

Parental Engagement and Consent:

Guidance for professionals who interact with children, young people and their families when considering a referral to Children’s Services

Engaging with parents

All professionals must recognise their responsibility to work and engage with families at the earliest opportunity, with the aim to improve outcomes for children before considering the need to refer a child(ren) to Children’s Services. Early Help Assessments and plans aim to support families by addressing potential areas of need with interventions that are designed to prevent escalation of concerns.

Professionals who have been working with families will know them well and have an established and trusted relationship with them. They are therefore more likely to be able to engage with the family to enable the child(ren)’s needs to be met consistently and to a good enough standard.

Early Help interventions can increase protective factors; helping people to learn new skills, build their own capacity and resources, recognise their own dilemmas and make decisions on how to resolve them and prevent them occurring again. The processes are designed to prevent a family needing to repeatedly tell their story, they should be able to tell it once. All those involved with the family have a duty to cooperate with each other, collaborate and coordinate, to seek and share information, and work with the family to meet the child’s needs and prevent escalation of concerns.

It is therefore expected that before any referral is made to Children’s Services, that professionals work to engage parents and families with the proposed plan and that they share concerns with parents prior to making a referral.

Consent

There is often confusion around the use of the word consent. In this section we are talking about consent for receiving a service, not for information sharing, as you do not need consent to share personal information about a child and/or members of their family if you have a lawful basis to do so. Please read [Information Sharing, Advice for practitioners providing safeguarding services for children, young people, parents and carers](#) if you require clarification about information sharing.

Early help is entered into on a voluntary basis, so for that reason there is a need to seek consent from the family to take part. Consent should only be sought from a parent with [parental responsibility](#) (see Appendix 2) or a young person aged 16+ who is competent to consent.

Some parents may be reluctant to agree or consent to receive a service; they may feel judged, lack confidence, have had previous experiences of services they didn’t like (possibly as children), there can be shame associated with needing help, and many more reasons. Professionals therefore need to be confident that they have been able to fully explain why they feel early help is needed and what the impact could be on the child if it is not received. Parents need to feel engaged with the process and understand what they should be expecting from professionals.

If there is still a reluctance to consent to the completion of an early help assessment and intervention, this decision must be recorded in the child’s file with evidence of what has been discussed and the reasons for declining, dated and signed. If professionals feel that the impact of parents not accepting early help intervention will mean that concerns are likely to escalate and place children at risk of harm, they will need to consider making a referral to Children’s Services. The rationale for their decision will need to be included in the referral, and professionals are advised to seek agreement from their manager if possible. Professionals will be expected to meet with parents to explain to them their decision and rationale for completing a referral. Parental engagement is critical to timely intervention.

Considering a referral to Children's Services:

In some circumstances, professionals' assessment and intervention will identify either a need that cannot be met by any other services available except the local authority, or evidence that the concerns warrant a referral to Children Services for further intervention to be considered. Solihull Safeguarding Children Partnership provide a [Threshold guide](#) to assist decision making with this.

Involving Children's Services can evoke anxiety for a family, so it is important, that whenever it is safe to do so, professionals are open and honest about the identified need or concern and that basic language, avoiding professional jargon, is used. Your support will be critical in helping them navigate what could be a very stressful time. It may be difficult for a family to understand why you are making the referral, but it is critical for them to be aware of your rationale.

When parents are not informed about a referral to Children's Services, they can feel discriminated against and traumatised, leading to a distrust with services and a reluctance to engage. Similarly, being informed of a referral that subsequently does not meet threshold for social worker intervention and is closed to Children's Services, can impact on the ongoing relationship and trust the family has with any professionals, particularly the referrer. It is therefore imperative that professionals are confident that they have really considered, and can evidence, the need for Children's Services involvement. There are a range of information leaflets for parents that you can download from the [Safeguarding Children Partnership Website](#) to aid your explanation.

For the reasons described above, as part of your conversation to explain the rationale for your decision, you will be expected to outline why you think a referral will be of value to their child/ren (Please see below for when this is not the case). Where a professional doesn't engage with parents and families before making a referral to Children's Services, you will be expected to outline your rationale and the screening social worker will have a discussion with the referrer to explore this. They may ask the referrer to speak to the family to discuss their concerns before accepting the referral. Please note, a referral from a professional cannot be treated as anonymous, so the parent will ultimately become aware of the identity of the referrer.

Making a referral to Solihull Children's Services:

When a referral is made to children service integrated front door (MASH), you will be expected to clearly evidence the following:

- Early help intervention has taken place and the outcome of professionals' involvement prior to the referral being made. If appropriate, include a copy of the Early Help Assessment and plan or a multi-agency chronology evidencing cumulative impact causing significant harm (definition of significant harm can be found in Appendix 1). If an Early Help Assessment has not been completed, MASH social workers may ask for this to be undertaken with support from an Early Help Coordinator before accepting the referral.
- Parents have been spoken to, and attempts have been made to engage them with the process of making a referral to Children's Services – details of the meeting / discussion is clearly recorded within the referral including views of parents. As noted above, where a professional doesn't engage with parents and families before making a referral to Children's Services, you will be expected to outline your rationale and the screening social worker will have a discussion with the referrer to explore this.
- Parents clearly understand the implication of a referral to children services including the need to share information with partner agency to inform the decision-making process – details of the discussion are clearly recorded within the referral including views of parents

When should you not tell a parent that you are making a referral to Childrens Social Care?

In the majority of circumstances, you will need to follow the process outlined above and discuss your concerns with parents. However, the need to speak to parents/carers is not necessary if it is likely to place the child at risk of significant harm through delay, parent's actions or reactions or lead to the risk of loss of evidential material. These are immediate safeguarding issues.

Examples of immediate safeguarding issues include, but are not limited to:

- a child presents with an injury and discloses that the parent caused it,
- sexual activity where a child is 13 years or under,
- disclosure of a serious physical domestic abuse incident where a parent is a perpetrator,
- strong indications/disclosure linked to forced marriage or FGM.

If you are unsure about whether an incident/situation is an immediate safeguarding issue, please call MASH for advice.

APPENDICES

Appendix 1: Significant Harm

In relation to children, the Children Act 1989 introduced Significant Harm as the threshold that justifies compulsory intervention in family life in the best interests of children. Physical Abuse, Sexual Abuse, Emotional Abuse and Neglect are all categories of Significant Harm.

Harm is defined as the ill treatment or impairment of health and development. This definition was clarified in section 120 of the Adoption and Children Act 2002 (implemented on 31 January 2005) so that it may include, “for example, impairment suffered from seeing or hearing the ill treatment of another”.

Appendix 2: Parental Responsibility

Only a parent with parental responsibility can give consent for early help intervention or agreement for a referral to children’s social care. Who can have parental responsibility (PR)?

- Child’s birth mother
- Natural father, married at the time of birth, or subsequently married with the following caveats.
 - Child born after 1st December 2003 and father is on the birth certificate.
 - Child born before 1st December 2003 father has to have been married to mother at time of birth, or subsequently married.
- Adoptive parents
- Mother’s partner can attend court and obtain PR. There will be documented proof.
- Same-sex parents
 - Civil partners - Same-sex partners will both have parental responsibility if they were civil partners at the time of the treatment, e.g. donor insemination or fertility treatment.
 - Non-civil partners - For same-sex partners who are not civil partners, the 2nd parent can get parental responsibility by either:
 - [applying for parental responsibility](#) if a parental agreement was made
 - becoming a civil partner of the other parent and making a parental responsibility agreement or jointly registering the birth
- Under an interim care order or care order the Local Authority has joint PR with parents (that have PR)

Residence orders give the person with whom a child is going to live PR, but do not take away the PR of the parents that already have it and so PR will be shared. Some decisions can only be made by the parents with PR.

Special guardianship orders do not end the legal relationship between a child and their birth parents. However, it does come with parental responsibility which can be exercised to the exclusion of any other persons with PR (apart from another special guardian).

Those looking after children in a private fostering arrangement do not have PR.

Appendix 3: The seven golden rules to sharing information

It is important that all professionals consider the following seven golden rules, as laid out in [Information sharing advice for safeguarding practitioners - GOV.UK](#)

1. Is there a clear and legitimate purpose for sharing information - remember that the Data Protection Act 1998 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Does the information enable a living person to be identified - be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their engagement/agreement, unless it is unsafe or inappropriate to do so.
3. Is the information confidential - seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Do you have consent to share - share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. Base your judgement on the facts of the case. When sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.
5. Is there sufficient public interest to share the information - consider safety and well-being. Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
6. Are you sharing information appropriately and securely - necessary, proportionate, relevant, adequate, accurate, timely and secure. Information shared should be necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up to date, is shared in a timely fashion, and shared securely.
7. Have your properly recorded your information sharing decision - keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

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