THE CHILD **SAFEGUARDING** PRACTICE REVIEW PANEL

7 MINUTE BRIEFING

Adolescent suicide

LCSPR: Child H

This case study explores the life of a young person whose life was marked by significant cumulative harm which ultimately culminated in her tragic death by suicide.

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About the family

H, a 16-year-old of White and Turkish Cypriot heritage, died by suicide after experiencing significant adversity from childhood.

Services were involved with H and her family for several years following her parents' separation when she was 12, responding to a range of concerns including parental mental health, behavioural changes, poor school engagement, and emerging mental health difficulties.

H was supported by CAMHS and referred to gender identity services, although engagement was inconsistent. As risks escalated during adolescence, particularly around missing episodes, exploitation and substance use, multi-agency involvement increased. This ultimately led to her entering local authority care at 16, when her family felt unable to keep her safe.

While in care, agencies continued to respond to heightened risks, including frequent missing episodes and exploitation; however, responses were variable and not always coordinated or sustained, particularly during key transitions.

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Background

At age 10, her parents separated and her mother's mental health declined, creating instability at home.

At 12, H shared that she identified as a girl and experienced bullying and changes in her behaviour.

By 13, she had tried to die by suicide, experienced ongoing low mood, and suicidal thoughts.

At 15, escalating concerns around exploitation, substance use, and missing episodes led to her entering care, where risks were compounded by placement instability and exploitation.

In the period before her death at 16, H was living in semi-independent accommodation but frequently went missing. She remained in contact with the individual exploiting her, who assaulted her on the day of her death.

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Patterns and practice

Cumulative risk not fully recognised: Multiple vulnerabilities (mental health, gender identity, exploitation, family adversity, education) were present but not consistently understood as interconnected.

Inconsistent multi-agency response: Systems and processes existed but were not used effectively or consistently across agencies.

Limited professional curiosity: Key areas (exploitation, family dynamics, online activity, impact of trauma) were not sufficiently explored.

Escalation of risk in adolescence and care: Risks increased significantly during adolescence, particularly after entering care, with insufficient adaptation of support commensurate with the level of complexity of need.

Voice and lived experience not centralised: H's experiences, identity, and needs were not consistently reflected in planning and decision-making.

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Acknowledging good

Appropriate referral to specialist services: H was referred to Gender Identity Development Services (GIDS) and CAMHS, with efforts made to support her mental health and identity needs.

Flexible engagement by practitioners: CAMHS demonstrated adaptability in attempting to engage H despite challenges in participation.

Family involvement: H's family remained involved and contributed meaningfully to understanding her experiences.

Placement in care due to risk: H entered care as her family were unable to keep her safe due to escalating exploitation and missing episodes.

Attempts to identify support options: Professionals explored community and support services, including external groups and charities, even where uptake was limited.

Key learning

See the whole child: Risks (mental health, exploitation, identity, family, education) must be understood, including how harm presents differently in different contexts.

Recognise complex exploitation: Look beyond typical models and apply professional curiosity.

Strengthen multi-agency working: Use systems consistently with clear shared responsibility.

Prioritise key transitions: Provide sustained support, especially when entering care.

Include online risk: Factor digital life into all safeguarding assessments.

Support identity needs: Tailor responses for young people experiencing gender incongruence.

Promote education and belonging: Recognise when a young person is not accessing education and take proactive steps to understand and address the barriers, treating this as a safeguarding concern.

Be professionally curious: Demonstrate professional curiosity: Explore trauma, family dynamics, parental mental health, absence of key adults, and the child's lived experience.

Reflective questions

Do we fully understand the child's lived experience and how their risks connect?

Are we recognising and responding to exploitation, especially when it presents in non-typical ways?

How well are we considering the impact of a young person's online life on their safety and wellbeing?

Are we providing consistent, joined-up support across agencies, particularly during key transitions (e.g. entering care)?

How effectively are we supporting mental health alongside other risks and vulnerabilities?

Are we adequately recognising and supporting identity needs, including gender identity?

Are we ensuring education and a sense of belonging are prioritised?

Are we demonstrating sufficient professional curiosity about family context, trauma, and relationships?

Useful resources

Find more information about adolescent suicide on the Panel's new learning hub: https://childsafeguarding.independent-panel.uk/hub-topic/adolescent-suicide

Read the full Local Child Safeguarding Practice Review: https://safeguarding.southwark.gov.uk/assets/aa956a45/lcspr_child_h.pdf

Further resources:

National Child Mortality Database (2021) – Suicide in children and young people

Office for National Statistics (2025) – Risk factors for suicide in children and young people in England (2011–2022)

NSPCC – Suicide: learning from case reviews (2024)

Royal College of Paediatrics and Child Health (2020) – State of Child Health: Suicide

Stonewall (2017) – School Report: The experiences of LGBT pupils in Britain's schools