**West Sussex – Practice Guidance**

IROs are qualified social workers with at least five years’ experience, and who have acquired the right skills to carry out this role.

**Consent and Delegated Authority**

* Decision-making on behalf of a looked after child can become difficult if consent and delegated authority is not clearly identified within the child’s Placement Plan.
* For children placed in WSCC children’s homes, we work in partnership with parents and carers (where there are actively involved in the child’s life) to gain consent from them to do whatever is necessary in the best interests of the child.
* In practice, this means that the residential team who are often the primary care givers have been given consent to act as a good parent would in specific circumstances.
* However, if the child has the ability to make informed decisions for themselves, this would always be the preferred outcome. Deciding whether a child has the capacity to make informed decisions needs careful consideration and agreement from all parties involved in their care.

**Types of decisions**

* There are a range of decisions that residential staff may be presented with:
* Day-to-day decisions
* Routine but longer term decisions
* Significant events
* Consent for overnight stays with friends *(Please refer to practice guidance on ‘Leisure and Activities’)*
* Parents of children who are voluntarily placed in a children’s home under section 20 of the Children Act must be consulted and provide consent for all decisions to delegated.
* For children subject to a Care Order, consent lies with the local authority for all types of decisions but staff will ensure that birth parents are informed as appropriate.
* Where there is written consent in place from the person with Parental Responsibility (birth mother and/or father), residential staff may make decisions and take necessary action in the following circumstances:
* Routine or emergency medical or dental treatment
* School trips and activities (including those risk assessed by outside agencies)
* School ‘parent’s evenings’ and update reports
* Taking photographs or digital footage
* Sharing relevant information and records about the child with other professionals
* Locking external doors
* Use of Closed Circuit Television
* Other situations as specified on any consent forms held by the home
* For routine but longer term decisions and decisions about significant events, where the child is voluntarily accommodated, the decision must be made by the parents. However, involving key people is always likely to be beneficial to the child.

**Consent for children aged 16 or over**

* If the child is 16 or 17, consent for decisions should be agreed with them.
* When deciding whether a particular child, on a particular occasion, has sufficient understanding to make a decision, the following questions should be considered:
* 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, 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 child’s competence, some decisions cannot be made until a child reaches a certain age, for example, tattoos are not permitted for a person under age 18 and certain piercings are not permitted until the child reaches age 16.
* Children aged 16 or 17 are presumed to be capable of consenting to their own medical treatment, provided the consent is given voluntarily and they are appropriately informed regarding the particular intervention. If the child is capable of giving valid consent, then it is not legally necessary to obtain consent from a person with Parental Responsibility.

**Children under 16 – the concept of ‘Gillick competence’**

* A child under 16 may have sufficient understanding to make informed decisions about their own health care but this will need careful assessment. Some children may be ‘Gillick Competent’ to make some decisions but not others depending on what is involved so legal advice may be necessary.

**Links to related documents:**

Universal consent form

Delegated Authority form

Leisure and Activities