

**WRITTEN AGREEMENT PURSUANT TO SECTION 20 CHILDREN ACT 1989 (*Please read the notes on the last page before you make this agreement*: *SW please note signatures are required on Part 1, Part 2, Part 3 and Note)***

**BETWEEN:**

**LONDON BOROUGH OF HAVERING**

**AND**

**Parents Names**

**(Mother):**

**AND/OR**

**(Father):**

**Regarding:**

Child’s Name: DOB:

Child’s Name: **DOB:**

**Child’s Name: DOB:**

**Part 1**

Section 20 - Accommodation

I/We, (**insert names here**) agree for (***Children’s names***) to be accommodated in the care of London Borough of Havering for a period of **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**. (***Length of time S20 accommodation is agreed e.g. 6 weeks, 8 weeks, or 12 weeks***).

This period of accommodation is being used to:

***\*Examples – To allow the Local Authority to undertake S47 enquiries; completion of parenting assessment; assessment of family members; to ensure that child’s safety and welfare is promoted)***

**Contact**

| **Child(ren)** | **Who contact is with and their relationship to the child** | **Level of support/ supervision** | **Frequency and duration of contact** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |

**\*Mother: …………………………………….... Signed: ……....…………………………..**

 **Date:**

**\*Father: ………………………………………… Signed: ......……………………………**

**Date:**

**Part 2**

Section 20 – Health Assessment Consent

I also confirm that I give consent to my child(ren) having an Initial Health assessment arranged by the Local Authority (as described in the S20 Guidance Notes for parents) and for the Local Authority to access my child(ren)’s health information to ensure that the health assessment is as accurate as possible

|  |  |
| --- | --- |
| Emergency medical examinations and treatment (including anaesthetics) | Yes/No |
| Initial and Review Health Assessment for looked after children *(6 monthly for children under 5 years old and annually for children over 5 years old)* | Yes/No |
| Routine medical treatment including immunisation | Yes/No |
| The issue of consent to treatment has been explained to me | Yes/No |

**\*Mother’: ……………………………. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:.**

**\*Father: …………………………… Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:**

**Part 3 :**

Birth Parents’ Health

**I/We***(parents’names****)……………………………………………………………………………………………………………………………………………….*** also give consent to the Local authority to access and disclose my personal and family health information for the purposes of the Initial health assessment.

Agreement Between

**\*Mother: …………………………………….... Signed: …….....………………………**

 **Date:**

**\*Father: ………………………………………… Signed: ......……………………………**

**Date:**

**Child/young person – 16 years and above**

*(If of sufficient age and understanding. If the young person concerned is 16 years or over and being accommodated without parental consent s/he should be encouraged to sign this agreement.)*

I agree to be looked after by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (local authority/other agency)

at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (placement address) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (telephone)

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_

**Note to Child/Young Person:** **This is a voluntary accommodation and can cease to be accommodated by the local authority at any time.**

**Social Worker/Duty Social Worker**

**Name:**

**Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*on behalf of the local authority*)**

**Date:**

**Please read and sign notes on Page 4.**

**Note to parent/carers:**

**This is a voluntary agreement between you and the Local Authority. You can remove your child(ren). from the accommodation provided by the London Borough of Havering, at any time.**

**This is not a legally binding agreement. However, it may be reproduced in court as part of the Local Authority’s evidence should care proceedings be issued in respect of your child(ren).**

**You are advised to seek legal or other independent advice about this agreement should you wish to. Your social worker can provide you with a list of local solicitors with whom you can consult about this agreement.**

**This agreement does not affect your statutory rights and you continue to retain parental responsibility for your child(ren).. This agreement does not give parental responsibility to the Local Authority and does not give the Local Authority decision-making powers. You do have the right to be consulted regarding any decisions made on behalf of your child(ren).**

**You are encouraged to address any concerns you may have in respect of this agreement with the allocated social worker/team manager. However if you wish to make a complaint your social worker will provide you with a copy of the council’s complaints or alternatively you can find further information about making a complaint on the council’s website** [**www.havering.gov.uk**](http://www.havering.gov.uk)**.**

**You are strongly encouraged to obtain your own independent legal advice in respect of this agreement.**

**Your signature(s) are required below to confirm that you have read this document, and the social care professional has discussed the content and clarified any queries you have had pertaining to this document.**

**In signing this form understanding its contents and I agree to its terms.**

**I confirm I give consent to emergency medical treatment for my child however I understand that the Local Authority will make every effort to contact me and seek my consent to any emergency treatment whenever possible.**

**Please note this agreement will be reviewed at regular intervals to ensure it continues to be the most suitable arrangement for the child(ren).**

Agreement Between

**\*Mother: …………………………………….... Signed: …….....…………………………...**

 **Date:**

**\*Father: ………………………………………… Signed: ......……………………………**

**Date:**