

## FOSTER CARERS AND LEGAL CONSENT

Foster Carers have a lot of responsibility for the day-to-day care of their foster children, and make a wide range of decisions. It is important to remember, however, that fostering, unlike an adoption or a residence order, does not transfer parental responsibility to a foster carer.

When a child is **accommodated on a voluntary basis (Section 20 Care)** by the Local authority the parents retain full parental responsibility. No important decisions about the child can be made without the parents' consent. The Local Authority does not have parental responsibility.

Parental responsibility for children who are subject to **Care Orders** lies with the Local Authority who share it with the parents. Good practice will often dictate that parents are still involved with the major decisions affecting the child.

Fostering, which is about looking after someone else's child, is shared caring between the foster carers, the parents and the Department. Though foster carers carry a lot of responsibility, they do not carry it alone.

Although the local authority delegates much of the day to day care of the child to the foster carers but there are some things that you **cannot do**: -

1. Consent to major medical treatments, operations, and anaesthetics
2. Apply for a passport
3. Consent to marriage
4. Consent to the child going abroad
5. Consent to the child joining the armed forces
6. Change the child's school
7. Decide against recommended medical treatments
8. Consent to adoption
9. Change the child's name
10. Consent to any form of body piercing

If a child is accommodated, especially for a short period, it would be **unwise**, without parental agreement, to: -

1. Have the child's ears pierced
2. Have the child's haircut in a radically different style.
3. Put the child on a special diet
4. Change medical regimes.
5. Involve the child in your religious observance unless the child is of your religion

These are some of the things you **can do**: -

1. Take the child for routine appointments with the doctor, dentist, and optician. (We will often encourage you to do this)
2. Enrol the child in your local school (if agreed by the social worker)
3. Encourage healthy play, eating habits, leisure activities. (Whilst respecting different cultures and norms)

### **Frazer Competence**

This refers to a court ruling that stated that children can on some occasions, consent to their own medical treatment. The Children Act confirmed this principle. No set age is given for when a child becomes "Frazer Competent". It is up to the doctor who is giving the treatment to decide. The decision will depend on the seriousness of the treatment and the ability of the child to understand the consequences of the treatment. Young people who are 16 and over are always able to consent to their own medical treatment but the court may get involved if the young person is putting himself or herself in a life-threatening situation. Consult your social worker or fostering social worker if you have any concerns.

### **Consent to Medical Treatment**

No child's life should ever be put in danger because you do not have the necessary consents. Doctors have well-established procedures for acting in life threatening situations.

If any medical treatment is planned for a child you should always inform the child's social worker in advance in order that they can obtain the necessary consents: -

1. From the parent for an accommodated child
2. From their manager for a child subject to a care order.

### **Contraception and Sexual Health**

In 2001 The Department of Health published guidance for foster carers on 'Providing information and referring people to contraceptive and sexual health services. (Ask for a copy of this guidance if you do not have one). This guidance confirmed that young people under the age of 16 can be given details of services, be given information, be accompanied on visits to clinics and be given information about contraceptive methods.

The guidance confirms that a young person's confidentiality should be respected when discussing issues of sex and relationships. But the guidance also cautions that there is the need to balance a young person's right to confidentiality with the need to ensure their safety. So if you think a young person is being sexually exploited or abused within a relationship you may have to break their confidentiality. **Also see 3.11**

### **The Health and Social Care Protocol**

If you are looking after a child with disabilities or with a medical condition it is important to establish exactly what medical procedures you can carry out for the child. You will only be able to do some tasks after you have received training from a health professional.