

Title:

The Involvement of School Nurses in the Delivery of sexual healthcare;
experiences and training

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Abstract:

This paper reports a study of the involvement of school nurses, in one primary care trust (PCT) in England, in sex and relationships education and service provision. It explores the training they have received and their preferences for the format and content of future training.

Seventeen of the nineteen nurses surveyed had direct involvement in the delivery of sexual healthcare or sex and relationship education to young people. Almost no education in sexual issues was reported in pre-registration training. Most had received post registration education or training in sexual health. School nurses favoured short workshops over longer credit bearing educational courses. Time constraints were identified as an obstacle to training. Social, ethical, legal and religious issues, gender inequality and sexual assault were areas in which a need for more training was identified.

Keywords;

School nursing

Sex and relationships education

Sexual health provision

Schools

Continuing professional development

Introduction

National priorities for children and young people's health include the improvement of sexual health and reduction in teenage pregnancy (DH 2004; DfEs 2004; RCN 2008).

The government White paper 'Choosing Health' (2004) expressed an intention to modernise and expand school nursing services. It also chose 'improving sexual health' as one of its overarching public health priorities. These intentions, along with a continuing aim of reducing teenage pregnancy, have resulted in an emphasis on the delivery of high quality sexual healthcare to young people by school nurses (SNs).

Allen et al. (2007) reviewed the risk factors for teenage pregnancy and found that those citing school as a source of sex education had a lower risk of teenage pregnancy. A systemic review of qualitative studies of teenage pregnancy and social disadvantage in the UK found that dislike of school was a strong feature of those who became pregnant as teenagers (Harden et al 2009). These findings support the need for school nurses to be actively involved in a multi faceted approach to providing sex and relationship advice and teenage health promotion.

Crouch (2002) and DfES (2006) have highlighted that school nurses, unlike teachers, are able to provide confidential sexual advice, even to underage pupils, if it is in their best interests.

The provision of sexual health advice and sexual health services by school nurses is in keeping with their two key responsibilities, which are to assess,

protect and promote the health and well being of school aged children and young people and to offer advice, care and treatment to individuals and groups of young people and those who care for them (DfES 2006).

The review of sex and relationship education (SRE) in schools carried out for the Department for Children, Schools and Families (DCFS) advocated both a commitment from the Department of Health to increasing numbers of school nurses, so that SRE could be facilitated by them, and also highlighted the need for comprehensive and ongoing training for those delivering SRE (Fisher & McTaggart 2008).

This paper examines the extent of sexual healthcare delivery by school nurses (SN's) working within one PCT area in Eastern England and considers the amount and type of training these nurses have received to deliver sexual healthcare.

The authors are colleagues in a Higher Educational Institute, teaching both pre- and post-registration health professionals, including school nurses, who work with young people around health promotion and sexual health.

Research questions

This study sought to address three questions;

1. What type of work in the area of sex and relationships education were school nurses carrying out at the time of the study?
2. How much training in sexual health had school nurses received prior to and following registration with the NMC?
3. What type of delivery of education and/or training was preferred by school nurses?

Methods

Ethics

Ethical approval for the study was obtained from the local NHS Research Ethics Committee (REC) and Research and Development (R&D) approval was obtained from the trust.

Participants and Recruitment

The aim of the study was to survey all nurses working in the PCT, with a view to using this study as a pilot for a subsequent national research project.

One of us (CT) had professional links with the manager of school nurses in a particular trust and she was approached to facilitate access to the school nurses in her area. We visited three groups of school nurses during their regular area meetings. We introduced the survey, explained who we were and why we had approached them to complete the survey. All participants received an A4 envelope containing a questionnaire, a Participant Information Sheet explaining the research and two consent forms (one to keep and one to return). They were informed that they were under no obligation to complete the survey and that if they did complete it their responses would be kept confidential. They could complete and return the survey at the meeting (returning the consent forms in a separate box) or they could complete the survey at home and post it back to us. Stamps and self addressed envelopes were provided. We then left the meeting and returned at the end of the meeting to collect any surveys completed on the day.

We received completed surveys from all nurses who attended the area meetings which resulted in 19 completed surveys.

Questionnaire Construction

A quantitative questionnaire research design was chosen because it provided a research tool which could be completed quickly, with minimum effort and at a time and place of the participants choosing.

The design of the questionnaire was undertaken in two stages. An initial questionnaire was devised asking questions covering the following issues:

- What type of SRE work being carried out (e.g. advice, condom distribution, chlamydia testing)?
- How many hours per week or students per week were involved?
- What type of (a) pre-registration and (b) post registration training or education the participants had received in the area of sexual health?
(Responses to this section were free text)
- What formal academic credits or qualifications had the participants in the area of sexual health?
- How had their education or training in this area been funded?
- In what subjects would they benefit from further training or education?
(A list was provided with an option to add other subjects in free text)
- In what style of delivery would participants prefer to receive further training or education? e.g. workshops, academically accredited modules, short courses and so on.

After each section there was a space for comments.

The draft questionnaire was reviewed by two school nurses, and as a result a further question regarding looked-after children was added.

Because this is a pilot study, school nurses completing the survey were asked to comment, either verbally or in writing, about the style and content of the survey, as well as completing the survey itself. As a result of their comments the style and order of the questions were revised after the first 14 questionnaires had been returned. The content of the questions remained the same. This amendment required further permission from the local NHS REC in the form of a Notification of Substantial Amendment (NOSA). The resulting re-ordered questionnaire was much clearer and the responses more easily analysed. This was completed by the remaining 5 participants. Results from the initial and subsequent version of the questionnaire have been reported together because the content of the questions remained the same for both versions despite the alterations in order and minor changes to style.

Findings Of Pilot Of Questionnaire For School Nurses

The main findings are listed below under headings which reflect the questions asked.

1. How involved are you in Sex and Relationship Education in the schools in which you work?

All but two of the school nurses reported direct involvement with delivering SRE.

Respondents had difficulty specifying the number of hours dedicated to SRE as much of the SRE was done ad hoc or as part of another role such as pupil counselling.

2. How much direct contact do you have with pupils regarding their sexual health needs?

Most respondents indicated more than one form of direct contact so the numbers in Figure 1 reflect responses not individual respondents. Giving advice, supplying condoms and Chlamydia screening kits are the activities most often reported. Counselling vulnerable children and young people on issues related to SRE was also a frequently reported activity.

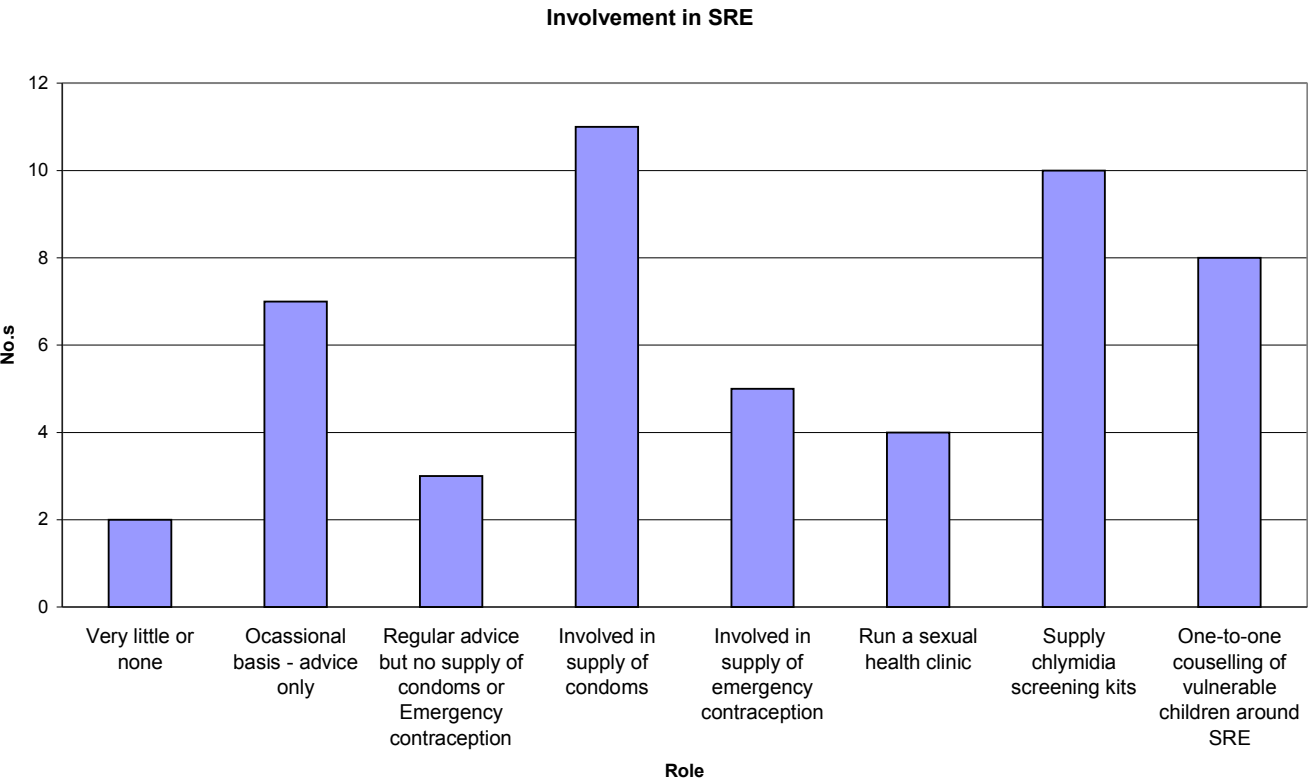


Figure 1

3. How much specific training or education in sexual health have you received?

Very little sexual health education or training was reported during pre-registration training. Where this was reported it took the form of single lectures or secondments onto Obstetrics and Gynaecology wards or GUM clinics. However post registration there is more specific training reported in the field of sexual health.

The majority of SNs had attended one- day or two-day training workshops such as Sexual Health Awareness Foundation Training (SHAFT) (n=12), DELAY (n=14), Added Power and Understanding in Sex Education (APAUSE) (n=13) (both sex and relationship programmes for adolescents), Chlamydia training (n=15), C-Card training (n=16)(to assess and educate young people for free condom provision) and various update workshops.

Ten had completed one or two longer credit bearing academic modules which addressed sexual health and contraception. Three reported having completed the ENB 901 (English Nursing Board Family Planning certificate).

5. If you have received post-registration training in sexual health, who paid for it?

Most school nurses reported having their training programmes funded by NHS or GP employers. Two reported attending courses paid for by their employing schools. None had funded any course herself.

6 & 7. In which of the subjects would you like more training to improve your professional development?

While most school nurse felt that they would like to receive further training in a number of different areas, the main focus was on the social needs of the young people (Figure 2). This included culture and religious needs, alongside gender inequalities. Other areas in which they wished more support was dealing with law, ethics and sexual assault.

Respondents were able to add free text comments regarding areas of further training (Q7). One SN asked for more training in working with students with special learning needs.

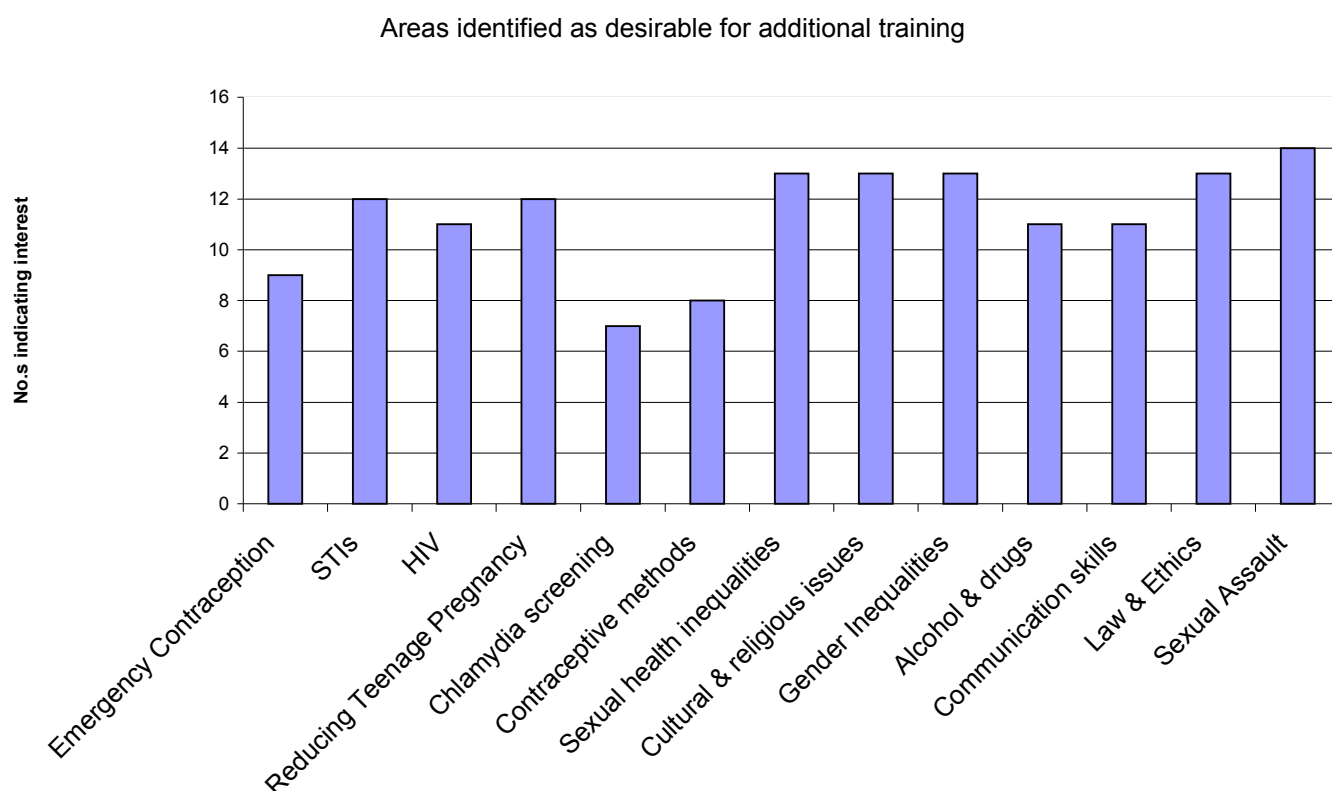


Figure 2

8. What would be your preferred means of receiving education/training in this field?

All nineteen respondents liked receiving continuing professional development training through face to face teaching. A minority also expressed a preference for self directed or distance learning (n=5) or for an apprenticeship mode of training (n=5).

9. What duration of course/module/distance learning would most interest you?

The majority of the school nurses (n=10) expressed a preference for one off workshop/study days with no academic credits. The second most popular (n=9) mode of receiving training or education was study days once a month with assessments leading to academic credits after 6-12 months.

Other comments

Free text comments related to the difficulties of attending academic courses requiring more than one or two days of attendance, because of workload and case load responsibilities. This kind of educational course could be managed better if the attendance was spread throughout the year in manageable amounts.

Limitations

This was a very small scale piece of research involving only 19 SN respondents. However it gives a picture of the amount and type of SRE, the amount and type of training received in sexual health related issues and the perceived educational needs of all school nurses working in one PCT.

This project succeeded in identifying in some detail the types of sexual health service advice and provision being carried out by school nurses in the PCT sampled. It did not capture well the extent of total time spent in this type of activity and this aspect of the questionnaire may need to be changed if the survey is to be carried out with a larger sample.

Discussion

To date the most extensive survey of school nurses and their roles was conducted by Ball & Pike for the RCN which found that 90% of nurses in state schools undertook SRE of some kind (Ball & Pike 2005). Overall sex education took up 20% of total working time of all nurses and 25% of the total working time of state school nurses (Ball & Pike 2005 p. 30).

Appropriate training and ongoing continuing professional development is important for the delivery of high quality sexual health services in schools (Fisher & McTaggart 2008). School nurses in this project were in favour of further training but commented on the fact that it was difficult to set aside time for training or education, and as a result some favoured shorter 'workshop' training events, over longer educational courses.

The Review of the Teenage Pregnancy strategy in 2010 reported that "SRE... remains patchy and the wider children's task force is still not routinely

equipped for talking to young people about their relationships and sexual health” (DCSF 2010)

This survey gathered data about how much and what kind of training school nurses had received in the area of sexual health. Surprisingly prior to registration (i.e. pre-registration nurse training) virtually no education on the topic of sexual health was reported. Post registration school nurses had accessed a mixture of short, practical training courses (e.g. C-card training) and longer university modules carrying academic credits.

School nurses access fewer study days than most of their nursing colleagues (Ball & Pike 2005 p. 41). This research has shown that wider constraints in terms of time and workload affect the ability of school nurses to access training and education in the specific area of sexual health.

Conclusion

Given the pivotal role that school nurses play in the well being of children and young people in regard to sexual health, there is a need for a more standardised and universal approach to providing training and/or education in sexual health for this group of nurses.

Possible Conflict of Interest

Both authors are employed by a Higher Educational Institution which provides education for nurses in the area of sexual health and contraception.

Note: We intend to extend this survey nationwide, with the assistance of the RCNs School Nurse group. Any thoughts or comments from readers regarding what should be included in this wider study, would be gratefully received. Please contact either one of the authors by email.

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