

# Decision making for children and young people

In your role as a foster carer or kinship carer you are responsible for many decisions regarding the child or young person placed with you. It can be difficult to know where these decision-making responsibilities begin and end. This fact sheet provides a general guide about who is responsible for particular decisions.

If you are an approved foster carer or kinship carer who has custody of a child or young person through a Child Protection Order or a Care Agreement, the following guidelines apply to you. The fact sheets *Child Protection Orders* and *What is a Care Agreement?* provide more information about these forms of custody.

All decision making, whether by you as a carer or by the department, must take into account the views of the child or young person and their family.

## What are the decisions that can be made by a carer?

### Medical\*

Medical decisions that can be made by a carer include:

- seeking continued or other health treatments for established conditions, unless the medical practitioner is proposing a new treatment, for example suggesting a change in medication or changes to the treatment plan
- seeking medical attention for common illnesses
- seeking medical or dental treatment where a general anaesthetic is not required
- seeking a second medical opinion (please note that only a Child Safety Officer can decide to act on a second medical opinion)
- seeking medical or other health treatment for new conditions, including diagnostic tests relevant to the presenting condition, for example, x-rays.

### Education

Decisions about education that can be made by a carer include:

- variations to school routine, including day excursions of low-to-moderate risk or not involving interstate travel
- sporting and recreational activities undertaken at school of low-to-moderate risk
- signing school reports
- curriculum related activities, including but not limited to swimming, arts council and religious education consistent with the views or beliefs of the child or young person and their family
- child care.

### Sporting and recreational activities

Decisions about sporting and recreational activities that can be made by a carer include:

- participating in sporting and recreational activities of low-to-moderate risk activities (please contact the department if you are unsure whether an activity is low-to-moderate risk)
- taking a child or young person on family outings that do not conflict with family contact arrangements or the case plan
- allowing a child or young person to stay in the care of another person for a period of up to two nights, for example, a sleepover with friends.

### Culture and religion

A carer may make decisions about a child or young person's participation in religious or cultural activities, including religious education at school, that are consistent with the views or beliefs of the child or young person and their family.

### Travel

Decisions about travel that can be made by a carer include:

- allowing travel within the state that does not conflict with family contact arrangements or the case plan
- allowing day trips interstate.

### Behaviour management

Carers can make decisions about behaviour management and discipline strategies that are consistent with the *Standards of Care*. The fact sheets *Promoting positive behaviour* and *Legislative requirements to ensure quality care* provide more information about the Standards of Care and behaviour management strategies.

### Family contact and counselling

Carers can make decisions about family contact arrangements consistent with the case plan. The fact sheets *Family contact – information for foster carers* and *Family contact – information for kinship carers* provide more information about the requirements for family contact.

### The child or young person's personal appearance

Carers can make decisions about the physical presentation of a child or young person, including clothing and haircuts.



The child or young person has the right to have their views considered in relation to their personal appearance, including haircuts, clothing, jewellery and piercing. This does not include tattooing, which is unlawful for a child or young person under 18 years of age. If the decision becomes contentious, consult your Child Safety Officer.

If you are not sure whether you are responsible for, or able to make, a particular decision, contact your Child Safety Officer.

### What are the decisions that can only be made by a Child Safety Officer or the child or young person's guardian?

#### Medical\*

Medical decisions that can only be made by a Child Safety Officer or the child or young person's guardian include:

- immunisation
- blood tests
- major medical and surgical procedures, examinations or considerations, for example, medical treatment involving general anaesthetic, blood transfusion, or surgery
- testing to determine parentage, including DNA testing
- pregnancy termination
- contraception
- acting on a second medical opinion
- prescribed medications to manage behaviour or mental health conditions, for example, dexamphetamines and anti-depressants.

#### Education

Decisions about education that can only be made by a Child Safety Officer or the child or young person's guardian include:

- enrolling a child or young person in a new or different school, TAFE or other training arrangement
- day excursions involving high or very high-risk activities
- sporting or recreational activities involving high or very high-risk activities
- school camps.

#### Other

Other decisions that can only be made by a Child Safety Officer or the child or young person's guardian include:

- participating in religious or cultural activities, including religious education at school, that are not consistent with the views or beliefs of the child or young person and their family
- changing a child or young person's surname
- allowing interstate or overseas travel other than day trips
- giving permission for a young person under 18 years to marry
- giving permission for a young person under 18 years to join the Australian Defence Force
- publishing information that identifies, or is likely to identify, a child or young person in foster or kinship care.

#### \*A note about medical procedures, including dental and wellbeing

In emergency situations where consent of the department, parent or guardian cannot be obtained prior to treatment and delaying treatment would jeopardise the child or young person's health or safety, doctors have the legal authority to provide treatment for all children and young people. Health practitioners will apply the concept of 'Gillick competency' when deciding whether the consent of a child or young person's custodian or guardian is required for a medical procedure or treatment. 'Gillick competency' is a legal term referring to a child or young person's ability to understand and provide consent. This concept also applies to non-emergency situations.

In these circumstances, doctors are not required to notify parents or carers, although carers may be involved because of their support of the child or young person.

For more information visit [www.childsafety.qld.gov.au](http://www.childsafety.qld.gov.au)

Or contact the Department of Child Safety on **1800 811 810** or **3224 8045**.

