agreement or undertake a particular task, eg 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 four days			
2.3 Signed consents for school trips of over four 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 (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		<i>Can only be applied for by someone holding PR</i>	
3.2 Overnight with friends ('sleepovers')			
3.3 Holidays within the British Isles			
3.4 Holidays outside British Isles			
3.5 Sports/social clubs			
3.6 More hazardous activities, eg horse-riding, skiing, rock climbing			
3.7 Haircuts/colouring			
3.8 Body piercing		<i>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</i>	
3.9 Tattoos		<i>It is illegal to tattoo anyone under the age of 18</i>	
3.10 Mobile phone			
3.11 Part-time employment			
3.12 Accessing social networking sites, eg Facebook, Twitter, MSN			
3.13 Photos or 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 history 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)
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. notifications, prior consultation /recording requirement/conditions)	Date

## 8. Additional notes or questions

# Information for parents of children in foster care

Produced by the Delegated Authority Project 2009-11

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## Note on terminology used:

**Parental responsibility** – all the rights, duties, powers, responsibilities and authority which by law a parent has in relation to a child and his property.

**Accommodated** – when young people are looked after by the local authority and in foster or residential care with the agreement of their parents.

**Care Order** – a court order that means that parental responsibility for a child is shared by the parent and by the local authority. The local authority can only override a parent's exercise of their parental responsibility if it is necessary to do so in order to safeguard or promote the child's welfare.

**Delegated authority** – where a person with parental responsibility gives permission to another person to do or agree something on their behalf in relation to a particular child.

## Your feelings

Whatever the reasons for your child needing to live with foster carers, you may be feeling upset, possibly angry and confused, and maybe lonely, too.

Some parents who have been through this say that having their child cared for by someone else is one of the most difficult things they have had to face, even if it's for a relatively short time. They also say that, because they are upset, it is often hard to take in what they are told about how foster care works.

This information sheet has been written to help you feel more confident about asking questions about foster care. It may also help you to join in the discussions that take place about how your child will be cared for while he or she is living in foster care and who – between you, the social workers and the foster carers – can decide what, and agree what, for your child on a day-to-day basis.

## What are foster carers and what do they do?

Foster carers are ordinary people doing the very important job of caring for other people's children. Fostering families come in different shapes and sizes, just like families everywhere. Some foster only one child; some care for foster brothers and sisters and small groups of children. They may foster children for short periods – helping them to return home, perhaps –

## Appendix 2: information for parents of children in foster care

or for very long periods, if a young person needs to stay until they are old enough to leave and live independently.

Some other things you might like to know about foster carers are:

- Foster carers have to be approved by a fostering service provider before they can foster. The backgrounds of all foster carers, and any other adult in their household, are carefully looked at when they apply to foster, to ensure that they are the right people to care for children.
- Foster carers are approved and supported by local authorities or by voluntary or independent agencies. If local authorities have not got a suitable foster home for a child, they will often place him or her with a foster carer from another service. All fostering services have to comply with the same regulations and requirements, so this is not something to worry about.
- Foster carers receive training before and after they are approved to foster by their fostering service.
- Foster carers are supervised by their own social worker – a different social worker to the one responsible for your child.
- All foster carers receive an allowance that covers the cost of caring for the children they care for. Many foster carers also receive a fee to reward them for the skills, time, experience, etc, that they bring to their role. Without these payments, they would not be able to foster as, like any other family, they would have to find paid employment elsewhere.

## What happens when my child goes to stay with foster carers? How does it work?

The social workers have to make sure that the foster home is suitable for your child before he or she goes there.

Before, or very soon after, your child goes to stay with the foster carers, there has to be a meeting – a **Placement Planning Meeting**.

This is an important meeting because it brings together the social worker and the foster carers, the parents (if that is possible) and the child (if old enough). The aim of the meeting is to ensure that everyone meets each other, everyone is clear about why the child needs a foster home and everyone knows about the **Care Plan** for your child. The Care Plan is important because it helps everyone involved to develop a shared understanding of what needs to happen to meet your child's needs.

The social worker's job at this meeting is to make sure that the foster carers have as much information as possible to care for your child – about family, health, education, routines, activities, likes and dislikes. You are probably the person who knows your child best and you can do a great deal to help your child by sharing information with the social workers and the foster carers.

As the parent, you need information, too. You need to feel reassured about the care your child will receive. Even in very unusual situations when parents can't be told where their child is living, they are still entitled to information about the sort of foster family their child is going to stay with – what they do, what sort of area they live in, what their home is like, etc – so they can think about their child there.

## Appendix 2: information for parents of children in foster care

The Placement Planning Meeting, the initial Care Planning Meeting and the Review meetings that come later are also important for sorting out arrangements for contact and how parents, social workers and the foster carers will work together to make sure the child's needs are met in the foster home. It is important that as much as possible is planned in advance to avoid delays and misunderstandings.

### How do I know who makes decisions and who does what when my child is in foster care?

- Parents have Parental Responsibility (PR).
- If there is a Care Order, the local authority shares PR with the parent. It is important that social workers work with the child's parents and that the parents are consulted about the care their child receives and their wishes taken into account.
- Foster carers do not have PR – this means that any authority to make certain decisions is delegated to them by people who do have PR.

The Placement Planning Meeting is for discussing what decisions and tasks foster carers undertake on your behalf or on the local authority's behalf.

Whether your child is on a Care Order or looked after with your agreement (which is called accommodated), it is important that you have opportunities to meet the foster carers and to play a part in this discussion. Even if – for some reason – you cannot attend the Placement Planning meeting, you need to be fully involved so that you understand what is happening and can have your say about how things are done for your child.

The most important thing is that your child gets the care he or she needs and there is a minimum of delay sorting out who can make particular decisions about your child, or give particular consents.

Children and young people in foster care say they feel embarrassed and upset if there are delays in agreeing things, or if getting consents and agreements from parents and social workers make them stand out from other children. That is why parents, foster carers and social workers all have a responsibility to agree as much as possible in advance, to make sure things work well for the child.

If you give prior permission – or if the local authority delegates authority – to foster carers to consent to things like emergency or routine medical treatment, school trips, overnight stays or hair cuts (ie the everyday decisions that all children need), this will enable the foster carer to make the best arrangements possible for your child.

However, responsibilities work both ways. In order for you to feel comfortable with foster carers taking decisions that you or the social workers have agreed in advance, you are entitled to receive good reliable information – from the foster carer or the social worker – about what has been decided, and when. You also need to be reassured that you will be consulted about the other things that arise.

Of course all this will depend on your child's age and your situation.

### Five things that all parents need to know about delegated authority and consents

- 1 You are entitled to help and support to understand and play your essential part in your child's life when he or she is in foster care.
- 2 The relationship between you and your child's foster carer is important. It is better for your child if you can talk together and agree things. Whenever possible you should meet the foster carer at placement planning meetings and reviews and at times during your child's stay – and not just when contact takes place.
- 3 You need to be clear about the arrangements for **authority and consents** in relation to your child – what you will do, what the social workers will do, and what the foster carers are authorised to do
- 4 If children are going to stay with foster carers until they are old enough to live independently, it is usually helpful and feels more normal for them to have foster carers who can take more day-to-day decisions for them. This ensures that things can be sorted easily and quickly for them and stops them feeling different from their friends. It is not about excluding you.
- 5 As your child gets older, he or she should be helped and encouraged to take more responsibility and make more decisions in his or her life as part of becoming more grown up. It may not be comfortable for parents – or for foster carers – but sometimes the young person's opinion will count most when decisions are made.

### Six top tips for parents

- 1 Do speak to the social worker and foster carer/s about the details of your child's day-to-day care, routines and preferences, such as their health, religious practices and education. You could write these down for the foster carer.
- 2 Make sure you are contactable – social workers or foster carers may need to consult you or advise you of something at short notice, so let them know of any change of address or telephone number.
- 3 Don't be afraid to ask questions – about your rights, about foster care and about your child's foster carers.
- 4 Do attend meetings.
- 5 Ask if the local authority has any additional services or sources of support for parents of children in foster care.
- 6 All fostering services have to produce a Statement of Purpose and a Children's Guide about how the service is run and how it works. Ask to see these if you want to find out more about foster care.

### Independent help and support for parents

Family Rights Group confidential telephone advice line can be contacted on **0808 801 0366**. There is no charge for mobile and landline callers.



# Like Everyone Else

## summary report

**There is general agreement** in order for more young people to thrive and to achieve in foster care, social work practice around the delegation of authority to foster carers must improve. Achieving agreement with parents about what authority should be delegated, keeping arrangements for delegated authority under review, and ensuring that the foster carer, parents and child all know who can decide what, is a complex task requiring skill and confidence.

The aim of social workers must be to create a secure base of relationships between foster carers and themselves in order to support children and their families. The full participation of foster carers in the planning process is a crucial factor for the well being of the young people they care for. Inconsistency and confusion between members of the 'team working with the child' can work against the establishment of trust. A lack of trust makes for difficult relationships and undermines the prospects for placement stability and good outcomes for children in foster care.

The Government is seeking to make clear the importance of involving foster carers in placement planning and of supporting foster carers to make everyday decisions about their foster children wherever possible, so that children might benefit from as normal an experience of childhood and family life as possible. The statutory framework from April 2011 reinforces these<sup>1</sup> principles and the need for clarity regarding how responsibilities are shared between parents, local authorities and foster carers. It is important that practice develops in line with these principles.

## The Delegated Authority Project

In April 2009, the Government awarded the Fostering Network funding to manage a two-year project to promote good practice regarding the delegation of authority to foster carers.

The specific aims of the project were:

- To explore current practice in relation to the range of decisions that are delegated to foster carers, and how delegation of authority happens.
- To produce materials and tools to help services to improve their practice in this area.
- To share the knowledge and good practice at four events across England.
- To produce training materials to enable services to deliver their own training on delegated authority.

The project explored current arrangements for delegating authority to foster carers – from placement planning meetings to children's subsequent statutory reviews – in order to better understand the attitudes and processes that get in the way of good practice. The resources and tools have been designed for fostering services, children's services and corporate parenting boards. They deal with some of the problems and difficulties described by those who participated in the surveys and consultations and offer ideas and ways to improve practice in accordance with the Government's aim that foster carers should be involved in care planning and able to make everyday decisions about their foster child wherever possible.

**This summary describes some of the key findings of the project and includes some recommendations for children's and fostering services and for foster care associations.**

<sup>1</sup> The Care Planning Placement and Review Regulations and Statutory Guidance 2010, the Fostering Services (England) Regulations & Statutory Guidance 2011, the IRO Handbook Statutory Guidance 2010 and the National Minimum Standards for Fostering Services 2011

### The team

Hazel Halle, director of services (England) and project sponsor, managed the project workers, Jacky Slade and Chris Priestman, both of whom have been regional consultants at the Fostering Network since 2004. All three are qualified social workers.

Hazel and Jacky have extensive experience of children's services and fostering and adoption services in the statutory, voluntary and independent sectors. Chris Priestman has managerial experience in the areas of youth justice and fostering in the statutory, voluntary and independent sectors.

### Acknowledgements

Thanks go to the members of the project advisory group, which included representatives from our three main collaborating services: Bristol City Council, Islington Council and Fostering People. Support was also received from Merton Council Fostering Service and, in addition, we would like to convey appreciation for advice, documentation, or both, to:

Parents 4 Parents (Islington); By the Bridge Fostering Agency; Stockport Metropolitan Borough Council Fostering Service; Cheshire West and Chester Council Fostering Service; Coventry City Council Fostering Service; Worcestershire County Council Fostering Service; Northamptonshire County Council; the young people of the Fostering Network's *Leading Our Lives* project; Lucy Blows (Action for Children's Birth Family Support Service); Mike Lindsey (Office for the Children's Rights Director); the Honourable Mr Justice Hedley, Family Division Liaison Judge for Greater London; Jon Fayle (NAIRO); Julie Selwyn (Hadley Centre); Viv Kind (foster carer and social worker).

Finally, our thanks go to the DfE (formerly the DCSF) whose financial support made it possible to undertake this work.

### The work

- Over 500 surveys were completed by child care social workers, supervising social workers, foster carers, IROs, care experienced young people and sons and daughters of foster carers.
- Consultations were held with foster carers, foster care experienced young people, social workers, supervising social workers and IROs.
- Perspectives were sought from a group of parents of young people in foster care.
- Young people were involved in creating and producing a DVD to be used by services to increase awareness and improve practice.
- A range of template tools were drafted by the project team and consulted upon with social workers, parents and foster carers.
- Training modules for foster carers and social workers and modules to train the trainers have been developed to help services consider how they might increase the number and types of decisions made by foster carers.
- To complement the full report, four dissemination events have been held in England to share the key findings of the project.

### The messages

The project report has many messages, of which the following are a selection:

#### Young people

- Many young people in foster care mistakenly believe that CRB checks always have to be undertaken in order for them to have sleepovers at friends' houses and, as a consequence, they often miss out on things their friends are doing.

*'I never stayed out because it was too much of a carry on (to get a CRB).'*

- Delays in obtaining written permission from social workers or parents have often resulted in young people in foster care missing out on holidays, trips and activities that their peers have taken part in.

*'I missed a school trip to Belgium because I couldn't get the form back quick enough.'*

- Young people want to be asked about who they want to make day-to-day decisions for them. Many want this to be their foster carers as they believe this would help them to live a more 'normal' life.

#### Parents

*'Having your child looked after by someone else is like seeing your children through a glass wall.'*

- Parents often feel on the outside or irrelevant when their child is in foster care and they can be left unclear about who makes what decisions about their children.
- Parents do not always receive written information about decision-making when their child is looked after and often have little understanding how foster care works or how foster carers are trained and approved.
- Parents said they may feel able to agree to foster carers making more day-to-day decisions about their children if they felt more included and important in their children's lives.

#### Foster carers

*'I had two children in placement who had social workers from different teams: one manager gave permission for the child to go on holiday with us and the other one didn't.'*

*'Some (social workers) are happy to seek blanket permission for some activities from parents, some wish carers to seek permission every time. Sometimes difficult if school sends forms home the night before a trip or activity. Sometimes the child misses out.'*

- Foster carers are often unclear about where their roles and responsibilities begin and end and feel caught between different approaches to the delegation of authority.
- Foster carers describe a pervasive sense of anxiety about their position and an anticipated lack of support 'if things go wrong'.
- Foster carers said they felt that difficulties in relation to their 'inclusion as part of the professional team working with the child' was one of the biggest issues for them.

### Social workers

*'Because of the lack of clarity about what can be delegated, (we) tend to err on the side of caution and not delegate much.'*

- Most social workers saw many advantages to greater delegation of authority to foster carers, but there was also caution about how this was managed and its implications for collaboration and communication.
- Social workers and supervising social workers may not always be clear about what can or cannot be delegated to foster carers and what principles should inform greater delegation. There can be variations across local authorities, social work teams and even between social workers in terms of what can be delegated to foster carers, and when.
- Child care social workers indicate that they may not always have an adequate understanding of their 'in-house' fostering service and the impact of fostering on foster carers' family lives.

### IROs

*As an IRO...it is vital that the child knows and respects who is parenting them in the day-to-day. (This is a fundamental identity issue for some children). Foster carers need to be empowered and provided with support so that the child is not confused or seeking parenting from too many people.'*

- IROs agree that greater delegation of decisions to foster carers is desirable.
- Some have noticed improvements in practice in respect of overnight stays, but suggest this is not universal.
- IROs feel they have a key role in improving practice in relation to consulting about delegated authority when reviewing placement plans, ensuring that parents are as involved and informed as possible and advocating for foster carers to be given more authority in appropriate cases.

## The materials

The following resources were developed during the project. All the materials (with the exception of the *Medical Treatment Authorisation Card*, which can be purchased from [www.fosteringresources.co.uk](http://www.fosteringresources.co.uk)) are free and downloadable or available to view at [www.fostering.net](http://www.fostering.net)

The *Handbook*, *Decision Support Tool* and *Information for Parents* are templates and can be freely adapted by services to supplement, or complement, their own policies and practice guidelines.

- *Like Everyone Else* – project summary.
- DVD of young people speaking, with **explanatory notes** – produced by care experienced young people and sons and daughters of foster carers. It can be used to introduce policy changes, for training of social workers and foster carers and to inform corporate parenting boards about delegated authority matters.
- *Supporting Placement Planning: handbook on delegated authority* – for use by social workers and foster carers and, where appropriate, young people and parents.

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- *Decision Support Tool* – to help social workers, foster carers, young people and parents to prepare for placement planning meetings and reviews, to act as a reminder about some of the questions to ask and to ensure that everyone is clear about what is agreed.
- *Frequently Asked Questions about Delegated Authority* – an information sheet written by the Family Rights Group about the legal issues.
- *Information sheet for parents* - produced with advice from Parents 4 Parents (Islington). It can accompany more general information given by local authorities to parents at the point their child becomes looked after.
- *Medical Treatment Authorisation Card* – to enable foster carers to evidence the levels of their responsibilities in relation to medical treatment.
- *Training module on delegated authority with trainers' notes* – for services to download and adapt for their own in-house training.
- *Like Everyone Else* – project report.

### Did you know?

- The Government has made clear that foster carers should have the maximum appropriate flexibility in taking decisions relating to children in their care, within the framework of the care plan and properly respecting the wishes and feelings of parents.
- Legislation and guidance regarding overnight stays states that there is '**no statutory duty** for CRB checks to be carried out on adults in a private household where a child may stay overnight.'
- Delegated authority has to be covered in the Placement Plan which is now part of the Care Plan. The distribution and balance of responsibilities between parents, social workers and foster carers must, therefore, be considered during the initial placement planning process and at every review.
- Many parents of children in foster care have never received information written specifically for them about the fostering service, the support and management of foster carers or how the looked after system works.
- Until a young person is 16, applications for a passport can only be signed by a holder of parental responsibility - a parent or an officer of the local authority - hence the need for consideration as soon as possible after placement with foster carers .
- The minimum age for a person to legally get a tattoo is 18. The issue of parental consent, therefore, should not arise while children are in foster care.

### Recommendations

#### For children's services and fostering services

- Policy and guidance on delegated authority should be developed in consultation with foster carers and young people.
- Placement Plans, which now have to be reviewed, should address a wider range of consents, decisions and tasks than has generally been the case with placement agreements.
- Any local authority which is not yet following existing guidance on overnight stays should do so without further delay. Services should have a clear policy on how they interpret terms such as 'frequently', 'prolonged', 'regularly' and should aim for regional consistency in this respect .

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- Members of corporate parenting boards should receive information about the Delegated Authority Project in order to improve understanding and knowledge of the foster care role.
- Local authorities should review the information, advice and support needs of parents of children who become looked after in relation to delegated authority.
- Foster carers should receive training alongside social workers and supervising social workers in relation to delegated authority and working together.
- Local authority children's social workers should receive information and training about fostering and foster care services as part of their induction.

### **For foster care associations**

Foster care associations should place the Delegated Authority Project and the availability of its resources on local and regional agendas to ensure that members are aware of the resources available to them.

For more information on how to view the DVD and access the training course go to our website at [www.fostering.net/delegated-authority](http://www.fostering.net/delegated-authority) or call the Fostering Network on 020 7620 6400.

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