Caring for young people

Guidance for nursing staff
Introduction

Adolescence is an exciting period of physical, social and psychological change, experienced during the transition from childhood to maturity. Those working with and caring for young people should be aware that the process occurs at a different time for each individual.

The RCN Adolescent Health Forum originally developed this information leaflet to offer guidance to nurses who are involved in caring for the needs of young people. The role of the nurse includes assisting the young person to:

- achieve a sense of independence from parents or carers
- acquire the social skills of a young adult
- gain a sense of oneself as a worthwhile person
- develop the necessary academic and vocational skills
- adjust to a rapidly changing physique and sexual development
- achieve a personal set of guiding norms and values.

(McKinney, 1982).

The Children's National Service Framework (DH, 2003; DH, 2004; DH, 2006) states that young people have distinct needs that differ from those of child and adult patients. Services need to be geared to take this into account and provide for specific age groups.

The National Health Service Executive (Health Committee, 1997) writes that the impact of the psychological, social, intellectual and emotional changes experienced by young people are likely to be intensified if health interventions are needed due to acute or chronic illness. More recently the Children and Young People's Health Outcomes Forum has highlighted the importance of age appropriate care (DH, 2012).
Facilities for young people

Wherever young people are cared for there should be an agreed written charter or philosophy of care that states how their specific care needs should be met. Every charter should be supported by written care policies that include the views of young people. The following should be considered:

- creating adequate personal space and privacy
- meeting educational needs
- respecting the young person’s competence and ability
- the ability to consent to treatment
- decision-making in treatment plans
- a physical environment that nurtures both emotional and physical well-being – including the option of mixed gender wards or single rooms – bearing in mind the wishes of the individual young person
- involving the user in shaping service provision
- including the contribution of nurses who have had some specific training in adolescent health and development.
- an identified programme of transition, where appropriate, into adult services.

In a study carried out on behalf of Norwich Union (2001), young people expressed the need for specialised units that catered to their needs. An extensive intercollegiate report, published by the Royal College of Paediatrics and Child Health (RCPCH, 2003), sets out the principles for best practice when setting up services for young people.

Partnership in care delivery

During the delivery of all care, the young person must be treated as an individual and the nurse should work in partnership with the adolescent. Attention and respect must be paid to their social, cultural, ethnic and spiritual needs, and their relationships within the family unit and broader social setting (NMC, 2012; RCN, 2007a; RCN, 2008a; RCN, 2008b; RCN, 2008c; RCN, 2009; RCN, 2012). In addition:

- there should be written rules defining limits and expectations and these should be discussed on admission or during the first contact
- young people should receive full information, including written material, to enable them to make informed decisions about treatment
- young people should be encouraged to have ownership of their condition and health care needs, enabling care to be negotiated in partnership
- the service should be explicitly confidential
- the nurse should be registered and have an interest in as well as knowledge
about the specific needs of young people, and be able to facilitate interaction with this care group

- the nurse should have an understanding of the influences and expectations that have an effect on the young person’s attitude towards their health and behaviour

- consideration should be given to the role of the parent or carer. While every attempt should be made to involve them in the care of the child, the rights and needs of the young person must remain paramount.

**Human rights and consent**

Nurses have the role of advocate for young people and need to be aware of the United Nations Convention on the rights of the child (see references). Article 12 enshrines the principle of self-determination.

Information received by the nurse should be treated in confidence, unless the adolescent consents to disclosure. However, the nurse must also consider the interests of the young person and, in exceptional circumstances, they may be required to disclose information where the young person may be placed at significant risk, for example:

- in situations of abuse
- if they are likely to harm themselves
- if they may be involved in serious criminal activity.

Before this breach of confidentiality occurs, the nurse should discuss the situation with their line manager and keep the young person fully informed. (RCN, 2007b).

**Consent to treatment**

Any competent young person, regardless of age, can independently seek medical advice and give valid consent to medical treatment. Competency is understood in terms of the patient’s ability to understand choices and their consequences, including the nature, purpose and possible risks of both undergoing or not undergoing treatment.

The legal position on consent to treatment for young people below the age of 16 is established in case law – *Gillick v West Norfolk and Wisbech Area Health Authority* (see references). This allows young people below the age of 16 to consent to treatment, providing they are of sufficient understanding. The following principles should be applied.

- The young person fully understands the potential risks and benefits of treatment and the advice given.
- The value of parental support is discussed.
- The young person’s physical and/or mental health is likely to suffer if treatment does not begin.
- The treatment is in the young person’s best interests.
There is no undue pressure or coercion to consent.

Once an assessment of capacity has been made, this should be clearly documented, specifically recording the information given, the level of engagement with the young person and their comprehension.

The more serious the medical procedure proposed, a correspondingly better grasp of the implications is required (BMA toolkit; GMC toolkit; RCGP, 2009). The nurse’s role encompasses supporting young people in understanding treatment and care through to ensuring the validity of consent. Concerns should be referred to the multidisciplinary team.

The 1989 Children Act advises that, where possible, parents should be involved in the consent process, however, the legal rights of the young person to consent and confidentiality remain paramount. Moreover, in cases where a young person does not have sufficient understanding to make an informed decision, parents or guardians will consent to or refuse treatment on their behalf. However, refusal of consent by a competent young person can be overruled by a person holding ‘parental responsibility’ and by the courts, if deemed not in the young person’s best interest (Re W (a minor) Medical Treatment: A Court’s Jurisdiction (1992) 3 WLR 758). If a conflict arises over consent to, or refusal of treatment, it should be discussed with the line manager. Legal opinion may need to be sought. The young person has the right to legal representation and to the support of an independent advocate. They have the right to have the matter in conflict discussed in court and a legally binding judgement arrived at.

**Primary care and public health**

While the majority of adolescents are healthy and productive members of our society, undoubtedly young people face numerous challenges during this period of their lives. They need support to navigate the emotional, social, sexual and physical changes that are happening.

For a minority of young people, risk-taking behaviour may result in injury, disability or even death. Meanwhile, some young people may be at particular risk of depression, abuse, early pregnancy, substance misuse, violence or victimisation.

Nurses working in the primary care or public health field have the opportunity to support the creation of health promoting environments. Poverty is a crucial determinate to health, social and educational choices for young people. All nurses should continue to engage with local and national agencies to support solutions that reduce the divide.

Nurses working with young people within
a community setting can promote young people's needs within the public health agenda by ensuring that:

- holistic health and social need assessments are inclusive of young people
- they act as advocates for young people so that the process of adolescence is understood and stigmatisation reduced
- they recognise the unique difficulties young people have in accessing services and that they seek creative alternatives that ensure youth-friendly environments
- public health and health promotion activities are inclusive of diversity – including gender, ethnicity, disability, sexuality, and socio-economic or refugee status
- they support multi-agency partnerships
- they receive training that explores attitudes and develops skills and knowledge of this age group, relevant to the school, home or practice setting
- they support the development of health and social care research that identifies gaps in service provision and best practice.

**Nurse training**

All current education programmes should include a framework to equip nurses with the right skills to care for young people (NMC, 2010). Universities and other training institutes should examine their own curriculum, addressing any shortfall. This would enable nurses to address the specific issues that are relevant to this age group – such as rights to consultation and information, consent and confidentiality, compliance, concordance and autonomy. Although these issues are not dissimilar to those faced by children or adults, they need to be dealt with in a distinct manner. In addition, there is a need to provide appropriate levels of specialist post-registration training to enable practitioners to further expand knowledge and skills in this field.
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