|  |
| --- |
| VOLUNTARY AGREEMENT BETWEEN DURHAM COUNTY COUNCIL AND PERSONS WITH PARENTAL RESPONSIBILITY FOR ACCOMMODATION UNDER SECTION 20 OF THE CHILDREN ACT1989 |

**Childs details:**

|  |  |
| --- | --- |
| **Child’s name** |  |
| **Child’s date of birth** |  |

**Name of parent or all those with parental responsibly:**

|  |  |
| --- | --- |
| **Name** | **relationship** |
|  |  |
|  |  |

This agreement is made between Durham County Council and [insert name of every person with parental responsibility (as detailed above)]

Section 20 is a shared agreement between you as a parent or someone who holds parental responsibility for a child and Durham County Council. Importantly, you will continue to have parental responsibility and a S20 agreement does not give Durham County Council parental responsibility for your child. As a parent or someone with parental responsibility you will still make decisions for your child, including education, medical and health treatment. An exception would be if emergency treatment is required.

As a parent you have the right to withdraw your consent to a section 20 agreement, and if you do so your child will be returned to your care immediately. If the social worker still has worries about the safety of your child if they return to your care, there will be a legal meeting to consider whether we need to apply to court for the courts agreement for your child to remain in Durham County Council’s care.

The plan is for [child’s name] to reside in a [type of home] whilst [inset brief details of the purpose of the placement and plan i.e. assessments are undertaken or timescale if known]. The plan will be reviewed within 20 working days of [child name] going to live within the [foster home/ residential home], further review will be held after 3 months then 6 months.

It is important that [childs name] continues to spend some quality time with the important people in their lives, family time arrangements will be [insert frequency, if supervised, and where this will take place]

|  |  |
| --- | --- |
| **Social Worker** |  |
| **Contact details** |  |
| **Team manager** |  |
| **Contact details** |  |

Signatures of parent or person with parental responsibility

By signing this agreement you understand the contents of this agreement and agree that your child [insert name] will be cared for by Durham County Council

|  |  |
| --- | --- |
| **Name** |  |
| **Signature** |  |
| **Date** |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Signature** |  |
| **Date** |  |