

**Section 20 Agreement**

**VOLUNTARY AGREEMENT BETWEEN LONDON BOROUGH OF TOWER HAMLETS AND [PERSONS WITH PARENTAL RESPONSIBILITY] FOR THE ACCOMMODATION UNDER SECTION 20 OF THE CHILDREN ACT 1989**

It has been explained to me/us that a section 20 agreement involves me/us agreeing that our child/ren being placed in care. It has been explained that I/we have the following rights:-

1. To say no to this proposal.
2. To change our mind at a later date and bring the agreement to an end AT ANY TIME.
3. To obtain legal advice about this agreement.
4. For the agreement to be kept under review and specifically to be considered by an Independent Reviewing Officer at each Looked After Child Review.

I/We have read the document and I agree to its terms. I/We agree to my/our son/daughter

(Name/s:):

being accommodated by Tower Hamlets Children’s Services

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **Signature** | **Date** |
| **Parent 1** |  |  |  |
| **Parent 2** |  |  |  |

**The social worker should sign below to confirm the following:-**

1. That they are satisfied that the parent signing this document has the capacity to do

so.

2. That having that capacity, the consent is informed consent, considering

* Does the parent fully understand the consequences of giving such consent?
* Does the parent fully appreciate the range of choice available and the consequences of refusal as well as giving consent?
* Is the parent in possession of all the facts and issues material to the giving of consent?

3. Even where the parent is consenting, the social worker must consider whether it is necessary and proportionate for the child to be in foster care and should have considered particularly:

* What is the current physical and psychological state of the parent?
* If they have a solicitor, have they been encouraged to seek legal advice and/or advice from family or friends?
* Is it necessary for the safety of the child for her to be removed at this time?
* Would it be fairer in this case for this matter to be the subject of a court order rather than an agreement?

And that considering all of these matters, they consider that the voluntary accommodation of the child is necessary [Their analysis of these matters should be recorded on the child’s file]

4. If the parent is not fluent in English, this written document should be translated into the parent's own language and the parent should sign the foreign language text, adding, in the parent's language, words to the effect that 'I have read this document and I agree to its terms.'

**Signed:**

**Dated:**

**Parent / carer agreement for medical treatment and health care**

I / we agree to the arrangement of the following health care for our child (ren) while they remain looked after by the Local Authority.

Name(s) of child(ren) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Emergency medical examination and treatment (including the administration of anaesthetics)  **YES / NO**
* Routine medical and dental care including immunisations **YES / NO**
* Regular health examinations required by law for looked after children **YES / NO**
* I give consent for the Looked After Children’s Specialist Health Care professionals to access electronic health care records **for our child(ren) YES / NO**
* I give consent for the Looked After Children’s Specialist Health Care professionals to access electronic health care records **for myself** for the purpose of providing advice in planning for the care of our child(ren). My consent is given on the understanding that any information will be treated as confidential and only shared when it is important to my child’s care or well-being. **YES / NO**

Please indicate any medical treatment or specific immunisations for which you do not give consent:

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**Sign and print name** ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_