Supporting Children and Young Carers Impacted by Parental Mental Health

From infancy through older childhood to recognising and reducing inappropriate caring responsibility



Aims of the session

Utilising a Think Family approach.

1 • Infants

- What the baby may experience
- Parent–infant relationships
- Notice, name and support

2 • Older children

- How impact changes with development
- What children may see, feel and do
- Protective factors and direct conversations

3 • Young carers

- When impact becomes responsibility
- Notice, ask and act
- Norfolk support routes

Core question: What is life like for the child and what changes when the parent's mental health worsens?

Your experiences of working with babies and infants

Think about both direct work and the infant's wider family.

Direct work

- Direct work with infants
- Working with parents or caregivers to infants

Through the family

- Working with siblings of infants

Later life

- Working with children or teenagers impacted by parental mental health in infancy
- Working with adults impacted by parental mental health in infancy

Everyone is working with infants. Think Family.

Parental mental health: what might we see in the infant?

Think Baby. Think Parent. Think Environment. Think Practice.



In Practice

Until babies have words, adults must help their voices be heard. Keep the baby's experience visible in records, discussions and decision making. Ask yourself: what might life be like for this baby right now?

Key principles for noticing the infants voice



1. Eye contact:
Record whether the infant tracks the parent's face, avoids contact, or exhibits a blank stare.



2. Vocalisations:
Document specific sounds like crying, whimpering, babbling, cooing, or a complete absence of sound.



3. Caregiver responsiveness:
Record how the parent responds to the baby's cues (e.g. comforting them when crying vs. missing the cue entirely).



4. Environmental context:
Acknowledge the room's emotional atmosphere, noise levels, teething, or alignment with the infant's nap schedule.



5. Physical posture:
Note whether the baby's body is relaxed, stiff, tense, or actively pulling away.



What can be done to make a difference?

Serious case review learning: Infants: learning from case reviews | NSPCC Learning

Infant experience

Identify and understand the lived experience of infants

Longer-term effects

Understand how parents' behaviours can affect an infant in the long term

Respectful challenge

Be confident in challenging parents when necessary

Notice and name concerns. Who might need to be in the system of support?

Identifying and understanding the infant's experience

Three conversation prompts alongside the Leeds Early Attachment Observation (LEAO).

Three conversation prompts

- "What three words or phrases would you use to describe your relationship with your baby?"
- "What brings you the most joy in the relationship with your baby?"
- "What is your biggest fear about your relationship with your baby?"

Notice alongside the conversation

- How cues are noticed and interpreted
- How comfort is offered and received
- Moments of warmth, enjoyment and repair
- Wider stressors and supportive relationships


Guidance

Reflecting on parent-infant relationships: a practitioner's guide to starting conversations

Applies to England

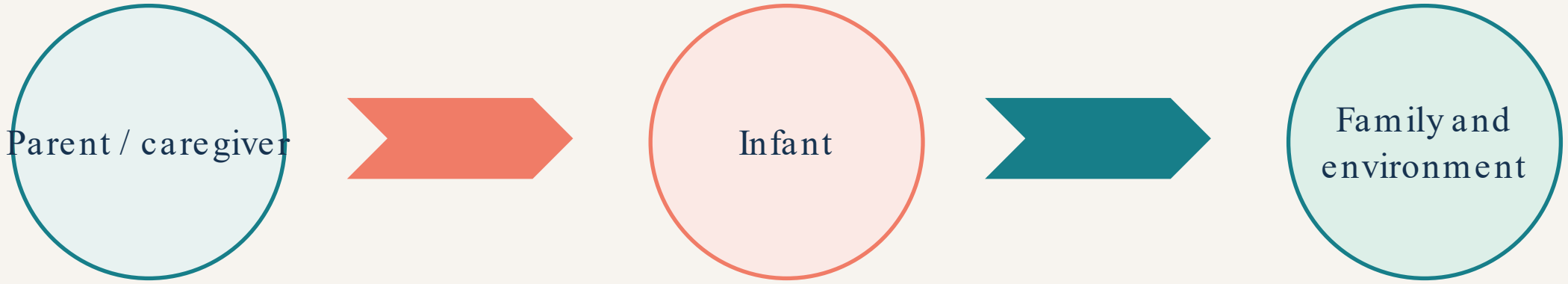
About this guidance

Parent-infant relationships

Describe what you observe without blame: "I noticed…" • "I wondered…" • "Can we think about…?"

How parents' experiences can affect infants over time

Think Family: include fathers, non-birthing parents and other significant attachment figures.



- Prenatal stress can carry risks for the infant.
- Adverse childhood experiences in the early years can affect development.
- The earlier, longer and more severe the adversity, the greater its potential impact.
- Mental health difficulties and adversity can affect generations. Early support can help change trajectories.

Glover (2015), Prenatal stress and its effects on the fetus and the child

Respectful challenge, support and where to take worries

Notice and name concerns. Who might need to be in the system of support?

Challenge and build support

- How can we challenge respectfully, with curiosity and compassion?
- Who might need to be in the system of support?
- Normalise differences and difficulties in becoming a parent. Explore the family's wider experiences.

Where to take worries

Immediate danger: call 999.

Norfolk Children's Services: 0344 800 8020.

Professionals' CADS line: 0344 800 8021.

Just One Norfolk: health advice and support for children and families.

PAIRS: attachment and bonding support from birth to the 4th birthday.

01603 786781 (option 3)

PAIRSAdmin@nsft.nhs.uk

The child grows, but the family context continues

Effects may become easier to describe, yet also easier to misread as behaviour or maturity.



As children develop, ask…

- What has changed in routines, relationships and safety?
- What does the child understand about the illness?
- What responsibility has the child begun to carry?
- Who notices and responds to the child's needs?

How parental mental health may affect older children

Impact is individual, changeable and shaped by the child's age, understanding and experience.

Emotional

- Worry, guilt, shame, divided loyalty or hypervigilance

Everyday life

- Sleep, routines, attendance, concentration, friendships or activities

Relationships and roles

- Less emotional availability, secrecy or stigma, conflict, role reversal, or feeling responsible for stability



What might we notice and what might we miss?

Visible distress

- Anxiety or low mood
- Anger or behavioural change
- Withdrawal or school difficulties

Adaptation that looks positive

- Unusual maturity
- Self-sufficiency from an early age
- High achievement or compliance
- Strong knowledge of medication or crisis signs

Hidden experience

- Keeping home life secret
- Not wanting to burden the parent
- Avoiding activities to remain nearby
- Minimising their own needs

"Coping well" and "safe, supported and free to be a child" are not necessarily the same.

Ask children directly and safely

Use age-appropriate language and explain what will happen with what they share.

Helpful questions

- “What is a usual day like at home?”
- “What changes when your parent is having a difficult day?”
- “Who helps you, and who do you help?”
- “Are there times you feel frightened or responsible?”
- “What would make things easier?”

Practice principles

- Offer private space where appropriate
- Do not ask the child to assess the parent
- Avoid promises of complete confidentiality
- Share information transparently and proportionately
- Record the child’s words and lived experience

When impact becomes responsibility

A child may be affected by parental mental health without being a young carer. The bridge is what the child has to carry.



Young caring is often hidden

Look for what the child does and carries, not whether the family uses the label "carer".

Caring roles

- Cooking, cleaning, shopping or personal care
- Medication, appointments or sibling care
- Monitoring mood and offering reassurance in distress or crisis
- Feeling responsible for family safety

Signs in the child

- Tired, anxious or highly watchful
- Reluctant to leave home or "on call" at night
- Missing school or activities
- Keeping caring hidden and minimising needs
- Unusual illness knowledge or responsibility beyond age

Family and care plans

- Reliance on the child for support
- Limited adult support network
- Repeated crises or admissions
- No practical plan for dependents
- Care plans, records or discharge overlook the child's role and impact
- Utililising the child as an interpreter

Key prompt: "What changes at home when the person's mental health is worse?"

Impact: hold both sides

Caring can build strengths, but risk rises when responsibility is excessive, unpredictable or unsupported.

Possible strengths

- Empathy and maturity
- Practical skills and confidence
- Connection and purpose
- Strong family attachments

Possible pressures

- Anxiety, low mood, guilt or hypervigilance
- Poor sleep and fatigue
- Physical symptoms
- Attendance, attainment or concentration difficulties
- Isolation
- Reduced leisure time
- Difficult transitions

Ask about intensity, unpredictability, safety, choice and support. Not diagnosis alone.

Ask safely: normalise, separate and listen

1	Start broad	“Who lives at home and who helps whom?”
2	Explore change	“What happens for you when your parent has a difficult day?”
3	Check impact	“Does helping affect sleep, school, friends or things you enjoy?”
4	Check safety	“Are there times you feel frightened, responsible or unsure what to do?”
5	Ask what would help	“What would make things easier for you and your family?”

Where possible, speak with the child separately and explain confidentiality and its limits.

Act: reduce the caring load, not just the child's distress

1

Name and record

Tasks, frequency, impact and child's view

2

Make the adult plan safer

Do not rely on the child as crisis responder

3

Strengthen practical support

Medication, meals, transport, benefits and trusted adults

4

Connect education

Named contact and proportionate adjustments

5

Refer and review

Assessment and support; check the load reduces

Norfolk: practical support routes

Use consent for supportive referrals unless doing so would increase risk or undermine safeguarding action.

Young Carers & Families Service

- Professional referral
- Groups, 1:1 and whole-family support
- Advice: 0800 083 1148

Care needs assessment for the parent

- Norfolk County Council
- Any individual can request one
- 0344 800 8020

School or college

- Named pastoral or safeguarding contact
- Young-carer group where available
- Flexible practical adjustments

Just One Norfolk

- Information for families and practitioners
- Needs assessment and emergency planning

Early Help / Family Help

- Norfolk Request for Support
- Family Hubs and coordinated practical help

Safeguarding concern

- CADS professionals: 0344 800 8021
- Immediate danger: 999
- Follow agency safeguarding process

Young caring in of itself is not a safeguarding concern. Escalate concerns of harm, significant risk, neglect or unsafe responsibility.

Five things to do next time

A short checklist for any mental health contact with a parent, sibling or young person.

- ☐ Ask who depends on the person and what changes during relapse or crisis.
- ☐ Notice the child's lived experience across infancy, childhood and adolescence.
- ☐ Speak with the child where appropriate, using plain language and a private space.
- ☐ Record impact, tasks, intensity, safety, choice, support and the child's voice.
- ☐ Change the family plan, refer, coordinate and review whether responsibility reduces.

Notice early • understand the child's experience • reduce inappropriate responsibility • support the whole family

Thank you

Any questions?