**Agreement for s20 placement of a child by Northumberland County Council**

**(Insert name of locality office)**

S20 Children Act 1989

The local authority shall provide accommodation for any child in need within their area as a result of:-

1. No person with parental responsibility for the child (or)
2. The child being lost or abandoned (or)
3. The person who has been caring for the child, being prevented from providing the child with suitable accommodation or care.
4. The local authority may provide accommodation for a child, even though a person has parental responsibility for the child and is able to provide accommodation, if they do so to safeguard or promote the child’s welfare.

Any person who has parental responsibility for a child may, at any time, remove the child from accommodation provided by or on behalf of the local authority, unless another person has an order placing the child in their care.

Where there is more than one person with parental responsibility, ALL of them must agree to the placement.

**The local authority seeks the consent of those with parental responsibility for s20 placement of the said child. Those with parental responsibility can withdraw their consent at any time.**

|  |  |
| --- | --- |
| Name of Child |  |
| Date of Birth |  |

The reason for s20 placement is set out in 1 2 3 4 - *please circle as appropriate.*

Brief details of the circumstances of placement

|  |
| --- |
|  |

|  |  |
| --- | --- |
| Placement will commence on  *(please insert date)* |  |
| Placement will conclude when  (*please provide action to be completed prior to decision on future arrangements)* | |

Consent to s20 placement - I have read and understood the information provided to me on this consent form. I understand that I am providing consent for the child to be accommodated and that I can withdraw my consent at any time.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date |  |
| Relationship to child |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date |  |
| Relationship to child |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date |  |
| Relationship to child |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date |  |
| Relationship to child |  | | |

I have assessed capacity and to my knowledge, all persons signing this form have capacity to do so.

|  |  |
| --- | --- |
| Name of Social Worker |  |
| Signature |  |
| Date |  |

|  |  |
| --- | --- |
| Date of Review of S20 placement |  |
| Venue |  |
| PLO Panel |  |

|  |
| --- |
| Outcome of PLO review |

Cc: Allocated Solicitor

Senior Manager

Lynsey Wafer, Principal Solicitor