

**DURHAM COUNTY COUNCIL**

**AGREEMENT FOR ACCOMMODATION OF………………………………………………. …………………………………………………………………..(INSERT NAME OF CHILD)**

**under S20 of the Children Act 1989**

1. This agreement is made between Durham County Council and ………............................ (mother of the children) and between Durham County Council and…............................. (father of the children)
2. The children are .............................................................................. (include dob) and Father does/does not have parental responsibility

\*ALSO NEED TO INCLUDE ANYONE ELSE WITH PARENTAL RESPONSIBILITY, SAY WHO THEY ARE AND HOW THEY HOLD PARENTAL RESPONSIBILITY

1. The children would normally reside at ……………….......................................................(STATE ADDRESS)

with Mother/Father/Both/other (delete as appropriate)

\*if other state details……………………………………………………

1. Mother and Father are aware they need to be able to be contacted by the social worker and their contact telephone numbers are:

Mother:

Father:

1. If parents wish to speak to a Social Worker about their children they should contact

Social Worker: ………………………………………………………Tel No:

or

Team Manager:………………………………………………………Tel No:

1. Durham County Council are concerned about (*name of child)*

and consider that it is better for the child to live away from their parents/usual carers while the Council continue their investigations and undertake any necessary assessments.

1. Delete as appropriate:
2. Durham County Council will arrange for foster carers to look after the children and will make appropriate arrangements for contact with parents

Or

b) Contact arrangements have been agreed and are:

…………………………………………………………………………………………………………………….………………….

………………………………………………………………………………………………………………………………………..

………………………………………………………………………………………………………………………………………..

(State whether mother and/or father will be given the address of the foster carers and whether they will be able to meet the carers).

1. Delete as appropriate:

Mother does/does not accept that there are concerns with their care of her child and accepts/denies causing any harm to them. She is willing to allow the child to be looked after by the Durham County Council.

Father does/does not accept that there are concerns with the care of his child and accepts/denies causing any harm to them. He is willing to allow the child to be looked after by the Durham County Council.

1. Either:

Mother has received legal advice from:

Father has received legal advice from:

OR

Mother and Father have been advised to consider seeking legal advice but have been made aware that they may not be entitled to legal aid and they may not receive free legal advice.

1. Mother and Father agree that
	1. the Council can place the children in local authority foster care;
	2. they will only visit the children by arrangement and agreement with the Council’s social workers;
	3. only those who hold parental responsibility can make decisions about the child’s care, including education, medical and dental treatment, unless these decisions have been delegated to the local authority (need delegation of PR form signing).
2. **If any person with parental responsibility asks the Council to return the child to them, the Council cannot continue to accommodate the child and must return the child immediately. This agreement will come to an end. If the Council believes the child’s welfare can only be safeguarded outside of the care of Mother or Father an immediate application must be made to the Family Court for either an emergency protection order or an interim care order.**

**Agreement Signatures**

Signed:

Mother

Date

Signed:

Father with parental responsibility

Date

Signed:

Other Person with parental responsibility (*say who and how they hold PR)*

Date

Signed:

Father without parental responsibility

Date

Signed:

Social Worker

PRINT NAME ADDRESS AND CONTACT NUMBER

Dated:

Signed:

Team Manager

PRINT NAME ADDRESS AND CONTACT NUMBER

Dated:

(**If appropriate**):

I confirm I have had this agreement translated to me by:

an interpreter and I understand each part of it.

Signed:

Name of Parent/Carer

Dated

I confirm that I have translated each part of this agreement into:

for Mother and/or Father and/or other person with PR

and believe that they have understood the meaning of this agreement.

Signed:

(Interpreter)

Print name

Date