Are text messaging services the new platform for communication with children and young people?

As school nurses continually mould themselves to the needs of children and young people, ***Cheryl Ann Dodd*** *offers a critical look at whether dipping their toe into the contemporary digital world is the way forward for school nursing.*

'It's easier to text someone about things than to talk to them face-to-face.'

This is the voice of the British Youth Council (BYC, 2011) when championing the adoption of text messaging within school health. The need to embrace technology within nursing as a whole is very much 'en vogue', with the inception of Telehealth and Virtual Ward (The Queen's Nursing Institute [QNI], 2012) and so, is its' emergence within specialist community public health practice and school nursing (France, 2014). Policy makers and professional bodies call for innovation from their practitioners as a means of influencing public health outcomes (Royal College of Nursing [RCN], 2012; Department of Health [DH], 2012a; DH, 2012b) and initiatives such as ChatHealth, a school nurse text messaging service are doing just that (Endicott and Clarke, 2014).

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The need for effective communication

Numerous health and wellbeing concerns exist pertinent to school nursing that are requiring the attention of Government, local policy makers and innovative school nursing teams (DH, 2009; QNI, 2015). In order to address these concerns, the DH (2011) recommends effective communication with and engagement of the service user. However, this may prove difficult for the specialist practitioner if as figures suggest; 69% of young people are unsure how to contact their school nurse (BYC, 2011).

The role of the school nurse has continually moulded itself to the needs of the population of its day (Smith and Sherwin, 2009). From the introduction of vaccination and screening programmes in the early nineteenth century (Wright, 2012) to the dipping of our toe into this modern digital age, school nurses have remained vigilant in their desire to empower and enable children and young people to establish a stable footing into adulthood (DeBell, 2007).

It is this new way of working and its role within school nursing that is intriguing. While acknowledging the wider implications of new technology within health care, the focus here is on the use of text messaging as a platform for communication between school health and its client base and how effective communication can impact positively on health outcomes. Whether a technological strategy is an appropriate method compared to more traditional approaches is also considered.

'Contemporary issues' in its simplistic of meanings refers to issues of the here and

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now. Thomas (2015) allows us to better contextualise our focus by describing the concept as what is fashionable, modern and up to date. Fluidity must exist to ensure the drivers for school nursing remain responsive and proactive in the changing face of health priorities (Wilson and Baldwin, 2015), rather than the reactionary approaches of the past, which are unaffordable in today's budgetary constraints and do little to serve those most in need (Adams et al, 2008).

Financial climate

The current financial climate requires acknowledgement in consideration of how school nurses can practically adapt to contemporary practice. The RCN (2015a) has predicted a 24% vacancy rate within school health, with many local authorities streamlining their service offer to meet tighter budgetary demands (Cotton and Voogd, 2016). Natural wastage and recruitment and retention issues mean qualified school nurse numbers are low; and while urged to increase their public health role, practitioners are being asked to do so amid budgetary cuts.

Despite an air of despondency among school nurses, it is important to acknowledge the fact that school nursing as a public health service is not mandatory (Wright, 2012) and if it is to survive; school nurses and their teams must prove their value and demonstrate the positive health outcomes for young people that can occur through effective communication, partnership working and innovative thinking (Chase et al, 2010).

Children and young people's needs

The ethos of school nursing remains, despite wider issues, to promote the health of children and young people aged 5–19 years (DH, 2012a). The need for fluidity, as discussed, can be evidenced as the focus on basic hygiene and disease prevention (DeBell, 2007) has moved to a focus on key themes such as healthy weight, drug and alcohol misuse, sexual health, emotional health and wellbeing and smoking cessation (DH, 2009; Isle of Man Government, 2015a). Despite being detailed as a separate entity within national policy (DH, 2009), it is important to consider the complicated and often intrinsically linked relationship between emotional wellbeing and the other prioritised health outcomes, as either causative or consequential factors of poor mental health, especially in adolescence (Cowie, 2012).

At such a pivotal period of transition, physical and hormonal change along with rapid brain development, young people are craving self-actualisation, are experimental with risk-taking behaviours and are seeking solace and advice in ways they deem safe (National Institute of Mental Health, 2011; Endicott and Clarke, 2014) or to refer back to Thomas (2015) to what is fashionable and modern. In appreciation of the difficulties faced by young people during adolescence further exploration as to how best school nurses can engage with young people, with a view to improving health outcomes, is necessary.

As the only health professionals to have unparallelled access to this age group, school nurses have a duty to be visible, accessible and to provide early help and support (DH, 2012a). It is dismaying to hear that 49% of young people are unsure who their nurse is and that 73% have never visited (BYC, 2011), especially in consideration of role expectation. Their public health and leadership roles means that school nurses are tasked with maximising their contribution to improving the health and emotional wellbeing of children and young people while harnessing compassion in practice through consideration of the 6Cs (NMC, 2004; Public Health England, 2014). By doing so, the link between positive health and wellbeing and academic success can continue (Ansari and Stock, 2010).

Difficulties to access services

Drop-in clinics within high schools are the most traditional mode of interaction (Wright, 2012); however, evidence is suggestive of a poor uptake of service potentially (but not solely) due to poor marketing strategies (Aldridge-Bent and Wright, 2012). Confidentiality on numerous levels has a significant influence on non-attendance (Endicott and Clarke, 2014; Schuller and Thaker, 2015).

Locally, young people access school health in one of three ways, all of which can lead to increased anxiety and the potential not to commit (BYC, 2011). Direct telephone contact with their nurse provides the most immediate access but as Henshaw (2012) points out; this method does nothing to assist shy students or those with complex issues to discuss. Neither does requesting access to the nurse via school reception/teaching staff, which poses the same issues. Young people told the BYC that they found this very embarrassing, that they felt the need to explain why they needed an appointment and that staff appeared annoyed to have been asked (BYC, 2011).

The third option is to attend a drop-in clinic held weekly in each secondary school but again, confidentiality issues exist. Anecdotal feedback talks about how permission has to be sought to leave the class and how peer speculation as to where the young person is going is embarrassing. One student was extremely emotive in her feedback to the BYC (2011):

'It's horrible. Feels as though everyone is really nosey and they want to know what's the matter. Sometimes would rather not say what the appointment is about. Like when I got pregnant, I wanted to see my nurse but my teacher would refuse to write me a note unless I told her why I wanted to see the nurse. It

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was so uncomfortable and felt very vulnerable and embarrassed.'

It is discouraging to hear such experiences especially as statistics show that for 40% of young people, these methods are their only means of contact (BYC, 2011). School nurses have a huge role to play in challenging these struggles; while some methods are more simplistic, others will require a more strategic approach involving the commissioning of services (Commissioning Support Programme, 2010).

Overcoming these difficulties

Increased visibility

Improved partnership working with teachers and support staff can assist a better understanding of the school nurse role, of the service young people are entitled to receive and promote greater consistency and understanding in terms of confidentiality which can be a contentious issue between the agencies (Cotton and Voogd, 2016; Harmless, 2016).

Being more visible in an attempt to improve engagement appears the overarching theme in many literature sources (DH, 2011; DH, 2012a; NHS England, 2014) and must be considered despite acknowledgements of ever-increasing caseloads and role expectation (Henshaw, 2012; Cotton and Voogd, 2016). An increased presence within assemblies, key transitional points and PHSE lessons as well as within the wider community setting are possibilities worthy of consideration in response to the felt need of the young people (BYC, 2011).

School nurses are urged not to impulsively link an increased visibility with an increased demand on their time. Locally, successful innovation and partnership working was achieved through the inclusion of a school nursing promotional page within student planners from September 2016. This simple initiative exemplifies how school nurses can be proactive in their search for health needs (Rose, 2015) and increase their visibility, without dramatic overheads or demands on time.

Alternative venues and times

Empowerment, through the ability to choose how and where to access their school nurse is desired by students, with alternative venues including youth clubs, shopping centres and GP surgeries all being suggested as ways of accessing the school nurse outside of the normal nine-to-five (BYC, 2011). Despite the inevitable cries of woe regarding budgets and the logistics of providing an out-of-hours service, young people are justified in their expectation of this comparative need; if we consider access to sexual health services as an example (DH, 2013).

Returning to the issue of brain development in adolescence, the neuro-scientific evidence supports the need for a later start to the school day; given the greater need for sleep in this age group and its relationship with the day-to-day ability to function and concentrate (Sleep and Circadian Neuroscience Institute, 2016). It would not be unreasonable to suggest a link between this evidence and poor attendance at drop-in clinics held during morning sessions. Although further research would be needed to verify this claim, school nurses will need to be mindful of this when planning their timetable and serious consideration must be given as to how services can be provided outside of the norm (BYC, 2011).

Technology-based strategies

The adoption of technology-based strategies for communication with young people and for the delivery of health-related messages is very much warranted. It is encouraging that local strategic planning is beginning to accept its potentials (Isle of Man Government, 2015b). Having experienced practice in an alternate area, the author has witnessed first-hand the diverse array of web-based support available. 'Teenwirr@l', run by Wirral Council, provides educational information on all of the contemporary health issues outlined earlier, along with links on where early help and support can be obtained (Teenwirr@l, 2016). 'mymind' run by the same trust, is an interactive website providing early help and support aimed at children, young people, parents/carers and professionals (mymind, 2016). The site holds a plethora of information and downloadable resources as well as signposting other services.

Clearly, variables exist in the commissioning of health services throughout the UK (DH, 2012c). However, Health Scrutiny (DH, 2014) would identify inequalities in service provision from region to region, despite Marmot's call to action in 2010 and despite the voice of young people being loud and clear (Marmot, 2010; BYC, 2011).

For young people, the BYC (2011) has worked at length to pursue an asset model approach (Foot and Hopkins, 2010) in ensuring that their direct experiences and unique insight and relationship with school health can successfully shape service provision (BYC, 2011). As an almost direct consequence of their work, Jimmy Endicott and the Leicestershire Partnership Trust devised the award-winning ChatHealth (Endicott and Clarke, 2014).

The trust was already inquisitive of how it could tap into the increase in smartphone use among young people as a means of delivering health messages: successfully digested and interpreted the views of 1 600 young people aged 11 to 18 years; who in conjunction with the BYC, assisted the Chief Nursing Officer to capture the views of young people in order to shape future development (BYC, 2011).

Their research found that smartphone use was commonplace, with 97% of focus group members owning such a device (Leicestershire Partnership NHS Trust, 2012). Two years later in 2014, Ofcom added depth to our understanding. They told us that 80% of 12–15-year-olds owned a mobile phone, that this device over any other was their favoured means of internet access and, was their preferred method of social interaction. Encouragingly for both parents and professionals seeking to adopt digital communication strategies, Ofcom evidenced young people to be demonstrating an increased level of critical awareness in relation to the authenticity of online information (Ofcom, 2014), making them more likely to utilise websites like those discussed earlier and interact with trusted agencies such as school health (Schuller and Thaker, 2015).

ChatHealth is a web-based text messaging service aimed at 11–19-year-olds and among other benefits; is helping to safeguard vulnerable teenagers who are struggling with their mental health and wellbeing (Endicott and Clarke, 2014). The concerns and apprehensions voiced by Leicestershire's focus groups have led to assurances that no message ever goes unread (France, 2014). To reassure users that their text has been received, an automated response acknowledging receipt

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is sent, along with information on when to expect a response, as well as an automated response sent out of hours to signpost users to alternate avenues of support (Endicott and Clarke, 2014). Such safeguards should offer assurances to those managers who are risk averse and allow the 'what ifs' to outweigh the needs of young people (NHS England, 2016).

The positive health outcomes observed during pilot studies have seen the success of this initiative escalate (RCN, 2015b). Numerous awards honour how ChatHealth has improved access to health care for underserved communities, its contribution to positive patient experiences and its innovation (RCN, 2015). Even more significant is the involvement of the East Midlands Academic Health Science Network who through acknowledgement of the importance of such a service, provided funding to assist other trusts/local authorities who wished to adopt the initiative (EMAHSN, n.d.). So far, fifty trusts including the author's own, have expressed an interest (NHS England, n.d.).

Through the development of ChatHealth, the trust successfully delivered on three of key themes identified by service users and guidance as vital; a visible school nurse who can offer early help and support, in a manner of their choosing (BYC, 2011; DH, 2012a). The most notable of outcomes Leicestershire demonstrated was the ability to reach underserved communities such as ethnic minority groups, adolescent males (1:5 now contacting their nurse via text where previously, only 1:10 were making face-to-face contact), the home-schooled and young people not in education, employment or training (BYC, 2011).

Young people admitted that they were not as embarrassed and were more likely to talk about issues, now that they can do so from the safety of the screen. The pilot period generated 3 500 messages, many from new service users and with 750 of those requiring ongoing support (Endicott and Clarke, 2014).

It is the significance of the number of new service users that holds the greatest relevance. Locally, commissioning partners in their deliberation over the adoption of ChatHealth have on occasion, focussed on the initiative being simply an alternative means of communication for those young people already accessing the service. This is a welcome benefit; however, 'decision makers' should turn this viewpoint on its head as it is the number of new contacts, those young people that would never normally seek the support of their nurse, that are the real target audience and will ultimately demonstrate success (Endicott and Clarke, 2014).

Despite the much-welcomed progression towards a more technology-based future, the importance or impact of face-to-face consultations with young people should not be diminished and hopes that initiatives such as text messaging services be adopted for altruistic reasons and not for the more favourable financial implications. Text messaging services such as ChatHealth carry approximately a £7 000 start-up fee with £4 000 per annum running costs (Endicott and Clarke, 2014). Compare this to the annual salary of the three additional school nurses that would be required to field the additional contacts observed during the pilot in the more traditional face-to-face approach and the savings are vast (Endicott and Clarke, 2014).

Literature that is still indicative of young people's preference for clinic contact exists (BYC, 2011; Henshaw, 2012) and Endicott and Clarke (2014) affirm that his service provides the platform for young people such as the hard to reach or seldom seen to initiate the support process in a

manner they are comfortable with, before communicating in more meaningful, face-to-face interactions. One student recalls how being able to convey via text, the extent of her problem; enabled her to then meet with the school nurse, comfortable in the knowledge that she would not have to physically say the words (BYC, 2011). Such evidence is powerful and demonstrates how contemporary and traditional means of engagement can positively work in tandem to promote health opportunities (Coiera, 2006).

Overcoming the barriers to successful implementation

Barriers to the success of any initiative will always be perceived, by the workforce most directly affected (Goppee and Galloway, 2014) and this was no different for the school nurses involved with ChatHealth in its infancy. This is by no means a disparaging comment. Compelling arguments regarding low school nurse numbers and an ever-increasing demand on time reducing the ability to fulfil a more public health role, have already been highlighted (Cotton and Voogd, 2016), and were the same concerns felt in Leicestershire.

Asking the school nurses at the end of the pilot study, to reflect on their initial concerns resulted in a different picture emerging. Now seen as a positive change to clinical practice, the nurses described a timely, instant, succinct and safe service; that is sensitive to the needs of young people, without a significant impact on time (Endicott and Clarke, 2014). This change in staff attitude is demonstrative of their journey through the cycle of change (Hayes, 2010). Effective leadership skills in change management should anticipate and respond effectively at each milestone to ensure staff are well supported to successfully transition from resistance to acceptance (Hayes, 2010).

Implementation locally, would prove to be a huge proactive step forward in adherence to the vision of the Digital Strategy (Isle of Man Government, 2015b); in improving access to public services, to the Health and Social Care 5-Year Plan (Isle of Man Government, 2015c) and the Strategy for the Future of Health Services (Isle of Man Government, 2011) whose vision for the future, includes the ability for people to be in charge of their own health. Courage will need be shown by School Nurses and commissioning partners if the initiative is to be successful (Hayes, 2010).

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The earlier dialogue of Aldridge-Bent and Wright (2012); alluded to weak marketing strategies being accountable for the poor engagement of young people with their school nurse. A robust marketing strategy must be in place should ChatHealth be implemented; which adheres to the ideology of the above local policies. It has been proven that mobile phone ownership among young people is high and as their preferred means of interaction (Ofcom, 2014); it is imperative, that marketing materials are made available in a way which is demonstrative of young people’s interactions with their community (Holroyd, 2015). Materials must be available on public transport, in shopping centres and leisure facilities, on age-related health information leaflets and in the local press for the initiative to truly be available to all, at a time of their choosing (Isle of Man Government, 2011; Isle of Man Government, 2015b).

Showing the courage to implement this service, school nursing teams can effectively demonstrate adherence to the ten commitments to health and wellbeing, care, quality, funding and efficiency (NHS England, 2016), unlike the alternatives available to them should they choose not to do so. The BYC (2011) have been unequivocal in highlighting how the status quo cannot be maintained; while this article has demonstrated how to do so, would contravene all that is known of the role and responsibilities of the specialist practitioner (NMC, 2004). Alternatives such as additional recruitment or working outside of the 9-to-5 office hours are not always financially viable options (RCN, 2015a).

On balance, the contemporary qualitative research conducted by the BYC is robust, is representational of the population and used data collection methods that were advantageous in obtaining the rich data sought by the Chief Nursing Officer (Silverman, 2013). The research and evidence provided by the BYC and Leicestershire is unique and what might be argued as an over-reliance within this paper; is telling of the innovation shown. The young people were clear in their vision for the future of their school nursing services and commissioning partners must respond appropriately as exemplified by Leicestershire and ChatHealth (BYC, 2011).

Conclusions

Proactive engagement with young people through effective communication is a necessity rather than an ideal. Whether welcomed or not, the need to embrace digital/technological ways of working is vital, as it is how the future of health care delivery is shaped (DH, 2012c). Despite the obvious powerful impact Chathealth is having on young people across the UK, there is just as compelling an argument for traditional face-to-face contact. Rather than viewing the two as separate entities; it has been argued that one can positively influence the other, with ChatHealth opening opportunities for more meaningful and personalised contacts.

Service user involvement is a given within today’s commissioning process and no group is more important to the future health and wellbeing of society than our children and young people (Marmot, 2010). It is undeniable through

the marketing research of Ofcom and the work of the British Youth Council, that smartphone use is an intrinsic part of everyday life; no less than for the youth of today. Commissioning partners within school health must consider the possibility for this means of communication, in light of the alternatives discussed.

School nurses through their public health and leadership role can lead change and add value (NHS England, 2016) by positively influencing attitudes and behaviours so that interacting with their school nursing service becomes second nature to the young people they serve. Once this mindset has been established, such empowerment to seek early help and support can transcend into adulthood to better influence health outcomes. **BJSN**

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