

Contraceptive services for under 25s overview

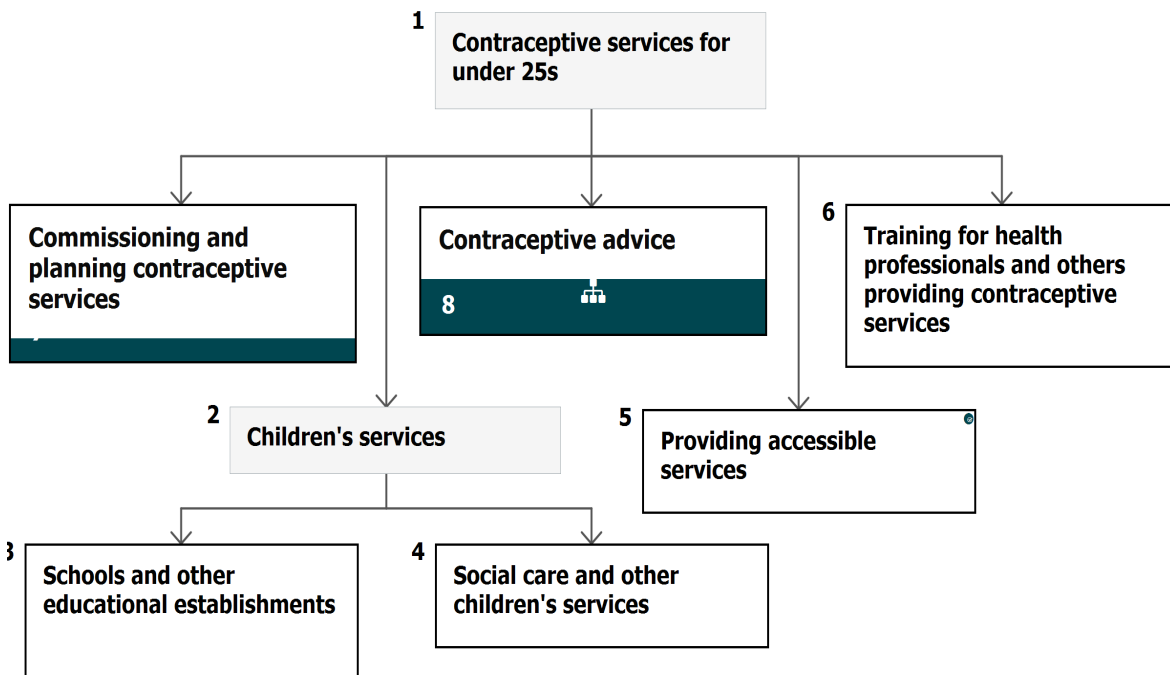
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/contraceptive-services-for-under-25s>

NICE Pathway last updated: 28 March 2019

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Contraceptive services for under 25s

No additional information

2 Children's services

No additional information

3 Schools and other educational establishments

See what NICE says on [preventing sexually transmitted infections and under-18 conceptions and long-acting reversible contraception](#).

Providing advice, information and easy access to the full range of contraceptive methods

Who should take action?

Nurses, doctors and counsellors working in contraceptive services within, or associated with, schools, sixth form and further education colleges, universities and other education-based settings. This includes short-stay schools and young offender institutes.

Governors, head teachers, teachers, student welfare officers and youth workers in schools, principals and tutors in sixth form and further education colleges and universities and staff in short-stay schools and young offender institutes.

What action should they take?

Involve young people in the design, implementation, promotion and review of on-site and outreach contraceptive services in and near schools, colleges and other education settings.

School nurses, doctors and counsellors working with young people in schools, colleges and universities should conform to health service standards of confidentiality and to those set by their professional body. All young people should be made aware that one-to-one consultations with them will be confidential, except under the provisions made by law, for example, in relation to child protection.

Ensure accurate and up-to-date contraceptive advice, information and support is readily available to all young women and men. Information on the location and hours of local services

should be available outside designated clinic hours.

Ensure contraceptive advice, free and confidential pregnancy testing and the full range of contraceptive methods, including both long-acting reversible contraception and emergency contraception, is easily available. If the full range is not available, offer prompt and easy referral to appropriate local contraceptive services outside the school or college.

Ensure continuity of service, for example by making it clear to young people when and where local services are available during school, college or university holidays.

Ensure services not only provide contraceptives but are staffed by people trained to be respectful and non-judgmental. They should also be trained to help young men and women identify, choose and use contraception that is the most appropriate for them.

See also [emergency contraception for women under 25](#).

Providing condoms in addition to other methods of contraception

Advise all young people to use condoms consistently and correctly in addition to other contraception. Condoms should always be provided along with other contraception because they help prevent the transmission of STIs.

Advise them to use a water-based lubricant with a condom if they want or need a lubricant.

Ensure free condoms (including female condoms) are readily accessible (this could include, for example, at schools, colleges and youth clubs).

Ensure information and advice on using condoms is available at all condom distribution points and, where possible, young people should be shown how to use them correctly.

When providing condoms, offer information about emergency contraception and other contraceptive services, including when, where and how to access them locally.

See also [promoting and raising awareness of services](#).

4 Social care and other children's services

Who should take action?

Managers and staff, including receptionists and administrators, working in services that provide

contraception and contraceptive advice to young people. This includes education, maternity services, pharmacies and voluntary and private sector organisations.

Managers and staff in children's services, social care organisations and young people's advisory and support services. This includes guardians, chaperones, interpreters and advocates.

What action should they take?

Ensure staff are trained to understand the duty of confidentiality and adhere to the recommendations and standards laid out in their organisation's confidentiality policy.

Ensure staff are familiar with best practice guidance on how to give young people aged under 16 years contraceptive advice and support¹. Ensure they are also familiar with local and national guidance on working with vulnerable young people.

Ensure those providing contraceptive services can assess the competence of young people aged under 16 to consent to receiving contraceptive advice and any treatment that may involve. They should also be able to assess the competence of other young people who may be vulnerable, for example, those with learning disabilities. Staff need to be able to gauge the young person's ability to understand the information provided, to weigh up the risks and benefits, and to voluntarily express their own wishes. Staff should also encourage young people to involve a parent or person with parental responsibility in the decision-making, where possible.

Ensure young people understand that their personal information and the reason why they are using the service will be confidential. Even if it is decided that a young person is not mature enough to consent to contraceptive advice and treatment, the discussion should remain confidential.

Reassure young people that they will not be discussed with others without their explicit consent. Explain that sharing information with another professional may be necessary if there are concerns, for example to protect a young person from possible harm or abuse. If this is the case, the young person should be told who needs to be informed and why.

Ensure the organisation's confidentiality and complaints policy is prominently displayed in waiting and reception areas, and is in a format that is appropriate for all young people.

Ensure young people are asked in private whether they wish anyone else to be present at their consultation.

Ensure staff are adequately supported and supervised. This includes establishing a formal

¹ Department of Health (2004) Best practice guidance for doctors and other health professionals on the provision of advice and treatment to young people under 16 on contraception, sexual and reproductive health. London: Department of Health

debriefing process to help maintain client confidentiality and respect.

See also [promoting and raising awareness of services](#).

5 Providing accessible services

Ensure young people have access, without delay, to confidential, dedicated young people's contraceptive services that, as a minimum requirement, meet the quality criteria set out in [joint commissioning of integrated services](#).

Doctors, nurses and pharmacists should:

- if possible, provide the full range of contraceptive methods, including long-acting reversible contraception, condoms to prevent transmission of STIs and emergency contraception (both oral and intrauterine). If this is not possible, provide contraception to meet immediate needs and provide access to services that can offer advice and timely provision of the full range of methods
- provide free and confidential pregnancy testing with same-day results and, if appropriate, offer counselling or information about where to obtain free counselling
- assess the risk of an STI, advise testing if appropriate, and provide information about local STI services.

Service managers, with the support of doctors, nurses and other staff, should offer services that:

- are flexible, for example, offer out-of-hours services at weekends and in the late afternoon and evening
- are available both without prior appointment (drop-in) and by appointment in any given area
- provide appointments within 2 working days
- strive to ensure that scheduled appointments run on time and that the waiting time for drop-in consultations is less than 60 minutes
- inform young people about the amount of time they can expect to wait
- provide accurate information about opening times and make it clear whether they operate on a drop-in or appointment basis, or a mix of both
- are open to young people under 16 who present for any service without a parent or carer.

See [promoting and raising awareness of services](#) and [contraceptive advice for under 25s](#).

See also what NICE says on [preventing sexually transmitted infections and under-18 conceptions](#) and [long-acting reversible contraception](#).

See NICE's recommendations for community pharmacies on [promoting health and wellbeing](#).

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

Sexual health

4. Access to sexual health services

6 Training for health professionals and others providing contraceptive services

Who should take action?

Commissioners and managers of young people's contraceptive services.

Primary and community care services, children's services, social services and young people's advisory and support services.

Royal colleges and professional associations, further and higher education training boards, and organisations responsible for setting competencies and developing continuing professional development programmes for health professionals, healthcare assistants and support staff.

What action should they take?

Managers of young people's contraceptive services should ensure all doctors, midwives, nurses, pharmacists and other health professionals working in contraceptive services have received the post-registration training required by their professional body. They should also have evidence to show that they are maintaining their skills and competencies.

Health professionals (including pharmacists) who advise young people about contraception should be competent to help them compare the risks and benefits of the different methods, according to their needs and circumstances. They should also be able to help them understand and manage any common side effects¹.

Colleges and other training organisations should ensure doctors and nurses offering contraceptive services have easy, prompt access to pre- and post-registration theoretical and practical training in all methods of contraception. This includes intrauterine devices and systems

and contraceptive implants.

Ensure all support staff who may come into contact with young people, particularly socially disadvantaged young people [See page 10], are experienced in working with them. This includes being able to communicate with those who have physical or learning disabilities. It also includes being aware of, and sensitive to, the needs of young people from different ethnic and faith communities in relation to contraception.

Ensure all support staff who work in contraceptive services with young people receive both formal and on-the-job training in how to offer basic information and advice about contraception. They should be aware of the range of methods available, the advantages and disadvantages of each method, and the measures that can be taken to manage any side effects. Training should be regularly updated and tailored to individual needs to ensure staff have the skills and knowledge relevant for their role.

Ensure all staff working for contraceptive services for young people, including administrative staff, know about the duty of confidentiality and child protection processes and legislation. They should be trained in Department of Health best practice guidance on the provision of advice and treatment to young people under 16. They should also be aware of local mechanisms for reporting concerns relating to safeguarding policy and procedures.

Ensure all staff are aware of local contraceptive service referral pathways so that they know how to direct young people to the services they need – whether it is for advice on, or the provision of, contraceptives (including condoms and emergency contraception) or abortion services.

7 Commissioning and planning contraceptive services

See Contraceptive services for under 25s / Commissioning and planning contraceptive services for under 25s

8 Contraceptive advice

See Contraceptive services for under 25s / Contraceptive advice for under 25s

¹ This is an edited extract from long-acting reversible contraception NICE guideline CG30 (2005)

Socially disadvantaged young people may include those who are:

- living in a deprived area
- from a minority ethnic group (including gypsy and traveller communities)
- refugees, asylum seekers and people recently arrived in the UK
- teenage parents or the children of teenage parents
- looked after or leaving care
- excluded from school or do not attend regularly or have poor educational attainment
- unemployed or not in education or training
- homeless
- living with mental health problems
- living with physical or learning disabilities
- living with HIV or AIDS
- substance misusers (including alcohol misusers)
- criminal offenders.

Glossary

CQUIN

commissioning for quality and innovation

FSRH

Faculty of Sexual and Reproductive Healthcare

Long-acting reversible contraception

(also referred to as lasting and reliable contraception or LARC)

PSHE

personal, social, health and economic

STIs

sexually transmitted infections

STI

sexually transmitted infection

Sources

Contraceptive services for under 25s (2014) NICE guideline PH51

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health

professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.