

Strengthening support to parent carers

Practitioner Learning Briefing



Developing Salford's
Think Child, Think Adult, Think Family approach to share and understand risks across adult mental health and children's services.



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Please be aware that some of the content in this learning briefing relates to the death of a child by a parent, and suicide.



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1. Purpose of this Learning Briefing

This briefing has been developed to support the embedding of systemic learning identified through a Local Child Safeguarding Practice Review regarding Child Yvonne ¹.

It aims to support organisations and professionals in applying this learning to Salford's multi-agency safeguarding practice, with a focus on the interface between adult mental health and children's services, and the heightened mental health risks faced by parent carers.

2. Understanding the family

Yvonne ² and her mother were found deceased at the family home in 2024. The circumstances of the deaths are maternal filicide and suicide. Filicide is the act of a parent killing their own child and is a rare but deeply tragic event.

Yvonne had been receiving Child Protection support under a multi-agency child protection plan for emotional harm at the time of the significant incident.

Yvonne was eight years old and an only child who lived with her mother, her primary caregiver. She had no contact with her father. Her maternal grandmother was an important part of her life, and the family were of Polish-Italian heritage.

Yvonne had a rare genetic condition resulting in complex physical, sensory, and learning needs, which meant she was identified as having a disability.³

She was entirely dependent on her mother for daily care and support, and a comprehensive multi-agency care package was in place.

Yvonne attended a special school full-time and had an Education, Health, and Care Plan (EHCP). She also received regular respite care from foster carers.

"Yvonne was described as a smiley, playful little girl with a sense of humour. She responded well to those who cared for her. The school described her as a sociable and affectionate girl.

She found joy in intensive interaction with familiar adults, often smiling when she noticed them mirroring her actions, whether blowing raspberries, scratching, or drumming with her hands on her tray.

Her expressive communication skills shined when she engaged with adults in the room".

¹ Chapter 5: [Learning from serious child safeguarding incidents](#).

² Child Yvonne was the pseudonym used to protect the child's identity

³ [Definition of disability under the Equality Act 2010 - GOV.UK](#)

3. Key Learning

1	Ecological system theory ⁴ can strengthen the assessment of children and families, recognising the impact of wider networks.
2	Parent carer assessments depend on coordinated input from children's and adult services, including mental health considerations.
3	Parent carers of children with complex needs face increased mental health risks, including suicidal and homicidal ideation. Causal factors include poor physical and psychological health, loneliness, relationship issues, a lack of support for the caring role, and the challenges of navigating complex health, education and social care systems.
4	Improved understanding of information seeking and sharing within and across agencies, adhering to the principles of whole family working and statutory guidance.
5	Strengthen challenge and curiosity across services supporting parent carers and children, with adult services contributing to multi-agency child protection assessments.
6	Apply a whole family approach that acknowledges the impact of parental mental health on children, while recognising that this can unintentionally increase feelings of entrapment and risk for parents.
7	Shared understanding across adult and children's services of the causal factors affecting parent carers, including how physical and mental health influence parenting and family functioning, and the link between suicidal and homicidal ideation. (See also point 3)
8	Strengthen multi-agency practice through existing processes like reflective supervision and inter professional challenge.
9	Linking child protection and adult mental health plans ensures coordinated action to reduce risks to children from parental mental health issues.

Key themes include:

“Supporting Parent Carers: responding to mental health risk. A growing body of research recognises that this group is at increased risk of mental health challenges and this includes suicidal ideation. Learning from this review has highlighted the need for professionals across adult and children's services to consider the implications of suicide from the parent carers perception in the context of the parental relationship; if this were to happen, what might we hypothesise about the child's future?

However improbable or challenging it may be when assessing risk for the child and carer, all professionals working with the family must consider the possible impact on children regarding critical harm and **think the unthinkable.**” May 2025 Salford LCSPR Child Yvonne



4. What did we learn?

How was Yvonne's voice and lived experience understood?

There was strong practice from professionals involved in Yvonne's life, evidencing warmth, care, and enduring professional relationships.

Records were strength-based and highlighted what she could do – seeing her as a child first.

Yvonne was a much-loved little girl who was supported to make progress across all aspects of her development.

Central to this was the care she received from her mother.

There was a comprehensive package of care in place.

How was mother's lived experience understood?

Professionals saw mother's strengths and the care she provided for her daughter.

In contrast, they saw the possible risks to Yvonne due to her mother's escalating mental health needs and suicidal ideation.

Support and services were increased for the family, which included a multi-agency Child Protection plan.

A carer's referral was made; however, it was not completed.

Referrals were made to adult mental health services via the GP.

The family, friends, and community network were limited due to the mother's reluctance to engage.

Mother shared her feelings about being lonely and conflicted about her role as a carer, and that nothing would change for her.

Mother was described as “a **‘warrior mum’** and a passionate advocate for ensuring Yvonne's needs were understood and met by those involved in her care. It's a complex interaction for parents in trying to make sense and cope with their situation over the child's lifespan.” *Child Yvonne page 14*

5. What does this mean for practice?

Reinforces the importance and need to explore the ‘care giver's burden’ and its impact on parental mental health (including suicidal and homicidal ideation) through undertaking Carers' Assessments.

Research into the parental experiences of caring for children with complex needs highlights the psychosocial and physical impact on families with disabled children.

The complexity, intensity, and fluctuation of these feelings were highlighted by Salford's Parent Carer Forum, related to the **“difference between being supported and feeling supported”**



Salford Parent Carer Forum

Child Yvonne's review emphasised how these feelings may have contributed to the mother's feelings of shame, consequent isolation, and internal challenges.”

Child Yvonne Page 14



Key Learning Point 1

Parent carers of children with complex needs face increased mental health risks, including suicidal ideation.

Parent carers must be prioritised in suicide prevention strategies.

The Evidence Base

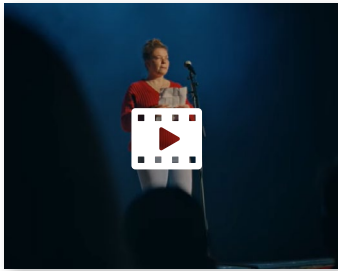
Siobhan O'Dwyer, UK study of homicides and homicide suicide perpetrated by unpaid carers.

One carer-perpetrated homicide each month in England and Wales.

A range of different caring relationships are evident in these cases, including mothers killing their disabled children.

Seven different types of carer-perpetrated homicide, each with a different motive or sequence of events leading to the death, including (but not limited to): a desire to end suffering, an escape from the burden of care; neglect; domestic abuse; and exploitation.

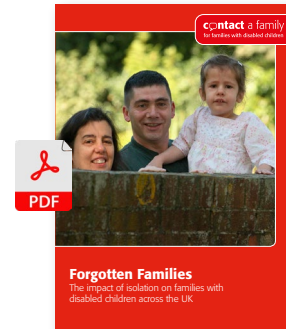
The Evidence Base and Research Papers



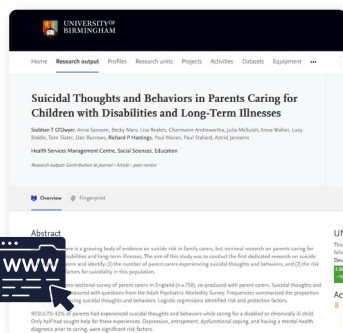
Short film on parent carers:
More Than A Parent



From Caring to Killing: A Typology of Homicides and Homicide-Suicides Perpetrated by Caregivers



Forgotten Families



Suicidal Thoughts and Behaviors in Parents Caring for Children with Disabilities and Long-Term Illnesses - University of Birmingham



Parenting interventions for parents and carers of disabled children and young people - Foundations

4. What did we learn?

The effectiveness of multi-agency support across adult and children's services.

There was good information sharing between the services involved with Yvonne, including health, education, and the GP practice.

There was a prompt child safeguarding response to concerns about the mother's emotional presentation and the risks to Yvonne.

There was an increased package of support provided to the family, monitored through the multi-agency Protection Plan.

Poor communication pathways between adult mental health services and children's services mirror the national **spotlight learning** ⁵
This meant for Yvonne and her mother:

Inconsistent parental engagement led to case closures despite ongoing mental health concerns.

There was no input from adult mental health services into the child protection process.

Confusion around consent and differing interpretations of information-sharing policies.

Assumptions that referral to mental health services equated to risk reduction.

Mother's engagement with various voluntary interventions was inconsistent; some services overlapped or were duplicated without coordination.

5. What does this mean for practice?

"Multi-agency meetings are central to multi-agency working and they bring together the family network and professionals involved to oversee a safe plan for vulnerable children and adults. It is a space to share information and think critically about what is going on for the family. It is hard to understand why there was no challenge in the timeframe to attendance at these meetings by key professionals involved with mother. It was an opportunity to explicitly link assessment, intervention, and safety planning for the whole family". *Child Yvonne page 20*

This means:

Consistent and purposeful information seeking and sharing across agencies to fully appreciate what is happening in the lives of children and families. ⁶

Shared understanding across adult and children's services of the causal factors affecting parent carers and the impact on Yvonne and her complex needs.

Clearly understood pathways to help and support for adult mental health needs.

Apply a whole-family approach that recognises the impact of parental mental health on children, understanding that this can unintentionally increase feelings of entrapment and risk for the parent carer.

Greater curiosity and critical thinking about who is involved with the family and the information and expertise they hold.



Key learning Point 2

Developing a child-centred approach within a whole family focus.

⁵ [Child Safeguarding Review Panel annual report 2023 to 2024.pdf](#)

⁶ [Info sharing advice content May 2024.pdf](#)

⁷ [Working_together_to_safeguard_children_2023.pdf](#) Chapter 1

4. What did we learn?

Understanding parental mental health

Whilst the GP and mother's friends responded and sought help with mother's suicidal ideation, this was not seen to meet the threshold for compulsory detention.

Referrals were triaged by adult social care and the community mental health team, but there was limited exploration of Yvonne's experience or the reasons behind the child protection process.

Issues of consent were misunderstood.

Any consideration of the adult mental health risks was undertaken in isolation and not shared with children's services.

Mother self-reported her progress. There was no corroboration with adult mental health services.

Key learning Point 3

Recognise the importance of conducting a holistic assessment that includes family history, child vulnerabilities, adult needs, and the complexities of the parent-carer role.

"In assessments where there were issues of parent or carer mental ill health, professionals did not routinely approach the assessment as a shared activity between children's social workers and adult mental health practitioners, in which each professional drew on the others expertise.

As a result, the majority of assessments did not provide a comprehensive and reflective analysis of the impact on the child of living with parents or carer with mental health difficulties"

Ofsted 2013, What about the children

5. What does this mean for practice?

Although mother didn't meet the criteria for complex mental illness, her mental well-being was significantly impacted by her role as a parent carer.

Mother's view was that mental health services were not meeting her needs.

This led to repeated disengagement from services, which was not explored, understood or fully known.

Key learning Point 4

It is important to understand the specific risks faced by parent carers, and to implement proactive strategies that promote safety and build resilience.

The evidence base

Filicide-suicide is rare; few involved parents who were under mental health care.

Suggesting either an absence of severe mental health issues or that they had not sought help.⁸

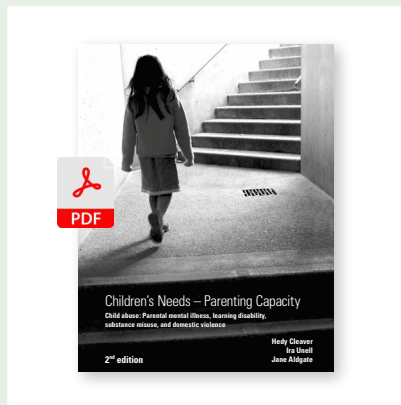
Recognise the intersection of parental mental health and filicide research, especially in cases involving parent carers of children with complex and long-term needs.

Consideration of suicidal ideation in parent carers must reflect the impact of complex and long-term care responsibilities.

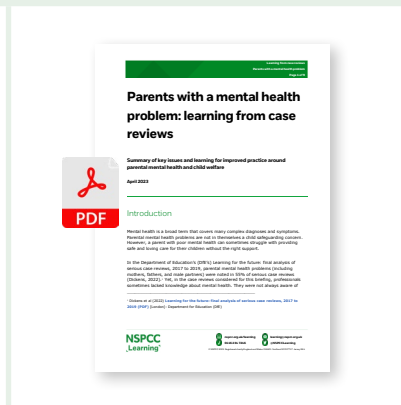
Suicidal ideation must be recognised as a risk for homicide, when a parent wants to die but does not want to leave their child behind.

Recognise that even good, caring parents can kill their children, indeed for some parents that death may feel like the ultimate act of care.

Reading



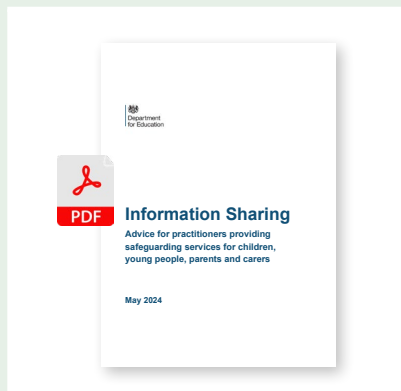
Children's Needs Parenting Capacity



NSPCC Parents with a mental health problem: learning from case reviews



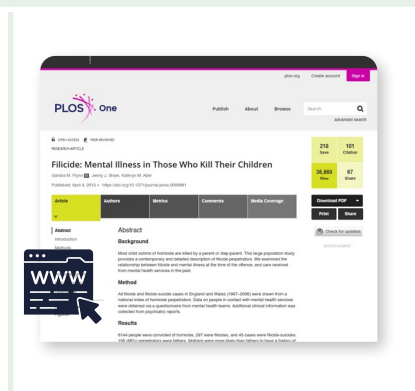
Child Safeguarding Review Panel annual report 2023 to 2024



Information Sharing Advice



Working Together to Safeguard Children 2023Chapter 1



Filicide: Mental Illness in Those Who Kill Their Children

6. Practice Themes to make a difference



7. What can you do?

1	Strengthen your knowledge and skills in mapping out the child's wider eco systems (family, school, community, services) through the use of genograms or ecomaps to identify networks and strengths.
2	Ensure there is collaboration with adult/children's colleagues when conducting parent carer assessments. Assessments should appreciate the emotional well-being of parent carers, identify protective factors and strengths that can contribute to developing resilience, (including the potential for suicidal and homicidal ideation).
3	Appreciate and recognise parent carers as a vulnerable group and ensure there are direct parental conversations to identify signs of distress and suicidal and homicidal ideation. Access training, resources, and tools to develop and improve your own practice, skills, and knowledge. It's okay to ask for support and help in navigating this challenging aspect of practice.
4	Enhance your understanding and skills about the influence of parental mental health by working with adult mental health professionals and children's services who can share expertise on the adults' and the children's well-being and parenting capacity.
5	Understand your responsibilities across adult and children's services in seeking and sharing information and its critical importance in understanding what is happening within a family.
6	Apply critical thinking and respectful challenge when engaging with colleagues across services. Use supervision and multi-agency meetings to explore differing perspectives, encourage reflective practice (strengths and risks) to challenge decisions and assumptions.
7	Acknowledges the impact of parental mental health on children, while recognising that this can unintentionally increase feelings of entrapment and risk for parent carers. Embed into practice the principles and approaches promoted in Salford's Think Child, Think Adult, Think Family guidance.
8	Read and reflect on knowledge from local learning reviews and national research to support your practice.



[You can access the LCSPR Summary associated with this review](#)



[LCSPR the full Report](#)



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