Royal College of Nursing

Use of digital technology

Guidance for nursing staff working with children and young people

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1 Introduction

The world of digital technology is changing rapidly with new and exciting smartphones, tablet PCs and games consoles becoming increasingly advanced. They no longer offer just one service: for example, many games consoles now incorporate web browsing, access to Facebook, BBC iPlayer, chat and more. The growth in apps and cloud-based services also means that more and more online content is readily available and sharable.

For many young people, staying connected via social networking sites such as Facebook, Twitter or Instagram is increasingly part of their growing up experience. Access to the internet is a positive and important part of many people's lives, young and old, providing access to a world of learning, entertainment, socialising, business and more (Sangeet et al, 2013).

There are three areas that nurses need to be aware of regarding the use of social media:

1. their own appropriate use
2. how to protect children and young people from the dangers of social media
3. how to safely use social media to improve care.

Use of the internet by nurses for their own professional development and personal use

The NMC Code of Professional Conduct states that nurses must "uphold the reputation of [their] chosen profession at all times" (NMC, 2009). This means that online conduct should be judged in the same way as in real life, and should be at a similar high standard. Please refer to the NMC website and RCN document, *Legal advice for RCN members using the internet* (2009) for useful guidance on applying the code to the use of social networking sites. In addition, you should also always adhere to your organisation's own policies and procedures.

Awareness and knowledge of how to protect children and young people from the dangers of social media

There are a range of potential dangers for children and young people from the use of the internet and digital technology including cyberbullying, sexting (creating and distributing indecent images/videos of anyone, and if that person is under the age of 18 it is a prosecutable offence), grooming, and e-security issues of fraud and identity theft. Whilst access to chat services or social network sites is sometimes blamed for problems such as online addiction, grooming and cyberbullying, it is important to remember that whilst having access to these services can amplify the risks, particularly in vulnerable young people, it is the digital awareness, behaviour and sense of wellbeing that young people have that will ultimately ensure that they have the knowledge and resilience to keep themselves safe online.

The following guidelines should be kept in mind:

- help the child or young person to understand appropriate boundaries, what constitutes personal information, and develop their digital literacy (for example understanding e-security issues, how websites work, their privacy and reputation online, what sorts of online friends to add)
- ensure they have a balanced lifestyle – enough sleep, a healthy diet, exercise and fresh air
- develop your own online confidence and competence, as children can then discuss issues about their online use, and know that you understand
- involve the child or young person in decisions affecting their online use; help them to develop their own sense of responsibility and wellbeing and create a culture of openness and support so that they feel able to talk with you if things go wrong.

These guidelines should evolve as children and young people grow up and develop their own knowledge and resilience.

Some useful resources for parents and nurses to learn more about the internet and how they can promote responsible and safe use are set out at the end of this publication.

If you have concerns a child or young person you have contact with is a victim of grooming, cyberbullying or any other form of child abuse you should follow your

organisation's safeguarding children policy. The named nurse for safeguarding children in your organisation is a useful resource to discuss concerns with.

How to safely use social media to improve care

Children, young people and their parents are increasingly being empowered to make health care choices, enabling them to participate in their health care and influence the way the NHS operates and how services are designed and reformed. By using social media, nurses, organisations and communities can share information quicker; they can monitor reactions and actively engage with other users with the aim of gaining a better understanding of what health care staff and patients want and need. Increasingly children, young people and their parents can join online groups with similar interests, such as those with the same long-term condition, and organisations are developing ways to improve patient care by the use of digital technologies. The advice previously given regarding the use of the internet by nurses for their own professional development and personal use should also be applied in these circumstances.

Short message services (SMS), such as text and email, allow access to information or discussion about people's health problems without face-to-face contact.

Research has shown increasing numbers of children and young people own a mobile phone and under 25 year olds are more likely to communicate by text message rather than by telephone (MORI research, 2005). Text messaging can provide access and signposting to health and advice services for young or vulnerable people who would not access services by traditional methods.

This publication is aimed at nurses working with children and young people, however, its content is relevant to any health care professional setting up text messaging services. It is important that nurses are familiar with and adhere to their professional guidance.

2 Text messaging services

There are three different ways to use text messaging. Local discussions should take place about what type is suitable for your service.

- **SIMPLE**: This type of messaging service is initiated by the service provider and is usually a reminder or question about an appointment. One example of existing practice is the oral contraceptive reminder for 15 to 25 year olds in Birmingham.
- **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 (S Haug, 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. Examples of existing practice include Shropshire Community Health School Nursing Service and Leicester Partnership Trust School Nursing Service.
- **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 in place to deal with these potential situations, and practitioners need to have access to supervision.

Governance principles for text messaging

In accordance with the NMC Code of Professional Conduct nurses must treat information about patients and clients as confidential and use it only for the purpose for which it was given (NMC, 2009). Nurses must ensure that an up-to-date organisational confidentiality policy exists in their specialty which includes the use of mobile phones.

Issues to consider when setting up a text messaging service

Nurses need to reassure themselves that the benefits to children and young people of implementing a text messaging service outweigh the risks.

For example, ask yourself if you are providing a service because of a need or because of a current trend or youth culture.

You should also:

- establish client demand through a needs assessment
- ensure all stakeholders such as parents, carers, school staff, governors and young people enter discussions to agree a local policy, before implementing the service
- 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
- consider the possibility of increased workloads and the use of resources required for handling a number of texts
- consider how, when and where the phone is to be used; for example, it is not acceptable to answer texts if you are on a break or on annual leave
- consider any training and the support needs of staff
- consider undertaking a pilot to test the system
- ensure any new service is subject to agreed audit, review and monitoring.

Accountability

Nurses must always be accountable for their actions when caring for patients/clients, and ensure that they adhere to the following:

- all new, 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
- all messages should be documented and include the following information: text content, telephone number, time, response, any appointment made and/or referral to other agencies, date and signature of nurse. This should then be treated as any other client documentation in keeping with NMC guidelines on record keeping (NMC, 2009). Documentation may be written, but a computer-generated system with short messaging service software may be preferable (see examples on pages 10-11)
- all received messages should be deleted from the receiving handset after documentation to maintain high standards of confidentiality.

3 Computer-generated and computer-recorded options

Computer-generated systems with short messaging software can be an efficient way of generating, monitoring and recording correspondence by SMS. Two text messaging software systems are outlined below as examples of possible processes, but there are numerous other systems and options available. The e-recording option for text-based consultation requires development but is in a technological field that is rapidly changing. The level of developmental possibility available to any professional will vary according to which option is being considered and the commitment of the local practice area to purchase and support the e-options.

Example A

Healthcare Communications: NHS text software

Process for using the software:

Nurse logs onto website service.	Nurse generates SMS message from site screen/ facilities. Message can be pasted into client notes.	Client replies – message is received into site website service. Reply can be pasted into client notes.	Nurse might wish to use standardised guidelines which can be pasted into client notes, might wish to reply again, or it might be end of SMS consultation.	All interactions are password entry protected and full audit is possible, including confirmation of receipt/ non-receipt etc. All records are kept in real time.

Problem: the nurse must be at a PC in order to generate/receive messages that are to be recorded.

For more information about this system, see www.healthcomm.co.uk

Example B

TextAnywhere: text email software

Process for using the software:

Nurse logs onto usual email service.	'SMS' button installed in email service which generates a routine email. Able to send email message to mobile numbers as SMS text. Email can be pasted into client notes.	Client replies and the text message is received as email. Email reply can be pasted into client notes.	This can be repeated as many times as necessary. Password protected in same way as email.

Problem: the nurse must be at a PC in order to generate/receive messages that are to be recorded.

For more information about this system, see http://ws.textanywhere.net/web

4 Principles of practice

Setting up the text service

- 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 NHS trust/organisation or local authority safeguarding children guidelines.
- Nurses in the NHS should consult with their appointed Caldicott Guardian (the person within an NHS trust/organisation who is responsible for the systems that protect patient data, often the medical director) before proceeding with implementing the service.
- 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. The equipment must be suitable for its use, and be updated and maintained.
- Coded messages (encryption/security) might be necessary to protect confidentiality, such as for pill reminders to under 16-year-olds.
- An acceptable list of text language should be used in any advertising of the service to help prevent misunderstandings from service users and providers. Consideration should also be given to hours of service and length of time it is likely to take to respond to a text in any advertising. This is necessary to allow sufficient time in the working day to respond to difficult or complex texts, and will incorporate term-time, weekend and holiday availability.
- An automated response to let the sender know their message has arrived safely is helpful.
- Practitioners must adhere to their code of practice at all times.

Operational

- The mobile phone should be locked away when not in use.
- The mobile phone should have a password known only to the named nurse or nurses.
- 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.

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.

5 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 leaflet which should include the following details:

- the confidential text number
- hours and duration of the service
- the 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
- what confidentiality means, including keeping records of text messages
- that abuse of the service will not be tolerated
- that the designated mobile is to be used for a 'text only' service
- that meetings and phone calls from or to a different phone can be arranged by text
- the procedure for complaints, comments and suggestions
- what to do if there is no response by the stated time, such as details of contact telephone numbers
- what to do if there is no response from the service provider within the agreed time scale, for example, seek advice from alternative health provider, or providing contact telephone numbers for GP, sexual health, or school health.

6 References and further resources

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Further reading

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Useful websites

Brook Advisory Centres
www.brook.org.uk

Children and Young People Now
www.cypnow.co.uk

National Eating Disorders Association
www.nationaleatingdisorders.org

Wireless Healthcare
www.wirelesshealthcare.co.uk

Web resources to promote positive and safe internet use

General resources for parents

BBC Webwise. Available at: www.bbc.co.uk/webwise/0 (accessed 29 January 2014).

Childnet International (2014) *Know IT all resources: award winning resources for teachers and parents*, London: Childnet International. Available at: www.childnet.com/resources/kia/ (accessed 29 January 2014).

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Resources on bullying and cyberbullying

Beat Bullying. Available at: www.beatbullying.org (accessed 29 January 2014).

Bullying UK. Available at: www.bullying.co.uk (accessed 29 January 2014).

Childline (2014) *Bullying*, Available at: www.childline.org.uk (accessed 29 January 2014).

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Teach Today (2014) *What laws are there to help protect me from cyberbullying*, Teachtoday. Available at: www.teachtoday.eu (accessed 29 January 2014).

Useful guides, resources and film clips covering e-security, music copyright, online chat, sexting, online reputation, online privacy, evaluating websites, location-based services, early years, special educational needs and video games

Ask About Games *Ask about games*. Available at: www.askaboutgames.com (accessed 5 February 2014).

Australian Communications and Media Authority *Cybersmart Program Tagged: what you do online could tag you for life*. Available at: www.cybersmart.gov.au (accessed 31 January 2014).

CEOP *Exploited YouTube*. Available at: www.youtube.com (accessed 31 January 2014).

Chatdanger *How to keep safe while chatting online*. Available at: www.chatdanger.com (accessed 31 January 2014).

Childnet International *Music, film, tv and the Internet*. Available at: www.childnet.com (accessed 31 January 2014).

Childnet's resources for Special Educational Needs: www.childnet.com/kia/sen

Common Sense Media *Making sense: parenting, media and everything in between: GPS tracking: should your teens use location services?* Available at: www.commonsensemedia.org (accessed 31 January 2014).

Common Sense Media *Making sense: parenting, media and everything in between: protecting personal privacy online*. Available at: www.commonsensemedia.org (accessed 31 January 2014).

East Midlands Specialist College Group *East Midlands E-Safety Project website*. Available at: www.em-esafetyproject.co.uk (accessed 31 January 2014).

Facebook *Facebook and privacy*. Available at: www.facebook.com/fbprivacy (accessed 31 January 2014).

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Where to access general family and young people support

Childline *Childline*. Available at: www.childline.org.uk (accessed 5 February 2014).

Family Lives *Family Lives*. Available at: http://familylives.org.uk (accessed 5 February 2014).

MumsNet *MumsNet: by parents for parents*. Available at: www.mumsnet.com (accessed 5 February 2014).

National Youth Mental Heath Foundation *Headspace*. Available at: www.headspace.org.au (accessed 5 February 2014).

The Parent Zone *The Parent Zone*. Available at: www.theparentzone.co.uk (accessed 5 February 2014).

Young Minds *Young Minds: the voice of young people's mental health and wellbeing*. Available at: www.youngminds.org.uk (accessed 5 February 2014).

Where to report abuse

ActionFraud *ActionFraud: report fraud and internet crime*. Available at: www.actionfraud.police.uk (accessed 5 February 2014).

Child Exploitation and Online Protection Centre *Child Exploitation and Online Protection Centre*. Available at: www.ceop.police.uk (accessed 5 February 2014).

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