



# Be Free Young Carers

## Mental Health Policy

25 March 2020

## Policy Statement

*Mental health is a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.*  
(World Health Organisation)

At Be Free Young Carers, we aim to promote positive mental health for every member of our staff, and for the young carers we support. We also want to support our volunteers, to ensure they are equipped to deal with any mental health issues our young carers are facing. We aim to pursue this in a holistic way, putting mental health in the forefront of our minds when interacting with young carers; on trips, home visits and in 1:2:1 support sessions.

In addition to promoting positive mental health, we aim to recognise and respond to mental ill health. On average, two out of every three young carers will be suffering from a diagnosable mental health issue. By developing and implementing practical, relevant and effective mental health policies and procedures, we can promote a safe and stable environment for our staff and young carers affected both directly, and indirectly by mental ill health.

## Scope

This document describes Be Free Young Carer's approach to promoting positive mental health and wellbeing. This policy is intended as guidance for all staff, volunteers, and trustees.

This policy should be read in conjunction with:

- Safeguarding Policy
- Whistle blowing Policy
- Lone Working Policy
- Volunteer Policy (where volunteers interact with young carers)  
(for the purpose of this policy, befrienders will also be referred to as volunteers)
- Health and Safety policy (where medication is used)

## The Policy Aims to:

- Promote positive mental health in all young carers, staff, volunteers, and trustees;
- Create a greater awareness mental health issues;
- Alert staff to early warning signs of mental ill health;
- Provide support to staff/volunteers working with young people with mental health issues;
- Provide support to young carers suffering mental ill health and their parents/carers.

## Lead Members of Staff

Whilst all staff have a responsibility to promote positive mental health, staff with a specific, relevant remit include:

- John Tabor - Designated Safeguarding Lead
- Hilary Hutchinson - Volunteer Coordinator (if disclosure was between a young carer and volunteers)
- Charlotte Anthony and Gemma Thorpe - Mental Health First Aiders

Any member of Be Free Young Carers (including volunteers) who is concerned about the mental health or wellbeing of a young carer should contact a Mental Health First Aider (Charlotte or Gemma). If there is a fear that the young carer is in danger of immediate harm then the normal safeguarding procedures must be followed with an immediate referral to the Designated Safeguarding Lead. If the young carer presents a medical emergency then normal procedures for medical emergencies must be followed, including alerting the family and contacting the emergency services if necessary.

Where a referral to CAMHS is in progress/active, CAMHS must be notified of any support offered to the young carer regarding their mental health. Equally, schools must be notified of any support offered, to ensure a holistic approach.

## Signposting

We will ensure that staff, volunteers and parents are aware of what support is available within Be Free Young Carers and in the local community, who it is aimed at and how to access it is outlined in Appendix A.

We will display relevant sources of support on our website, social media and in our newsletters. Our mental health first aiders can also offer further support to resources for common mental health conditions.

## Warning Signs

Be Free Young Carers staff and volunteers may become aware of warning signs which indicate a young carer is experiencing mental health or emotional wellbeing issues. These warning signs must **always** be taken seriously and staff observing any of these warning signs must communicate their concerns with a Mental Health First Aider. Depending on the issue, the Designated Safeguarding Lead should also be informed.

Possible warning signs include:

- Physical signs of harm that are repeated or appear non-accidental;
- Changes in eating / sleeping habits;
- Increased isolation from friends or family, becoming socially withdrawn;
- Changes in activity and mood ;
- Lowering of academic achievement;
- Talking or joking about self-harm or suicide;
- Abusing drugs or alcohol
- Expressing feelings of failure, uselessness or loss of hope;
- Changes in clothing - e.g. long sleeves in warm weather;
- Secretive behaviour;
- Lateness to or absence from school;
- Repeated physical pain or nausea with no evident cause;
- An increase in lateness or absenteeism.

## Managing disclosures

A young carer may choose to disclose concerns about themselves or a friend to any member of staff or volunteer, all staff/volunteers need to know how to respond appropriately to a disclosure.

If a young carer chooses to disclose concerns about their own mental health or that of a friend to a member of staff or a volunteer, the response should always be calm, supportive and non-judgemental.

Staff and volunteers should listen, rather than advise and our first thoughts should be of the young carer's emotional and physical safety rather than of exploring 'Why?'.

For more information on how to initially respond when a disclosure is made, refer to **Appendix C**.

Support can then be given. At Be Free Young Carers, we use the ALGEE approach to mental health first aid. This can be found in **Appendix B**. All staff and volunteers should be aware of this acronym.

All disclosures should be recorded in writing and held confidentially, both on Charity Log and within the secure office filing system, under the young carer's name. This written record should include:

- Date of disclosure;

- The name of the member of staff/volunteer to whom the disclosure was made;
- Main points from the conversation;
- Agreed next steps.

This information should be shared with the mental health first aiders, who will store the record appropriately and offer support and advice about next steps. Depending on the situation, the Designated Safeguarding lead should also be informed. If the disclosure is between the young carer and a volunteer, initial contact should always be made with the Volunteer Coordinator.

## Confidentiality

We will be honest about confidentiality. If it is necessary to pass on our concerns about a young carer then we should discuss with the young carer:

- Who we are going to talk to;
- What we are going to tell them;
- Why we need to tell them.

We should never share information about a young carer without first telling them. Ideally we would receive their consent, though there are certain situations when information must always be shared with another member of staff and/or a parent. For instance, if a young carer is at serious risk of harming themselves, steps must be taken (there will be similarities here to the Safeguarding policy and practice).

It is always advisable to share disclosures with a colleague, usually the Mental Health First Aiders or the Be Free Young Carers staff supervisor (Jenny Latimer); this will help to safeguard our own emotional wellbeing as we are no longer solely responsible for the young carer. It ensures continuity of care in our absence and it provides an extra source of ideas and support. This must be explained to and discuss with the young carer, with whom it would be most appropriate and helpful to share this information.

Parents must always be informed if a serious disclosure has been made, and young carers may choose to tell their parents themselves. If this is the case, the young carer should be given 24 hours to share this information before Be Free Young Carers contacts parents. We should always give young carers the option of us informing parents for them or with them. The only time parents would not be informed, is if it posed a serious risk to the child.

If a child gives reason to believe that there may be underlying safeguarding issues, the Designated Safeguarding Lead must be informed immediately.

## Working with Parents

Where it is deemed appropriate to inform parents, we need to be sensitive in our approach. Before disclosing to parents we should consider the following questions (on a case by case basis):

- Can the meeting happen face to face or by telephone?
- Who should be present? Consider parents, the young carer, other members of staff.
- What are the aims of the meeting?

It can be shocking and upsetting for parents to learn of their child's issues and many may respond with anger, fear or upset during the first conversation. We will be accepting of this (within reason) and give the parent time to reflect.

We will always highlight further sources of information where possible, as they will often find it hard to take much in whilst coming to terms with the news being sharing. Sharing sources of further support aimed specifically at parents can also be helpful e.g. parent helplines and forums.

We should always provide clear means of contacting Be Free Young Carers with further questions and consider booking in a follow up meeting or phone call right away as parents may have many questions as they process the information.

Finish each meeting with an agreed next step and always keep a brief record of the meeting on the child's Charity Log confidential record.

## Working with All Parents

Parents are often very welcoming of support and information from organisations about supporting their children's emotional and mental health. In order to support parents we will:

- Highlight sources of information and support about common mental health issues on our website;
- Ensure that all parents are aware of who to talk to, and how to get about this, if they have concerns about their own child or a friend of their child;
- Make our mental health policy easily accessible to parents;
- Share ideas about how parents can support positive mental health in their children - through social media, the newsletter and home visits.

## Working with Schools

Schools are usually very welcoming of support for their students and appreciate a holistic approach. Support workers and mental health first aiders are able to visit schools to further inform staff of mental health issues and how Be Free Young Carers supports their young carers.

We will continually update schools about our support of their young carers registered with us, concerning their mental health. Equally we are happy for schools to contact us for information.

## Supporting Siblings

When a young carer is suffering from mental health issues, it can be a difficult time for their siblings as well as the whole family. Siblings often want to support but do not know how. In the case of self-harm or eating disorders, it is possible that they may learn unhealthy coping mechanisms from each other. In order to keep them safe, we will consider on a case by case basis whether additional advice is needed. We may want to highlight:

- Where and how to access support for themselves;
- Safe sources of further information about their sibling's condition;
- Healthy ways of coping with the difficult emotions they may be feeling.

If there are multiple siblings from one family registered with us, they will be reviewed individually on a case-by-case basis. Each will be given the support best suited for them.

## Training

All staff and volunteers can access free online training suitable for those wishing to know more about a specific issue via the [MindEd learning portal](#)<sup>1</sup>

Mental Health First Aid training will be provided for support workers. This will need updating every 3 years. This will allow them to recognise and respond to mental health issues in order to keep young carers safe. Mental Health First Aiders can then share their knowledge with staff who require it.

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<sup>1</sup> [www.minded.org.uk](http://www.minded.org.uk)

## Policy Review

This policy will be reviewed every 3 years as a minimum. It is next due for review in March 2023.

Additionally, this policy will be reviewed and updated as appropriate on an ad hoc basis.

This policy will always be immediately updated to reflect personnel changes.

## Appendix A: Sources of support

At Be Free Young Carers, we offer the following support:

- **Emotional 1:2:1 Support.** One of our support workers visits the young carer, normally at their school, to offer emotional support to help them better cope with their emotions. This is for a fixed period of time.
- **Befriending.** This is where a volunteer is matched with a young carer and provides them with 1:2:1 time outside of the family home.

There is further support outside Be Free Young Carers in your local community. For this, we recommend searching your local area via Hub of Hope:

[Hub of Hope - Mental Health Support Network provided by Chasing the Stigma](#)

## Appendix B: ALGEE

### Mental Health First Aid **ACTION PLAN**



- A**pproach, assess and assist with any crisis
- L**isten non-judgmentally
- G**ive support and information
- E**ncourage appropriate professional help
- E**ncourage other supports

## Appendix C: Talking to Young Carers when they make mental health disclosures

The advice below is from students themselves, in their own words, together with some additional ideas to help you in initial conversations with students when they disclose mental health concerns. This advice should be considered alongside relevant school policies on pastoral care and child protection and discussed with relevant colleagues as appropriate.

### Focus on listening

*“She listened, and I mean REALLY listened. She didn’t interrupt me or ask me to explain myself or anything, she just let me talk and talk and talk. I had been unsure about talking to anyone but I knew quite quickly that I’d chosen the right person to talk to and that it would be a turning point.”*

If a young carer has come to you, it’s because they trust you and feel a need to share their difficulties with someone. Let them talk. Ask occasional open questions if you need to in order to encourage them to keep exploring their feelings and opening up to you. Just letting them pour out what they’re thinking will make a huge difference and marks a huge first step in recovery. Up until now they may not have admitted even to themselves that there is a problem.

### Don’t talk too much

*“Sometimes it’s hard to explain what’s going on in my head – it doesn’t make a lot of sense and I’ve kind of gotten used to keeping myself to myself. But just ‘cos I’m struggling to find the right words doesn’t mean you should help me. Just keep quiet, I’ll get there in the end.”*

The young carer should be talking at least three quarters of the time. If that’s not the case then you need to redress the balance. You are here to listen, not to talk. Sometimes the conversation may lapse into silence. Try not to give in to the urge to fill the gap, but rather wait until the young carer does so. This can often lead to them exploring their feelings more deeply. Of course, you should interject occasionally, perhaps with questions to the young carer to explore certain topics they’ve touched on more deeply, or to show that you understand and are supportive. Don’t feel an urge to over-analyse the situation or try to offer answers. This all comes later. For now your role is simply one of supportive listener. So make sure you’re listening!

### Don’t pretend to understand

*“I think that all teachers got taught on some course somewhere to say ‘I understand how that must feel’ the moment you open up. YOU DON’T – don’t even pretend to, it’s not helpful, it’s insulting.”*

The concept of a mental health difficulty, such as an eating disorder or obsessive compulsive disorder (OCD), can seem completely alien if you’ve never experienced these difficulties first hand. You may find yourself wondering why on earth someone would do these things to themselves, but don’t explore those feelings with the sufferer. Instead listen hard to what they’re saying and encourage them to talk and you’ll slowly start to understand what steps they might be ready to take in order to start making some changes.



## **Don't be afraid to make eye contact**

*"She was so disgusted by what I told her that she couldn't bear to look at me."*

It's important to try to maintain a natural level of eye contact (even if you have to think very hard about doing so and it doesn't feel natural to you at all). If you make too much eye contact, the young carer may interpret this as you staring at them. They may think that you are horrified about what they are saying or think they are a 'freak'. On the other hand, if you don't make eye contact at all then a young carer may interpret this as you being disgusted by them – to the extent that you can't bring yourself to look at them. Making an effort to maintain natural eye contact will convey a very positive message to the young carer.

## **Offer support**

*"I was worried how she'd react, but my Mum just listened then said 'How can I support you?' – no one had asked me that before and it made me realise that she cared. Between us we thought of some really practical things she could do to help me stop self-harming."*

Never leave this kind of conversation without agreeing next steps. These will be informed by your conversations with appropriate colleagues and Be Free Young Carers policies on such issues. Whatever happens, you should have some form of next steps to carry out after the conversation because this will help the carer to realise that you're working with them to move things forward.

## **Acknowledge how hard it is to discuss these issues**

*"Talking about my bingeing for the first time was the hardest thing I ever did. When I was done talking, my teacher looked me in the eye and said 'That must have been really tough' – he was right, it was, but it meant so much that he realised what a big deal it was for me."*

It can take a young person weeks or even months to admit they have a problem to themselves, let alone share that with anyone else. If a young carer chooses to confide in you, you should feel proud and privileged that they have such a high level of trust in you. Acknowledging both how brave they have been, and how glad you are they chose to speak to you, conveys positive messages of support to the student.

## **Don't assume that an apparently negative response is actually a negative response**

*"The anorexic voice in my head was telling me to push help away so I was saying no. But there was a tiny part of me that wanted to get better. I just couldn't say it out loud or else I'd have to punish myself."*

Despite the fact that a young carer has confided in you, and may even have expressed a desire to get on top of their illness, that doesn't mean they'll readily accept help. The illness may ensure they resist any form of help for as long as they possibly can. Don't be offended or upset if your offers of help are met with anger, indifference or insolence, it's the illness talking, not the young carer..

## **Never break your promises**

*"Whatever you say you'll do you have to do or else the trust we've built in you will be smashed to smithereens. And never lie. Just be honest. If you're going to tell someone*



*just be upfront about it, we can handle that, what we can't handle is having our trust broken."*

Above all else, a young carer wants to know they can trust you. That means if they want you to keep their issues confidential and you can't then you must be honest. Explain that, whilst you can't keep it a secret, you can ensure that it is handled within Be Free Young Carers policy of confidentiality and that only those who need to know about it in order to help, will know about the situation.

You can also be honest about the fact you don't have all the answers or aren't exactly sure what will happen next. Consider yourself the young carer's ally rather than their saviour and think about which next steps you can take together, always ensuring you follow relevant policies and consult appropriate colleagues.

DRAFT