



Delegated Authority Policy

Children's Social Care

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2	Contents page and numbering/ formatting Reasons for delegated authority Update to the legislation (SSWBA 2014) Reviewing delegated authority within CEC Reviews Areas a foster carer cannot legally have delegated authority Amend Delegated authority form to be more comprehensive and additional signatures.	07.02.2023

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1. Introduction

Many young people who live in foster and residential care report that the delay in getting permission for items/events can lead to embarrassment, inconvenience, and ultimately prevent them from being able to partake in activities that their peers can.

This policy aims to reduce, wherever possible, any delays encountered for a care experienced young person or child regarding specific decision making. It will allow for decision-making and signatory permission to be made on the child/young person's behalf by their foster carers or residential provider rather than the Local Authority or their parents.

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.

In order to achieve the most appropriate arrangements for the delegation of authority, it is therefore imperative that the Local Authority works closely with parents, foster carers and of course (where appropriate) the child/young person. This is a vital task which, because of its complexity and emotional nature, needs time and attention. Indeed, the failure to get this aspect of practice right can have serious consequences for everyone as the placement continues.

This policy sets out the areas in which Delegated Authority may apply for children and young people, and also the different levels and reasons for those. It will also state when the decisions about what Delegated Authority may be consented to will take place and with whom. There will also be a clear outline of whose responsibility it is to speak to each of the people involved and record their views to contribute to an overall agreement.

At the end of any discussions a document will be produced, which will clearly state to whom Delegated Authority responsibility is given and for what. This is a document that will be read, discussed and agreed by all the people involved in the child/young person's life, and will afterwards be signed and retained on the child/ young person's file. Copies will also be given to parents and the foster carers/residential provider, to retain for future reference.

The Welsh Government stated in their 'Fulfilled Lives, Supportive Communities' document that Delegated Authority for foster carers was important so that:-

'Children and young people in foster care are able to enjoy the same opportunities as their peers to have a fulfilled childhood and foster carers are given enough autonomy to make everyday decisions about the children in their care.'

The Children's Commissioner for Wales endorsed the publication of the Welsh Government guidance quoting:

'I welcome this process of clearly establishing what authority is to be delegated to Foster Carers as one that will bring clarity and enable looked after children to feel that their day-to-day experience is more in line with that of their friends and peers.'

In addition to this, work has been completed by the Cwm Taf Morgannwg Safeguarding Board to produce a regional policy called "Consent for Medical Treatment for Children Looked After". This policy has been written in line and accordance with this regional policy, its definitions and the principles it sets out.

2. Legislation and Guidance underpinning Delegated Authority

The following are key pieces of legislation and guidance concerning delegation of authority. This is not an exhaustive list.

- The Children Act 1989
- The Social Services and Well-being (Wales) Act 2014
- The Local Authority Fostering Services (Wales) Regulations 2018
- Independent Reviewing Officer Handbook
- Consent for Medical Treatment for Children Looked After -CTM Safeguarding Board policy

Other useful resources and websites:

Supporting Placement Planning: Handbook on Delegated Authority (The Fostering Network). Available at:

<https://www.thefosteringnetwork.org.uk/advice-information/looking-after-fostered-child/delegated-authority>

3. What is Delegated Authority?

Parents have 'parental responsibility' for their children. 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.

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'.

When children come into foster care on a voluntary basis (s.76 Social Services and Wellbeing (Wales) Act 2014) the parents keep all of their parental responsibility. If the children are the subject of an Interim Care Order, Care Order or Emergency

Protection Order the parental responsibility is shared with the relevant Local Authority.

Foster carers therefore have to consult with the parent, usually via the child's Social Worker, before they can make any day-to-day decisions for the child in their care.

Delegated Authority means the parent and/or the Local Authority agree to let the foster carers make some of those day-to-day decisions on their behalf without having to consult first. Indeed, the Government is clear that foster carers should be authorised to make everyday decisions about their fostered child wherever possible, within the legal framework.

4. What is the difference between having Parental Responsibility and having 'Delegated Responsibility?'

A person with PR may not surrender or transfer the 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 any other person delegating, of any liability that may arise as a result of a failure to meet the parental responsibility.

4.1 Why is it important?

In accordance with Guidance accompanying the Children Act 1989, *Foster carers should be given the maximum appropriate flexibility to take decisions relating to children in their care, within the framework of the placement plan and the law governing parental responsibility. Except where there are particular identified factors which dictate to the contrary, foster carers should be given delegated authority to make day to day decisions on matters such as health, education and leisure.*

4.2 What Delegated Authority aims to achieve:

- Normalising the experiences of young people in care.
- Reducing delay in decision-making, therefore preventing children/young people from missing out on ordinary activities and trips.
- Encouraging more productive and thoughtful thinking about who is best placed to do what.
- Encouraging discussion and forward-planning regarding agreement and consent issues.
- Promotion of inclusivity and treating foster carers/residential carers as part of the team around the child.
- Clarity and transparency in all areas of practice.

- More efficient use of existing processes and roles.

5. What does it mean to Delegate Authority?

A person with PR (Parental Responsibility) 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 authority to be met in certain circumstances by someone else. This is called 'delegating authority' and may be given for a particular event or arrangement (such as a medical appointment or school trip).

The law says that the person who does not have PR for a child but has care of the child (e.g. 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 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 with a person with PR.

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.

It is important that foster carers know what authority they have to make these decisions.

Arrangements for delegating authority from the parents to the local authority, and/or from the local authority to the foster carers, must be discussed and agreed as part of the care planning process (particularly at placement planning meetings), and agreements should be recorded and clearly set out in the Placement Plan, the document which sets out the arrangements for the child to live and be cared for by the foster carers. The Placement Plan should help the carer understand what decisions they can make. Where there are issues that a carer believes it would be in the child's best interest for them to decide, and these are not covered in the Placement Plan, then the carer should discuss this with the child's social worker during the statutory visit, or by contacting them directly.

Arrangements for delegated authority should be given particular scrutiny when children are confirmed in long term or permanent placements, and attention given to how responsibilities are shared in order to reinforce and support the long-term bonds and attachments which foster carers will be expected to build with the child. In all placements, particularly those that are long term or permanent, what is appropriate to delegate to the foster carer, and what the parents are prepared to delegate to the local authority, may change. Agreements about delegation of authority should therefore be regularly reviewed through care and support planning and Care Experienced Child (CEC) Review meetings, taking into account the views of birth parents, the child, and the foster carer, and the legal status of the placement. Any changes should be recorded in the placement plan.

6. 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.

However, a person to whom authority has been delegated may also be liable in law if the decision they made was negligent or criminal.

7. Key Principles underpinning this Policy are: -

- 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.
- Decisions about delegation of authority should be based on good quality assessments of need and risk for the individual child and carer.
- Delegated Authority to foster carers/residential providers will be individually agreed for each child and young person in their care. The extent of the delegation will vary depending on:
 - the type of placement;
 - the legal status;
 - the rights, entitlements and opinions of the child or young person and their parents;
 - the skills and competence of the foster carer/residential provider.
- Children and Young People must be able to express their views and have them heard. The best interests of the child or young person will determine all decisions.
- Parents must be supported and informed so they can play as full a part as possible in their children's lives.
- Foster carers/residential providers should be enabled and supported to take everyday decisions about the child where appropriate. In long-term placements this is even more important.
- A foster carer/residential provider's span of responsibilities should take account of their wishes and feelings about undertaking the tasks involved. We appreciate that carers may not always want to have overall decision-making responsibility in all areas.
- Foster carers should be trained and supported to undertake appropriate risk assessments in areas in which they are authorised to make decisions.

8. Good practice requires that:

- Sharing information about day-to-day care and routines is essential but not enough in itself. Foster carers/residential providers 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/residential providers receive this.
- A foster carer/residential provider's delegated authority to take decisions is discussed and agreed with the carer and the child or young person's parents at the start of the placement as part of the placement planning and/or review process dependent on timescales and circumstances.

- Where there are positive working relationships with the birth family, routinely securing parental consent is to be encouraged.
- The wishes and feelings of the foster carer carer/residential provider should also be considered and recorded.
- Parents should be given all the information they need to reach a decision about delegation of authority. 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.
- Delegations of authority have to be agreed by those with parental responsibility. A foster carer/residential provider never has parental responsibility for the child they look after; they can make decisions only by acting on behalf of the local authority and parent. Parental responsibility cannot be transferred
- Delegation of authority should be revisited at every review meeting 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 carer's/residential provider's skills and confidence to take on authority, can be reflected in that plan.

In order to fulfil these aims, particular importance will be placed on the following factors throughout the planning process:

8.1 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/residential provider. The balance and distribution of responsibilities should support the key relationship between the young person and the foster carer/residential provider in long-term and permanent placements.

8.2 Being Specific:

The Delegated Authority agreement should be explicit about the distribution of tasks, consents and responsibilities between parents, social workers and foster carers/residential provider. 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 Delegated Authority agreement should address the joint nature of their responsibilities.

8.3 Thinking ahead:

It is particularly important for everyone to try to anticipate consent 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/residential providers 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 Children and Family Services, it may be possible to authorise the foster carer/residential provider to sign the relevant documentation. An appropriate and relevant trail should be maintained and recorded within the child's personal file detailing the approval given for a foster carer to sign the relevant documentation if required.

8.4 A 'living document':

The Delegated Authority document that has been drawn up following consultation is agreed at the first CEC review and reviewed at subsequent statutory reviews chaired by the Independent Reviewing Officer (IRO).

CEC 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/residential provider 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 and the review and signed consents obtained to those changes.

8.5 Keeping parents involved and informed:

For a parent who does not have their child living with them, the loss of decision-making can be difficult to come to terms with. We also understand that some decisions are complex and that responsibility for those items needs to be retained by parents and/or the Local Authority. As the placement continues, it is therefore 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.

8.6 Resolving differing opinions:

The child's social worker, the foster carer/residential provider 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.

9. Withdrawal of Delegated Authority

Delegation of Authority can be removed at any statutory review meeting. The process for removing any delegation of authority must be discussed and monitored at any statutory review or through an urgent review should circumstances and concerns regarding the Foster Carer(s) arise.

Where decisions around removal of Delegated Authority are required due to concerns regarding the Foster Carer(s), a formal review of the carers continuing registration should be undertaken.

10. Different Peoples' roles within Delegated Authority

10.1 Local Authority's Role:

Local authorities should ensure that everyday decisions about the care of children and young people are delegated to the foster carer/residential provider unless there are clear reasons why this would interfere with the Local Authority's statutory duty to 'safeguard and promote' the welfare of Care Experienced children, or there are well-founded and legally binding objections from the child or young person's parents.

10.2 Foster Carers/Residential Providers' Role:

Foster carers/residential providers will be responsible for keeping the child or young person's social worker informed about decisions taken under Delegated Authority; this can be done during routine visits unless there is need for immediate consultation. This should be covered in the foster care agreement/-placement plan.

10.3 Parents' Role:

Parents need to be able to support and promote their child/ren's wellbeing whilst they are Care Experienced, by agreeing to Delegated Authority consent to the child/ren's foster/residential providers following careful discussions and understanding of what they are agreeing to.

Parents should not feel afraid to ask or challenge areas that they do not agree with; parents should be wholly involved in the discussions about Delegated Authority and requesting a full explanation as to what it will mean for them and their child/ren.

11. How will Delegated Authority be implemented?

When a child is placed it can be an upsetting and distressing period for all involved. Therefore, Bridgend County Borough Council intends to have the discussion about, and implement, Delegated Authority at the point of the first CEC review.

Each child that becomes Care Experienced, or changes placement, must have a CEC review within 28 days; therefore, this should give reasonable time for each decision-maker or person involved to have an input into drawing up a bespoke Delegated Authority Agreement for any child or young person.

The Fostering Supervising social worker will undertake discussions with the foster carers/residential provider about which aspects of Delegated Authority they feel they are able to consent to and which areas in terms of the child/young person that they are currently looking after would best meet their needs to lead as 'normal' a life as possible.

The Allocated Social Worker will undertake discussions regarding Delegated Authority with the parent/s clearly outlining what they are agreeing to (or not – and why) and can put those areas onto the Delegated Consent form in preparation for the CEC review.

The Allocated Social Worker will (age-appropriately) discuss with the child/young person what areas of Delegated Authority they would like to see in place whilst they are Care Experienced.

The Allocated Social Worker will discuss with the residential provider which aspects of Delegated Authority they will undertake.

The proposed Delegated Authority form with all views included should be looked at and agreed by a safeguarding manager and recorded in supervision prior to being presented to the CEC review /IRO.

At the initial CEC Review the delegated consent form will be discussed and the discussion points recorded. This should lead to an agreed Delegated Authority Consent Form being available at the end of the CEC review that all parties are signed up to and clear about.

12. Areas where foster carers cannot legally give consent

12.1 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.

12.2 Taking the child abroad

Where the Local Authority (LA) has is an Interim Care Order or a full Care Order in place, the LA can authorise the child to be taken outside of the UK for up to 1 month, such as for a holiday for example.

If the proposed trip is for longer than 1 month, then written consent of all people with parental responsibility for the children, or the permission of the Court is required.

12.3 Passport

Young people can apply for their own passport at age sixteen. Prior to this the local authority would have to apply.

12.4 National Insurance Number

Local authorities should ensure that all Care Experienced young people receive their National Insurance number without delay and that the information is given to both the young person and the foster carer/residential provider. Useful information on this can be found on the website below:

<https://www.gov.uk/guidance/national-insurance-number-applying-for-a-number-for-a-looked-after-child>

12.5 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.

13. Other Important Questions

13.1 How does a foster carer/residential provider know if the person delegating authority is able to make that decision?

- If the local authority has an Emergency Protection Order, Interim Care Order or Care Order, the foster carer/residential provider 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/residential provider.
- A written record should be kept by the Foster Carer/residential provider of all decisions to delegate authority.

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

Where there is disagreement it is helpful for carers to discuss the issue with their Supervising Social Worker, in order to understand the reasons that have led to the decision and to be clear about what options are available if they still wish to take the matter further. As well as discussing any issues with their Supervising Social Worker and the Child's Social Worker, if the foster carer feels that decisions taken are not in the child's best interests, they could also discuss matters with the child's Independent Reviewing Officer, or the child's advocate if s/he has one.

13.3 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 Care Experienced by the local authority and there is no court order in place.

These things should be clearly set out in the Delegated Authority document.

13.4 What about in an emergency situation?

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.

14. Delegated Authority Summary

The following table has been adopted from Welsh Government guidance and summarises the areas of delegated authority which should be considered for each child or young person in foster/residential care. 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 foster carer/residential provider should act as a reasonable, prudent parent.

Foster carers/residential providers should generally hold delegated authority for:	In particular circumstances and following discussion they may hold delegated authority for:	Local Authorities will generally be responsible for:
Routine medical visits to GP	Immunisations	Passports
Overnight stays up to 23 hours	Body piercings	Decisions regarding contact
Holidays within the UK	Non Routine medical treatment including general anaesthetic	Alcohol/Substance misuse follow up actions
Organised Activities	Holidays/trips abroad	
Haircuts	Change of school	National Insurance Number
Visiting friends	Wider media activity (Dependent on individual circumstances)	Use of contraception (dependent on capacity of young person)
School medical	Church and religious ceremonies	
Optician	Participating in hazardous activities	
Dentist		

School day trips*		
Meeting with school staff		
Sports clubs/organisations		
School photographs*		
Sex education		
Mobile telephones		
Consent to educational initiatives		
Emergency medical procedures and/or seeking medical advice		
* Responsibility for these areas should be delegated as soon as possible after placement		

BRIDGEND LOCAL AUTHORITY DELEGATED CONSENT FROM

Name of Child/ Young Person	
Date of Birth:	
Information System Number	
Legal Status:	
Name of Current Carer/ Keyworker in Residential Placement	
Placement Address	

Parent/ Person with PR 1:

I _____ (parent or local authority Representative (include title if LA representative) with parental responsibility)

Parent/ Person with PR 2:

I _____ (parent or local authority Representative (include title if LA representative) with parental responsibility)

authorise _____ Who is (status of Person): _____

To give consent for the above named child in the following areas:

1. Medical and Health

Need	I (parent with P.R) consent/ agree the following:	Notes:	Date
1.1 Medical treatment including anaesthesia			
1.2 Routine immunisations			
1.3 Planned medical procedures			
1.4 Medical procedure carried out in the home where the person administering the procedure requires training (e.g child with disability/illness)			

1.5 Dental - signed consent to dental emergency treatment including anaesthetic			
1.6 Dental - routine treatment including anaesthetic			
1.7 Optician – appts, glasses			
1.8 Consent to examination /treatment by school Doctor/nurse			
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 to access another service e.g CAMHS			

_____ Signed (Parent/ representative with PR)

_____ Signed (Parent/ representative with PR)

Date:

2. Education

Need	I (parent with P.R) consent /agree the following:	Notes	Date
2.1 Signed consent for school day trips			
2.2 Signed consents for school trips of up to 4 days			
2.3 Signed consents for school trips of over 4 days			
2.4 School trips abroad			

2.5 School photos (for personal purchase)			
2.6 School photo: Class photo in media.			
2.7 Registering at a school			
2.8 Changing a school			
2.9 Personal Health and Social Education (sex education)			

_____ Signed (Parent/ representative with PR)

_____ Signed (Parent/ representative with PR)

Date:

3 Personal, leisure and home life

Need	I (parent with P.R) consent/ agree the following:	Notes:	Date
3.1 Overnight with friends ('sleep overs')			
3.2 Holidays within the United Kingdom.			
3.3 Sports/ social clubs			
3.4 Trips away with clubs e.g. Brownie/Scout camps.			

3.5 More hazardous activities- e.g. horse riding, skiing, rock climbing			
3.6 Haircuts/colouring			
3.7 Body piercing			
3.8 Part time employment (age 16)			
3.9 Accessing social networking sites e.g. Facebook, Twitter, MSN			

_____ Signed (Parent/ representative with PR)

_____ Signed (Parent/ representative with PR)

Date:

4. Faith and religious observance

Need	I (parent with P.R) consent/ agree the following:	Notes:	Date
4.1 New or changes in faith, church or religious observance			
4.2 Attendance at a place of worship with carer.			

5. Other areas or categories

Need	I (parent with P.R) consent/ agree the following:	Notes	Date

_____ Signed (Parent/ representative with PR)

_____ Signed (Parent/ representative with PR)

Date:

Practitioner Guidance for Medical Emergency Situations

As stated within the policy, the law says that the person who does not have PR for a child but has care of the child (e.g. 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 includes medical emergency situations in order to promote the ongoing welfare of the Child. This also extends to situations where the child either presents as, and is suspected of, or reports having misused substances including alcohol.

The following document sets out a list of expected actions following known or suspected substance misuse for social care practitioners, including foster carers, to undertake in order to promote the child's welfare.

For the purpose of this document, the term 'Substance Misuse' has been used to cover the consumption and use of Alcohol and Drugs, not including Nicotine and tobacco-based products like cigarettes and Vapes.

Incidents where the Substance Misuse or Suspected Substance Misuse is a New or Previously Unknown Behaviour

For all instances of substance misuse or suspected substance misuse, including both when reported by a child or young person and where a practitioner suspects that a child or young person has been using substances, they must seek appropriate medical advice. They should do this by:

- Calling NHS 111
- Calling 999
- Taking the child/young person to the nearest hospital A&E department

They should record all signs and symptoms that they have witnessed that the child/young person is displaying or what the child/young person has reported taking. They should also record the actions that they have taken including the time that they made the phone call, who they have spoken to and what they have been advised to do. Where the practitioner decides they need to take the child/young person to A&E, they should record the time at which this decision has been made, the time that the child was seen by the medical practitioner, along with any advice that they have been given, at the earliest opportunity.

Where the practitioner does not attend A&E, they should conduct regular observations on the child/young person, no less than every half an hour, or as directed by the medical professional they have spoken to via 111/999. These observations must be recorded within the daily notes or via the relevant recording method utilised.

The care practitioner should contact the child's social worker at the earliest opportunity, following seeking medical advice. Where they have contacted NHS 111 for further advice and are waiting on a call back, they should contact the Social

Worker and provide them with all of the details that they have at that time. Where they have physically attended A&E, the practitioner should keep the Social Worker updated as often as possible, where the Social Worker has not attended and joined them at the hospital.

Incidents where the Substance Misuse is a Previously Known and/or Repetitive Behaviour

Where the Substance Misuse is a previous known behaviour, this should be clearly documented within the child/young person's care and behaviour plans and should have a risk assessment associated to this.

The social care practitioner should follow the details and actions set out within these documents and record all symptoms, suspicions and information given by the child/young person in the appropriate records.

Where the presentation is different, or the substance reported to have been misused by the child/young person is not one that has been used before, this should be treated as a new behaviour and the practitioner should follow the instructions and advice as above.