

Use of Text Messaging Services

Guidance for nursing staff working with
children and young people

CLINICAL PROFESSIONAL RESOURCE



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This document has been designed in collaboration with our members to ensure it meets most accessibility standards. However, if this does not fit your requirements, please contact corporate.communications@rcn.org.uk

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1. Introduction

Technology is a central aspect of young people's lives today. Short message services (SMS), such as text, use young people's language and allow access to information or discussion about their health problems without face-to-face contact (Schwartz, 2020).

Research has shown that an increasing number of children and young people own a mobile phone, with 50% of under 10-year olds owning a smartphone in 2019 (Kleinman, 2020). Under 25-year olds are more likely to communicate by text message or by use of social media sites such as Facebook, Whatsapp, Instagram and snapchat than by a telephone call (Johnson, 2020).

Children, young people and their parents/carers are increasingly being empowered to make health care choices, enabling them to participate in their health care and influence the way services are designed and reformed (NHS England, 2019). By using mechanisms such as text messaging services, nurses can share information more rapidly.

Text messaging to and from school nurses, looked after children's nurses and clinical nurse specialists can for example provide access and signposting to health and advice services for young or vulnerable people who would not access services by traditional methods (Dodd, 2017).

2. Text messaging services

Mobile messaging has the potential to substantially increase public access to health services and advice and careful consideration of different options should be considered (Martinengo and Spinazze, 2020). This type of service has been found to be favourable to patients/clients (Zallman et al., 2017). There are three different ways to use text messaging:

- **simple:** this type of messaging service is initiated by the service provider and is usually a reminder or question about an appointment (Kannisto et al., 2014; Finkelstein et al., 2013). One example in practice is oral contraceptive reminders for 15 to 25-year olds.
- **specific:**
 - **automated** – a client initiates a request for information or signposting to other services and receives a programmed response. Examples of organisations which use this practice include Brook Advisory Centres and the Eating Disorders Association. Research in Switzerland has demonstrated the potential of an SMS text message-based intervention to reach a high proportion of young smokers with low education levels (Haug et al., 2013)
 - **personal response** – this service is client-initiated, and a nurse responds to a specific question about personal health. It can lead to a consultation or referral to other service providers. An example of use in practice includes ChatHealth for school nursing and health visiting services.
- **serious:** this describes a client-initiated disclosure of an event or cause for concern. This could include disclosures about abuse, self-harm, serious drug misuse or potentially life-threatening situations. Local procedures need to be accessible and clear to deal with these potential situations. In addition, practitioners need to have access to supervision as a response to the complex professional issues raised in managing serious disclosures, particularly when part of a mobile messaging service.

3. Principles underpinning text messaging services

In accordance with the NMC Code point 5 (2018), nurses owe a duty of confidentiality to all those who are receiving care; this includes making sure that they are informed about their care and that information about them is shared appropriately. Therefore, they must treat information about patients and clients as confidential and use it only for the purpose for which it was given (NMC, 2018). Nurses must ensure that an up-to-date and appropriate confidentiality policy exists within their organisation which includes the use of mobile phones.

Nurses must always be accountable for their actions when caring for patients/clients (NMC, 2018) and ensure that they adhere to the following in relation to digital services:

- new, text-based specific services should be supported by local protocols and all staff should be appropriately trained and have access to clinical and child protection supervision
- professional reasoning and judgement must be used when responding to text messages based on the information received; it must be regarded as patient contact
- messages should be documented and include the following information: text content, telephone number, time, response, any appointment made or referral to other agencies, date and signature of nurse. This should then be treated as any other client documentation in keeping with guidelines in point 10 of The Code on record keeping (NMC, 2018). Documentation may be written but a computer-generated system with short messaging service software may be preferable
- received messages should be deleted from the receiving handset after documentation to maintain standards of confidentiality.

4. Assessing the need

- Ensure that the benefits outweigh the risks to children and young people if implementing a text messaging service; for example, consider when providing a service because of a need or because of a current trend or youth culture.
- Establish client demand through a needs assessment profile.
- Ensure all stakeholders such as parents, carers, school staff, governors and young people enter discussions to agree a local policy before implementing the service.
- Consider any training and the support needs of staff.
- Undertake a pilot project to test the system.

Only work provided and approved mobile phones should be used for the provision of text messaging services of any other form of health care service requiring the use of a mobile device. Personal mobile phones should not be used for the provision of such services and should never be used to record, transmit or store a patient's personal details, health information or images of the patient.

5. Operational issues

Computer-generated systems with short messaging software can be an efficient way of generating, monitoring and recording correspondence by SMS, however there are potential issues and areas to consider.

- Procedures need to be in place for managing potential risks and escalating concerns appropriately, for example; self-harm, child protection, underage pregnancy, refusal of further contact, or abuse of service by either the service user or provider. Providing flowcharts can be helpful.
- Consideration of increased workloads and extra resources required for handling a number of texts.
- Nurses should ensure that young people understand that some information may be made available to other members of the team involved in the delivery of their care.
- Young people must be made aware that confidentiality cannot be guaranteed if a disclosure is made. Nurses should refer to their organisations safeguarding children guidelines.
- Consult with your appointed Caldicott Guardian before implementation. This is a senior person responsible for protecting the confidentiality of people's health and care information and making sure it is used properly (Government UK).
- A named nurse, or nurses, should be responsible for a specified phone to maximise confidentiality.
- To provide an efficient service the specified phone should have sufficient text characters available which might be more than the standard 160-190.
- Coded messages (encryption/security) will be necessary to protect confidentiality, such as for contraception reminders to under 16-year olds.
- An acceptable list of text language should be used to help prevent misunderstandings from service users and providers.
- An automated response to let the sender know their message has arrived safely is helpful.
- The mobile phone should be password protected and locked away when not in use.
- In the event of loss or theft of the mobile phone all precautions should be taken to protect the confidentiality of those children and young people affected. Theft should be reported to the police and the telephone company, and practitioners should follow the trust/health provider's incident reporting policy.
- Mobile phone numbers that are collected in two-way messaging services must not be used for any purpose other than to respond to the text. If you need to make verbal contact with the young person, you should obtain their consent by text message first.

6. Evaluation and audit

The text service and information documented from text messaging should be subject to rigorous and regular audit, clinical supervision, practice development and service standards. For example, if texts from pupils at a particular school all relate to the same matter, practitioners might consider implementing a school initiative on that topic.

7. Making children and young people aware of the service

Before introducing a text messaging service, children and young people should be given information about the service in the form of a card or a website which should include the following details:

- confidential text number
- hours and duration of the service
- expected response time (for example, within 24 hours, two days or whatever the local agreement is) and where they can get help more quickly if necessary
- how confidentiality of client information and text messages will be maintained
- that the designated mobile is to be used for a 'text only' service
- that meetings and phone calls via a different source or mode can be arranged if required.

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Useful resources

Digital roles and innovations

www.rcn.org.uk/clinical-topics/ehealth/digital-roles-and-innovations

NHS Apps ChatHealth

www.nhs.uk/apps-library/chathealth

RCN quality assurance

Publication

This is an RCN practice guidance. Practice guidance are evidence-based consensus documents, used to guide decisions about appropriate care of an individual, family or population in a specific context.

Description

Mobile messaging has the potential to substantially increase public access to health services and advice, empowering children, young people and their parents/carers to make health care choices and influence the way services are designed and reformed. This publication provides guidance and advice for nursing staff working with children and young people.

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Evaluation

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