Signpost guide for nurses working with young people

Sex and relationships education

Royal College of Nursing
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Introduction

Nurses working with young people need to keep up-to-date with fast changing legislation, policy and practices. This short document is a signpost for nurses to access appropriate websites and documents for the latest information on sexual health, contraception and sex and relationships education (SRE). The document does not provide guidance.

There are many different sexual health services targeted at young people in schools and other settings such as clubs. The diversity of services is reflected in the range and levels of experience and training of nurses who work with young people.

This signpost guide for nurses working with young people looks at the protocols that nurses need to work with young people around sexual health issues. It also addresses the problems faced by some nurses who are asked by their employers to carry out tasks and procedures that they may not be trained and competent to perform. This is a concern that has been raised with the RCN by a number of nurses working with young people.

Moral and professional issues

Sex education and the sexual health of children and young people raise moral and professional issues that can sometimes cause debate. They can stimulate divided opinion about ethical questions, value judgements, moral statements, religious teachings and legal decisions.

Some of the issues that nurses may deal with in their practice include:

✦ consent
✦ confidentiality
✦ child protection
✦ diverse sexuality
✦ sexual harassment
✦ homophobic bullying
✦ cultural and religious values and beliefs.

Nurses who work with children and young people have to ensure that they are able to give professional and effective sexual health care. This sphere of health care has become central for nurses working with young people today. This means that nurses must look carefully at their own belief systems about sex and
sexuality before they embark on this avenue of health care.

It is now not acceptable for school nurses to opt out of this aspect of care. If any nurse is disturbed by providing sexual health care, or has a problem with managing their workload, they should speak to their school nurse team leader or manager.

Consent and young people

The legal position on consent by young people under 16 years-of-age was settled in the case of *Gillick V West Norfolk and Wisbech Area Health Authority* in 1985. The House of Lords clearly stated that even if a child was under 16, she or he may be able to give consent to medical treatment providing they have sufficient understanding.

During the Gillick case, Lord Fraser said that a young person could have advice or treatment without parental consent. He suggested that certain factors should be taken into account when making an assessment of the child’s maturity to give consent. These are referred to as the Fraser guidelines.

The guidelines state that contraceptive advice could be given to a girl under 16 without parental consent, or even their knowledge, provided that a doctor was satisfied that:

- she would understand his/her advice
- he/she could not persuade the girl to inform her parents, or allow the doctor to inform the parents that she was seeking contraceptive advice
- she was very likely to have sexual intercourse with or without contraception
- unless she received contraceptive advice or treatment her physical or mental health or both were likely to suffer
- it was in her best interests to receive contraceptive advice, treatment or both, without parental consent.

While the 1985 Fraser guidelines identified doctors as key to this process, it is now accepted practice that this is extended to other health care professionals, such as nurses.

Confidentiality

A sufficiently mature under-16-year-old is entitled to confidentiality as well. Nurses must be aware of the Nurses and Midwives Council (NMC) *2004 Code of professional conduct: standards for conduct, performance and ethics* and guidelines on confidentiality from the former UKCC (the NMC took over from the UKCC in April 2002).

There may be times when a young person’s right to confidentiality conflicts with the rights of society. For example, this could occur if a young person discloses abuse. In this case the nurse has a duty to report any abuse disclosed by children and young people. Nurses may find these situations difficult to cope with and need to be aware of national/local policies and procedures available to them and seek help and support from their senior colleagues.

Nurses working in this field of practice should be aware of the local authority social services Child Protection Guidelines, and know where and when to refer to them.
Working in partnership

Young people deserve to get clear, accurate and consistent support and advice regarding sex and relationships. This means it is inevitable that nurses will become involved in working in partnership with young people, health and social care professionals, schools and education settings, statutory and voluntary agencies, parents and carers.

Nurses must be clear about who they are working in partnership with, what their role is and to whom they are accountable. This could be achieved by developing clear written protocols with the partners (see below).

Protocols

Protocols are a formal written guidance that is agreed between professionals, such as health and social care professionals, that the RCN believes are valuable tools for nurses and other professionals. They are derived from practice policies and provide guidance to individual nurses and teams. They have no legal status but bring together best practice in a particular area of health care.

They should be taken into account alongside existing guidelines such as those issued by:

- the Department of Health (DH)
- the NMC
- the royal medical colleges
- other professional bodies.

Protocols should be reviewed and amended frequently in the light of any changes to legislation, policy and practice.

An example of where a protocol should be used is when a school health team provides hormonal or emergency contraception to young people. The school and the health team should negotiate an appropriate protocol based on practice policies.

Recommended standards for sexual health services were published by the Medical Foundation for AIDS and Sexual Health in May 2005.

Patient Group Directions

Patient Group Directions (PGDs) are a statutory instrument and are legally binding. They should be individually negotiated between the nurse and the employer. They should be signed by a doctor and pharmacist and meet the criteria laid down for a PGD.

The legal definition of a PGD is:

“A written direction relating to the supply and administration of a description or class of prescription only medicine… or a written direction relating to the administration of a description or class of prescription only medicine, and which in the case of either is signed by a doctor… and by a pharmacist; and relates to the supply and administration, or to administration, to persons generally (subject to any exclusions which may be set out in the Direction).”
The RCN believes that PGDs are helpful to nurses because they can support improvements in the quality of patient care. This is particularly important for nurses who work with young people. To ensure that nurses will be able to provide, for example, hormonal emergency contraception to young people they must not only have negotiated a PGD with their employer, but also have the knowledge and skills for this role.

Evaluating resources

There are many different organisations that develop resource materials designed to help nurses and other health care professionals provide sexual health services for young people. You should evaluate these resources before using them in case they are unsuitable for the particular group of young people you are working with.

Ewles and Simnett’s *Promoting health: a practical guide* provides a valuable and simple-to-use check list that can help with the evaluation process:

✦ what message are you trying to promote?
✦ why do you need these resources?
✦ what is the topic or issue you are researching?
✦ when will you use the resource material? Consider the age of the client, what stage of their life they have reached and so on
✦ how will you use the resource material?

✦ where will you use the resource material? Consider what facilities your facility has, and whether you can use group work and so on
✦ who is the resource suitable for? Consider age, sex, and so on.

Visit your local health promotion unit, if you have one, and borrow the resource materials before you buy them. Or find out if you can borrow the resource for use. Always know your resource materials well before you use them – this way you will avoid any nasty surprises.

The Sex Education Forum

The Sex Education Forum is based at the National Children’s Bureau. It represents a unique collaboration of 50 national organisations that work together to promote sex and relationships education for all children and young people. The RCN School Nurse Forum represents the RCN on the forum.

The Sex Education Forum has created consensus around what is good and effective education. It works to:

✦ develop a climate of opinion that positively supports sex and relationship education
✦ disseminate information to parents, teachers, youth workers, social workers and health workers through the *Sex education matters* newsletter, publications, information advisory services and other services
✦ run innovative projects in various settings with diverse target groups to develop good practice and test out new ideas.
The forum is an excellent resource base and it is worth visiting the website (listed below).

**Useful contacts**

**APAUSE**  
(Added Power and Understanding in Sex Education)  
01392 403 146  
www.ex.ac.uk/pgms/apause.htm

**Blackliners**  
www.blackliners.org

**Brook**  
020 7284 6040  
www.brook.org.uk

**Contraception Education**  
01457 850 860  
www.contraceptioneducation.co.uk

**Department of Health (DH) literature line**  
0800 555 777  
www.dh.gov.uk

**fpa (formerly Family Planning Association)**  
020 7837 5432  
www.fpa.org.uk

**Journal of Advanced Nursing**  
01865 206 253  
www.blacksci.co.uk/uk/journals.htm

**Lesbian and Gay Foundation**  
0161 235 8035  
www.lgfoundation.org.uk

**Marie Stopes International**  
020 7574 7400  
www.mariestopes.org.uk

**National Aids Trust**  
020 7814 6767  
www.nat.org.uk

**National Children's Bureau**  
020 7843 6000  
www.ncb.org.uk

**Nursing Standard**  
020 8423 1333  
www.nursing-standard.co.uk

**Nursing Times**  
020 7874 0500  
www.nursingtimes.net

**Paediatric Nursing**  
0208 423 1066  
www.paediatricnursing.co.uk

**Primary Nursing Care**  
020 8231 0180  
www.cdna.tvu.ac.uk

**RCN School Nurses Forum**  
Adviser: Fiona Smith  
020 7647 3753  
fiona.smith@rcn.org.uk  
www.rcn.org.uk

**RCN Sexual Health Forum**  
Adviser: Kathy French  
020 7409 3333  
kathy.french@rcn.org.uk  
www.rcn.org.uk

**The Sex Education Forum, National Children's Bureau**  
020 7843 1901  
www.ncb.org.uk/sein

**The Terence Higgins Trust**  
020 7831 0330  
www.tht.org.uk

**Useful websites**  
www.doctorann.org  
www.teenagehealthfreak.com
Resources


Department of Health (2004) *Best practice guidelines for doctors and other health professionals on providing advice and treatment to young people under 16 on contraceptive and reproductive health*, London: DH.


Gillick v West Norfolk and Wisbech Area Health Authority [1986] AC 112 1ALL ER.


