



HERTFORDSHIRE DELEGATED AUTHORITY POLICY

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FORWARD

We are committed to ensuring that as part of our corporate parenting role, children looked after by Hertfordshire are able to enjoy a childhood where they are safe, well cared for and supported to achieve their full potential through to adulthood.

We fully support our foster carers to look after children in a way that takes into account relevant risks and promotes decision making that allows children looked after to have the same opportunities as their peers.

We value the involvement of foster carers in care planning decisions and recognise that they often know the child best. We also understand that responsibility comes with delegated authority and carers need clear agreements that will enable them to carry out their day-to-day parenting task.

The information now available to carers on delegated authority and our revised placement plan will provide practical guidance to assist in making clear arrangements, together with birth family members and children and young people.



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1.0 Introduction

1.1 Delegated Authority aims to normalise the experience of children growing up in care and reduce their sense of difference. When used effectively it should minimise delay in decision making and maximise the child's opportunity to enjoy childhood and family life. A blanket approach is inappropriate given that each child has individual needs and each situation is different. There will be different levels of delegation depending on the child's situation, legal status and Care Plan. The most appropriate arrangements must be made within the legal and policy frameworks. Social Workers must liaise closely with parents, children, carers (whether foster carers or prospective adopters) and other professionals in Placement Planning, giving careful consideration to the balance and distribution of parenting responsibilities and delegation of authority. Children and young people need to know who can make decisions on their behalf; parents need to understand the decision making processes; carers need clarity on what they can agree to; and social workers need to give consistent advice and delegation.

2.0 Key Objectives

- 2.1
1. To ensure children in care have a normal experience of family life, which maximises their life chances and outcomes;
 2. To ensure each child has an agreed Placement Plan at the outset; giving the birth parents, child, carer and local authority a clear understanding of their respective roles;
 3. To ensure the views, wishes and feelings of the child are taken into account when discussing and agreeing delegation of authority. Consideration is given to whether the child is of sufficient age and understanding to take some decisions themselves;
 4. To ensure the child's parents are included and supported in discussions on delegated authority as far as possible and appropriate, to enable them to continue to play a part in their child's life;
 5. To ensure carers are involved in planning and decision-making and are given authority to make everyday decisions about the child placed with them, having due regard to the Care Plan, the legal framework and their own wishes, views, ability and skills;
 6. To ensure the level of delegated authority is compatible with the Care Plan; e.g. where a child is in a placement intended to be permanent, the Placement Plan is likely to reflect greater levels of delegated responsibility to the carers than for a child expected to return home;
 7. To ensure decisions on delegated authority are based on good quality assessments of need and risk for the individual child and carer;
 8. To ensure carers are trained and supported to undertake appropriate risk assessments in areas in which they are authorised to make decisions;
 9. To enhance placement stability by ensuring that decision making around common issues that arise in looking after a child, do not become confused and result in a missed opportunity for a child (e.g. haircuts, sleep-overs, staying out

late, school trips, and family holidays);

3.0 Principles

- 3.1
1. Children in care are as far as possible allowed the same opportunities to take part in normal everyday activities as would reasonably be granted by their parents to their own birth children;
 2. Parents are clear about what has been agreed in relation to delegated authority. The local authority can only restrict a parent's exercise of their Parental Responsibility if there is a care order in place and if it is necessary to do so to safeguard or promote the child's welfare;
 3. Carers have the maximum appropriate flexibility in taking decisions relating to the children in their care, within the framework of the agreed Care Plan and Placement Plan, and properly respecting the views and wishes of the birth parents. Authority for day-to-day decision making about a looked after child is delegated to the child's carer(s), unless there is a valid reason not to do so;
 4. The foster carer assessment, approval and review processes provide sufficient scrutiny to ensure the judgement of those who qualify can be trusted. Any skills gaps will be urgently addressed to ensure carers are able to carry out their parenting role effectively;
 5. Decision making is timely for children;
 6. There is commitment to working together, particularly between the child, parents, foster carer and social worker. Carers are seen as integral to planning and decision making; treated as full members of the team implementing the Care Plan. i.e. fully informed in discussions about the Care Plan, they have all the information they need to care effectively and safely and they are fully informed and involved in discussions about delegated authority;
 7. Decisions are made in line with the child's Permanence Plan, the legal framework and Hertfordshire Social Work Procedures.

4.0 Legal Framework and Definitions

Every child's individual requirements must be considered within the legal framework; particularly:

- The Children Act 1989;
- The Children Act 1989 Guidance and Regulations Volume 1 Court Orders;
- The Children Act 1989 Guidance and Regulations Volume 2 Care Planning placements and case review regulations;
- The Children Act 1989 Guidance and Regulations Volume 4 Fostering Services;
- Adoption and Children Act 2002;
- National Minimum Standards - Fostering Services, Adoption, Children's Homes;
- Statutory guidance for independent reviewing officers and local authorities on their functions in relation to case management and review for looked after children (IRO handbook);

4.1 *Parental Responsibility*

Parental Responsibility for a child who is subject to a Care Order is shared between the Local Authority and the birth parents, and remains wholly with the birth parents where a child is voluntarily accommodated. Foster carers do not have Parental Responsibility.

4.2 *Delegated Authority*

A person with Parental Responsibility may arrange for some or all of their responsibilities to be fulfilled by another person in certain circumstances. A person who has care of a child, but who does not have the Parental Responsibility, (e.g. 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'. In an emergency if no agreement has been made, the carer may do what is 'reasonable' and statutory guidance states what is 'reasonable' will depend on the urgency of the situation and how practical it is to consult a person with Parental Responsibility.

The respective responsibilities of the Local Authority and the child's parents and any arrangements for delegation of responsibilities (in most everyday arrangements) will be clearly set out in the Placement Plan.

4.3 *Placement Plan*

A Placement Plan should be drawn up before a child is placed, or, if not possible, within 5 working days of the placement starting. The Placement Plan sets out in detail how the day to day parenting tasks will be shared between those responsible for the child's upbringing. Arrangements for the delegation of authority from the parents to the local authority and from local authority to the carer will be specified in the Placement Plan; which should help the carer understand what decisions they can make. The Placement Plan should also record the reasons where any day-to-day decision is not delegated to the child's carer.

Delegated authority will be discussed at each statutory review and can be discussed with all parties between reviews if necessary. The Placement Plan will be updated as required to reflect any changes, including changes of the child's status (e.g. S20 to Full Care Order, decision to make a placement Long Term, etc.). This is particularly important in relation to a long term fostering placement.

4.4 *Who Can Delegate Authority*

If the local authority has an Emergency Protection Order or Care Order, the 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 carer.

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.

4.5 *Situations Where Authority Cannot Be Delegated*

There are a number of situations in which consent of those with Parental Responsibility 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 people who have Parental Responsibility, 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. This means that a passport, for example, must still be applied for by the local authority. A local authority cannot decide that a child should be known by a different surname or be brought up in a religion other than the one they would have been brought up in had they not become looked after.

5.0 **Delegated Authority in Practice**

5.1 *Assessments*

Quality assessment of need and risk for the child and carer will inform decisions on the level of authority to be delegated. This will vary in individual placements according to assessed factors such as: child's legal status, age, maturity, views; parental capacity and involvement; carer's experience, skills, ability, training, confidence, views; legislative basis, intended length and nature of the placement.

5.2 *Child's Competence to Make Decisions Themselves*

Any decision about delegation of authority must consider the views of the child. The following questions will be considered in deciding whether a particular child, on a particular occasion, has sufficient understanding to make a decision:

- Can the child understand the question being asked of them?
- Do they appreciate the options open to them?
- Can they weigh up the pros and cons of each option?
- Can they express a clear personal view on the matter?
- Can they be reasonably consistent in their view on the matter?
- Do they understand the legal ramifications for their decision?

Some decisions cannot be made until a child reaches a certain age. For example, tattoos (age 18) and certain piercings (age 16).

Where appropriate, the Local Authority will consider seeking the child's views on their preferred decision maker.

5.3 *Placement Planning and Reviewing*

Full details of the Placement Planning and reviewing processes can be found in the Looked After Reviews Procedure of the Hertfordshire Social Work Procedures Manual.

Parents, carers and children in care (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 share information

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 Fostering Network's 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. Where both parents have Parental Responsibility, consultation with both should take place, where possible, if a decision or consent is to be delegated.

Effort should be made to predict what decisions are likely to arise and carers should take responsibility for informing social workers where they foresee a matter arising that may require a decision about delegated authority.

The Placement Plan should then be explicit about the distribution of tasks, consents and responsibilities between parents, social workers and carers. It should include detailed information, 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 carers in a household, the Placement Plan should address the joint nature of their responsibilities.

Disagreements over how the placement is managed, how the child is cared for, aspects of delegated authority or type of consent, should be dealt with via the established procedures, possibly involving the Independent Reviewing Officer if necessary.

Delegation of authority should be revisited at every Review and discussed with all the parties between Reviews; including at supervisory and statutory child care visits. Any changes agreed at a Review must be incorporated into the Placement Plan by the social worker for the child or young person and as in 4.3 this is especially relevant in relation to long term fostering placements.

5.4 *Support for Carers*

Carers 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 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'.

Sharing the responsibility for making decisions with and on behalf of children and young people is important to ensure children and young people looked after are able to experience daily life as do their peers, which also encompasses identifying and managing any risks involved in any decisions made. Any delegation of decision making to a carer does not relieve the parent, or other person delegating (e.g. HCC), of any liability that may arise as a result of a failure to meet their Parental Responsibilities; therefore, in the event a foster carer does not feel comfortable making a decision (even if it has already been agreed that the foster carer may make a particular decision), they should discuss it with their social worker in the first instance. Foster carers have legal indemnity insurance, and arrangements for meeting any legal liability by reason of a placement are set out in the signed Foster

Carer Agreement. Supervising Social Workers must check that all foster carers have a signed copy of their Foster Carer Agreement on file. Foster carers should take responsibility for ensuring that they are happy with the arrangements Hertfordshire County Council has in place to deal with any potential liabilities, including how the fostering service will meet claims by or against foster carers in respect of damage, loss or injury or legal defence costs.

5.5 *Types of Decision*

Consideration should be given to the type of decision each situation requires.

Type of Decision	Comment
1. Day-to-Day Parenting e.g. Routine decisions about health/hygiene, education, leisure activities, sleep over with friends, school trips	All day-to-day decisions should be delegated to the child's carer (and/or the child if they can take these decisions themselves). Any exceptions and reasons for this should be recorded in the Placement Plan.
2. Routine But Longer Term Decisions e.g. School choice	Partnership work will involve the relevant people. Reference will be made to the child's permanence plan.
3. Significant Events e.g. Surgery	Where the child is voluntarily accommodated the child's birth parents or others with PR should make these decisions. Where the child is under a care order or emergency protection order, decisions may be made by the birth parents or others with PR, which includes the local authority, depending on the decision and the circumstances. The wishes and feelings of the child and their carer will be taken into account.

5.6 *Key Consents and Areas of Decision Making*

Areas of delegated authority that should be considered for each child or young person in care are summarised in the table below.

The overriding principles are that:

- All decisions must be made in line with the Care Planning Process;
- In the case of an emergency or where an unexpected opportunity arises the Carer should act as a reasonable prudent parent would.

Area of Consideration	Foster Carers Should Generally Hold Delegated Authority For:	In Particular Circumstances and Following Discussion They May Hold Delegated Authority For:	Local Authority Will Generally Be Responsible For:
Health Care	<ul style="list-style-type: none"> • Routine Medicals (e.g. school or CLA medicals; GP visits); • Optician; • Dentist. 	<ul style="list-style-type: none"> • Immunisations; • Non-routine or emergency medical treatment (including emergency treatment requiring general anaesthetic)*. 	<ul style="list-style-type: none"> • Use of contraception (dependent on capacity of person). • Planned medical treatment requiring general anaesthetic)*
Education	<ul style="list-style-type: none"> • School day trips; • Meeting with school staff; • Educational and leisure activities; • Sports (including organisations). 	<ul style="list-style-type: none"> • Choosing a school; • Change of school; • Longer school trips; • Trips involving more hazardous activity. 	<ul style="list-style-type: none"> • National Insurance number. • School trips abroad (Letter of Authority needs to be obtained for trips abroad)
Leisure and Everyday Life in the Foster Home	<ul style="list-style-type: none"> • Overnight stays (sleep over arrangements); • Visiting friends; • Holidays in the UK; • Haircuts. 		<ul style="list-style-type: none"> • Decisions regarding Contact; • Passports • Holidays abroad (Letter of Authority needs to be obtained for trips abroad)
Religion		<ul style="list-style-type: none"> • Church/religious ceremonies. 	
Other Areas	<ul style="list-style-type: none"> • Family photographs; • School photographs; • Sex education; • Mobile telephones; • Disability Living Allowance. 	<ul style="list-style-type: none"> • Other photographs; • Wider media activity; • Participating in hazardous activities; • Body piercings. 	

*Subject to the Gillick Competence and Fraser Guidelines: which are used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

Appendix 1: Guidance on Key Consents and Areas of Decision Making

See Also Supporting Placement Planning: Handbook on Delegated Authority; Fostering Network; Delegated Authority Project 2009-2011 ([Handbook](#))

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 - e.g. 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, medical procedures or emergency treatment as a result of confusion about who has authority to give consent. The Placement Plan should include who can give consent to treatment in planned, unplanned but predictable, or emergency circumstances. 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.

Use of General Anaesthetic

Emergency Situation – If the use of general anaesthetic is required in an emergency (e.g. accident, emergency surgery, etc.) then the foster carer can provide consent and notify the Social Worker as soon as possible. Social Worker to then inform Head of Service.

Planned Procedure – If the use of general anaesthetic is required where the procedure has been planned, consent must be sought from the Head of Service.

Optician

Foster carers can sign consent for routine eye and sight tests and the provision of glasses.

Dentist

Foster carers can consent to routine examinations and treatment. 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

Foster carer should consult with social workers as soon as possible regarding longer school trips at home or abroad that requires a passport, additional funding from the local authority, and trips which involve potentially hazardous activities. There may also be implications for contact which will need to be resolved. The Local Authority will 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 wishes for the child placed to attend a different school due to location, or that another school may better meet their needs, this will usually only be agreed at a review meeting. Once this agreement has been given, the foster carer should be able to complete the practical steps to implement an agreed change of school plan.

Meeting with School Staff

It is a usual expectation that the foster carer should 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. It is important that these arrangements are clearly set out in the placement plan, including how the foster carer might keep both the child's parent and the social worker informed of progress at school.

Accessing Educational and Leisure Activities

Looked-after children should have the same opportunities as any child to take full advantage of extra-curricular education initiatives. Foster carers should be delegated the task of providing agreements and signatures for these from the outset of a placement, wherever possible.

Sports Activities/Organisations

All children who go to school will participate in physical education - this does not require consent. Foster carers should be able to give consent to children participating in extracurricular sports activities and activities, such as scouts or guides. Delegated authority to give such consents should be discussed at the start of the placement and the outcome recorded in the Placement Plan.

Leisure and Everyday Life in the Foster Home

Overnight Stays

The Government's intention is that foster carers should be able to make decisions about overnight stays (with child's friend) as if the fostered child was their own child. The carer is expected to 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. [Link to Volume 2](#)

Visiting Family Friends of Foster Carers

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 (including staying overnight)

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 and social worker '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 the required consents, passports and risks assessments. Consents and passports are also relevant in the case of school trips abroad. For any trips abroad, a Letter of Authority needs to be obtained (See Holidays and School / Organisational trips Outside the UK). ([LINK](#))

Haircuts

This is often not straightforward and can be a fraught area for foster carers and children. The decision making around haircuts requires some 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 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 encouraged and celebrated, the issue of 'who consents', needs to be judged in relation to particular known risks to the safety of an individual child. 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

Early anticipation and discussion of participation in certain activities that might be considered hazardous in the placement plan can lead to a quicker response. Individual views will vary on what activity may be considered 'hazardous' or 'risky'. In principle, foster carers are being asked to act more often as 'any good parent would' when making judgements about a request to participate in certain activities. However, with prior consultation with parents and the child's social worker over a range of anticipated activities that may cause injury (for example: skiing, riding, sailing, wall climbing and karting) will ensure that if and when the opportunity occurs the foster carer is clear about the required consents and any other information needed regarding correct safety equipment, adequate preparation and instruction. 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

As a general principle, foster carers with young people in 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 require 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 [Link](#) , or to check other

resources available from the Fostering Network website or The Child Exploitation and Online Protection Centre (CEOP) website [Link](#) and the London Child Protection Procedures [Link](#) on this topic.

Disability Living Allowance

Whilst the Department for Work and Pensions is the agency that has the legal recourse to audit and check on the use of the DLA, Hertfordshire County Council also requires foster carers to keep records of the DLA income and expenditure. These records should be shared with their supervising social worker and the child's social worker periodically. This is needed for the following reasons:

1. The child is looked-after by Hertfordshire County Council. The local authority has associated corporate parenting, safeguarding and oversight responsibilities for looked-after children.
2. The foster carers provide a service to Hertfordshire County Council (be they an in-house carer or a commissioned service foster carer) and as such are accountable to the local authority for any support provided to children placed with them.
3. Hertfordshire County Council has a responsibility to support foster carers so that children, young people and others are confident that the support and guidance being provided is appropriate and transparent.

For more details regarding DLA, please refer to the Guidance on the use of Disability Living Allowances (DLA), Personal Independence Payment (PIP) and Employment and Support Allowances (ESA) for Children Looked After. (Link to be added)

DLA applies to under 16's and PIP applies to 16 plus.

Body Piercings

The request for body piercing by a CLA needs to be fully considered by a foster carer in consultation with the young person and may include a discussion with the social worker and parent if the young person is under 16. 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, see GOV.UK website.

Tattoos

The 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.