**SEFTON METROPOLITAN BOROUGH COUNCIL**

# VOLUNTARY AGREEMENT

# ACCOMODATION UNDER SECTION 20 OF THE CHILDREN ACT 1989

1. **THE RELEVANT PERSONS**

|  |  |
| --- | --- |
| **Name of child:** | **[insert here]** |
| **Name of persons with parental responsibility:** | **[insert here]** |
| **Date:** | **[insert here]** |

1. **The Agreement**

This is an agreement between Sefton Council and [persons with parental responsibility].

The agreement is that [insert child’s name] will be placed in [ foster care/ residential care]

The accommodation is being provided under section 20 of the Children Act 1989.

# The placement and the children’s wishes

The purpose of this placement is …………………………………………….. (explain clearly).

The current plan is that [current plan for child’s return home] and that the [child] will remain accommodated by Sefton Council for a period of [x days, weeks, months].

It [has / has not] been possible to find out the [child’s name] wishes and feelings. [The child’s] wishes and feelings are [insert wishes and feelings].

# Agreement of the persons with parental responsibility and right to remove

[The persons with parental responsibility] do not at the moment object to [the children] being placed in [say, foster care].

[The persons with parental responsibility] may at any time remove [the child’s name] from the placement. [The persons with parental responsibility] [has/has not] had legal advice and has the right to continue to seek independent legal advice.

[This is/this is not] an agreement for the accommodation of a new-born baby or child under six months.

If it is an agreement for the accommodation of a newborn baby or child under six months, the exceptional circumstances requiring the use of this provision are [insert details of circumstances].

# Reviews

Sefton Council intends for the social worker to review this placement every [X weeks] and the persons with parental responsibility will, after each review, be updated by Children’s Social Care on its plan moving forward.

Additional reviews may be requested in response to any changes.

# SIGNATURES

**Signed and dated:**

|  |  |  |  |
| --- | --- | --- | --- |
| **The parties:** | **Insert name below:** | **Insert signature below:** | **Insert Date:** |
| **Person with parental responsibility:** |  |  |  |
| **Person with parental responsibility:** |  |  |  |
| **Person with parental responsibility:** |  |  |  |
| **Sefton Council social worker:** |  |  |  |

# Where required to be translated into a foreign language:

* This document has been written in English and translated into [ insert language].
* The [persons with parental responsibility] have read it in [ insert language].
	+ Signed and dated in [language]: [“I have read this document and agree to its terms”].

|  |  |  |  |
| --- | --- | --- | --- |
| **The parties:** | **Insert name below:** | **Insert signature below:** | **Insert Date:** |
| **Person with parental responsibility:** |  |  |  |
| **Person with parental responsibility:** |  |  |  |
| **Sefton Council social** **worker:** |  |  |  |

 **Signed and dated by [named interpreter]:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Insert name below:** | **Insert signature below:** | **Insert Date:** |
| **Interpreter** |  |  |  |

# Check list for Children’s Social Care

* Have you taken every person with parental responsibility carefully through this agreement and ensured they fully understand the consequences of giving such consent?
* Have you ensured that the persons with parental responsibility have all the facts and issues relevant to the giving of consent?
* If the persons with parental responsibility are not native English speakers, has the agreement been translated into their native language?
* Even where a person with parental responsibility is giving consent, the social worker must have regard to the following:
	+ Parent/Parents current physical and psychological state of mind.
	+ Encourage parents to seek legal advice.
	+ Ensured all options have been explored, and accommodating the child is the only viable option at the present time.
* Are you satisfied that the persons with parental responsibility have capacity to consent?
* Are you satisfied that the persons with parental responsibility have consented?
* Have the relevant persons with parental responsibility signed a consent form for medical treatment/examination or disclosure of the child’s medical records.
* Ensure a copy of this document is handed to those persons who have parental responsibility.

# Last Updated: 17.06.2022.