



Illuminate Care Group

Consents and Delegated Authority

1. Introduction

Poor planning around delegation of authority can delay decision-making and lead to young people who are Looked After missing out on opportunities that enable them to experience a fulfilled adolescence and feel part of daily life in their supported accommodation.

Young people who are Looked After report that problems obtaining parents' and local authorities' consent to everyday activities makes them feel different from their peers and causes them embarrassment and upset. Failure to delegate appropriately, or to make clear who has the authority to decide what, can also make it more difficult for support workers to carry out their caring role and form appropriate relationships with the young people in their care.

2. Care and Placement Planning

When deciding who should have authority to take decisions, the most appropriate exercise of decision-making powers will depend, in part, on the long-term plan for the young person, as set out in their Permanence Plan.

For example, where the plan is for the young person to return home, the young person's parents should expect to continue to have a significant role in decision-making. However, where the plan is for them to move into full independence then staff should have a significant say in many decisions about the young person's support.



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The Placement Plan will set out how, on a day-to-day basis, the young person will be supported and his/her welfare safeguarded and promoted, this will include arrangements for family time, medical care, and education/training.

Wherever possible, the most appropriate person to take a decision about the young person should have the authority to do so, and the Placement Plan should provide clarity about who has the authority to decide what.

2.1 Day to Day Parenting Decisions

Whatever the Permanence Plan for the young person, the staff and the young person should have delegated authority to take **day-to-day parenting decisions** (e.g. routine decisions about health/hygiene, education, leisure activities). This enables staff to provide the best possible support for the young person.

Where any day-to-day parenting decisions are not delegated to the staff, the reasons for this should be set out in the young person's Placement Plan. Reasons for not delegating certain decisions include past experiences or behaviour. For example, where a young person has been identified as vulnerable to exploitation by peers or adults, then overnight stays may need to be limited, and the home may want the young person's social worker to manage this.

3. Views of the Young Person

Any decision about delegation of authority must consider the views of the young person. In many cases, a young person will be of sufficient understanding to make decisions themselves.

When deciding whether a particular young person, on a particular occasion, has sufficient understanding to decide, the following questions should be considered:

- Can the young person understand the question being asked of them?
- Do they appreciate the options open to them?



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- Can they weigh up the pros and cons of each option?
- Can they express a clear personal view on the matter, as distinct from repeating what someone else thinks they should do?
- Can they be reasonably consistent in their view on the matter, or are they constantly changing their mind?

Regardless of a young person's competence, some decisions cannot be made until a young person reaches a certain age, for example, tattoos are not permitted for a person under age 18.

4. Delegation in the context of the Young Person's Health

The legal position concerning consent and refusal of health treatment for those under 18 years old is set out in chapter 3 of the **Department of Health and Social Care Reference guide to consent for examination or treatment, second addition 2009**.

Emergency Medical Decisions

Whilst consent to examination or treatment should usually be sought from a parent or person with Parental Responsibility before a medical examination is carried out or treatment is provided, there may be situations where this is not possible, for example, a young person requires urgent attention.

In an emergency, when urgent medical treatment is required, but no prior consent has been given and it is impossible to locate parents or a person with parental responsibility, then a young person who has reached his/her sixteenth birthday may give consent. In a 'life or limb' situation, a doctor may decide to proceed without any consent.

5. Young people who Seek Advice/Treatment without Consulting Parents or Carers



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Young people who have reached the age of 16 years can seek the advice of a medical practitioner without referral to or the consent of parent(s) or those with Parental Responsibility and may decide to keep that advice and any subsequent treatment confidential. In such circumstances, they may share certain information with staff - and may request that it is only shared with specified other people. Such requests should be respected, unless to do so would place the young person or others at risk of injury or harm.

Once the arrangements have been made for a young person to see a medical practitioner, they can request that they do so unaccompanied; such a request should be respected.