



Northern
Regional Alliance
He Hononga o te Raki

Northern Youth Health Network

STANDARDS FOR QUALITY CARE FOR ADOLESCENTS AND YOUNG ADULTS

In Secondary or Tertiary Care

PART 3 - Service Standards

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How to use the Standards

The Standards comprise 4 separate documents which can be used together or separately to strengthen standards of quality health care for adolescents and young adults.

Part 1 - Overview sets out the scope of the Standards, the rationale for Standards and the guidelines – both New Zealand and international – that underpin them.

Part 2 - Organisational Standards are designed to be applied at an organisational level and should be used to gain a broad overview of the quality of adolescent and young adult care within an organisation, for example a DHB or division.

Part 3 - Service Standards are designed to be used by individual secondary or tertiary services. It goes into greater detail about specific activity.

Part 4 – Resources is a collection of surveys that can be adapted for use in assessing organisational or service achievement of the standards.

How the Standards will be measured

Measurement against the standards is by self- assessment via a toolkit which will generate a report highlighting areas for improvement. *The tool can be found on the pages for the Kidz First Centre for Youth Health, link: <https://www.healthpoint.co.nz/download,693186.do>*

Each standard is rated on a 4 part scale: Not applicable, Not yet started, Getting there or Meets Criteria.

Once the self-assessment is complete a report will be provided showing areas which meet and do not meet the criteria. These can then form part of the quality improvement process.

There are examples in the **Organisational Standards** (page X-X) and the **Service Standards** (pages X-X) of appropriate evidence that may be used to validate self-assessment. These include local policies and procedures, training documents, checklists and surveys providing feedback from staff, young people or whanau.

It is envisaged that organisations and services may start by initially selecting components of these standards for self-assessment, and incorporate these into their quality improvement and service development plans, eventually extending this to all components of the standards .

Introduction

The Service Standards are designed to be used by individual services who wish to develop service-related standards for quality for AYA. It goes into greater detail about specific activity.

These standards are organised around 9 key themes recognised as being essential for quality care for AYA. They are:

1. Staff Training
2. Confidentiality, Trust and Respect
3. Psychosocial Assessments
4. Developmentally Appropriate Health Information
5. Transition Between Services
6. Supported Self-Management
7. Environment
8. Engagement
9. Fostering Cultural Identity

Services may choose to focus on one - or a few - themes to prioritise for review and improvement, noting that the numbering of the list above does not denote ranking or hierarchy.

Each standard is organised in the following sections:

- **Goal** – A description of what these standards are aiming to achieve.
- **Rationale** – An expansion of the standards including the evidence/ academic rationale underlying the standards.
- **References/ Source Guidance** – References related to the standards.
- **Guidance for Implementation and Assessment against Standards** – Pulls together examples of organisational structures/ processes which provide evidence of the standard in practice and suggests potential indicators which may indicate effectiveness of implementation.

Service Standard 1: Staff Training

GOAL

All staff working with AYA patients and their whanau should have the necessary training to enhance their skills and understanding. This includes provision of confidential care, psychosocial assessments, and promotion of young people's capacity for self-management and facilitation of transition to adult services

Rationale

Developmentally appropriate care is important. Young people report unwillingness to access services where they feel unwelcome. The culture of the service is determined by all staff, including those working in administration and reception.

Many clinicians working with AYA report a lack of training and skills to address the health and psychosocial needs of young people¹⁻³. In New Zealand, there has been increasing effort put into youth health training in undergraduate and postgraduate health professional programmes, however coverage is still incomplete^{4,5}. The need for improved workforce capacity and capability has been recognised by a number of bodies

Staff are trained to be able to deliver developmentally appropriate care

including Health Workforce New Zealand and the Royal Australasian College of Physicians^{6,7}.

There is emerging evidence that specific training in youth health results in increased detection of health risk behaviours⁸⁻¹⁰. Locally, Denny S et al¹⁰ found that postgraduate training in youth health, among clinicians in school health services, is associated with fewer students reporting mental health difficulties and binge alcohol use. While predominantly from primary care, these findings support the value of specialised training in youth health for clinicians working with young people. In response to the identified need and benefit, professional bodies such as the Royal Australasian College of Physicians have developed training pathways for specialisation in AYA Medicine⁶. A knowledge and skill framework for nursing has also been developed²⁷.

1. Service Standards: Staff Training

- 1.1. The appropriate basic youth health competency is completed by all staff working with youth.
- 1.2. The service supports workforce development in skills for working with adolescent and young adult patients for all staff – they know and promote what is available and make it accessible
- 1.3. Champions within services are identified and trained to the appropriate level depending on the proportion and complexity of young people seen in the service.
 - For example – services seeing only young people will need specialists in youth health, whereas services where young people are part of a broader group will need generalist and subspecialist staff who have trained to support an interest in youth health.

Service Standard 2: Confidentiality, Trust and Respect

GOAL

All young people will have access to private and confidential care. Young people will have their rights respected and are able to feel trust in the service, care provided and staff.

Rationale

Confidential access to health care (unless there is concern for safety) is a right of all people. Young people report limited knowledge and access to private and confidential care, and that this results in unmet health care needs^{11,12}. Addressing concerns about confidentiality and privacy results in better engagement and disclosure of concerns¹³⁻¹⁵. Young people report valuing services where the physical environment enables privacy and confidentiality¹⁶.

2. Service Standards: Confidentiality, Trust and Respect

- 2.1. Rights: Young people's rights in health care are visibly displayed and discussed in developmentally appropriate language that is understandable to young people, and their whanau.
- 2.2 Confidentiality and Privacy:
 - 2.2.1 Confidentiality is discussed with every young person and their family.
 - There is youth appropriate resource that explains confidentiality that every young person and their parents are made aware of.
 - 2.2.2 All clinical settings have facilities to allow young people to receive private and confidential care from the age of 12.
 - 2.2.3 All young people are seen alone for part of a consultation or during an admission.
- 2.3 Workforce Development: All staff to be aware of patients' rights to confidential and private care.
 - Training and assessment is provided in this area.

Service Standard 3: Psychosocial Assessments

GOAL

All young people will receive comprehensive, developmentally appropriate care. All young people need a broad psychosocial history taken and updated at regular intervals as part of their care.

Rationale

Important causes of morbidity and mortality can be neglected if the focus is on a limited range of issues. Many youth health presentations e.g. injury, occur in the context of broader health concerns that are not identified or addressed¹⁷⁻¹⁹. Young people may wish to discuss a range of health related behaviours, but can be reluctant to do so unless asked directly and in confidence¹¹⁻²⁰. This results in forgone health care and missed opportunities for health promotion and prevention²⁰. The importance of connections to their peers and vocational or training goals is also highly valued, but often poorly addressed¹⁶⁻²⁵. Young people with complex, specialised health care needs experience less educational and employment success²⁴. As young people develop, their needs will also evolve, so there is a need to regularly review their psychosocial needs^{21,26}.

3. Service Standards: Psychosocial Assessments

3.1. Assessment:

3.1.1 All young people have a broad psychosocial history (e.g. using HEeADSSS framework) taken and reviewed every stay or visit (at least 6 monthly).

3.1.2 Emotional wellbeing is reviewed at each outpatient contact or admission

3.1.3 Education, training and employment is reviewed at each outpatient contact or admission

3.2 Care:

3.2.1 AYA have access to developmentally appropriate and timely MDT support including, social workers, youth workers, physiotherapists, psychologists, doctors, nurses as appropriate

3.2.2 AYA have access to appropriate psychological support

3.2.3 Input is provided to support and facilitate ongoing education, training and employment

3.2.4 The service provides resources and support for parenting of young people with chronic illness or disability.

3.2.5 Parents are encouraged to access these resources and support.

3.3 Connection:

3.3.1 AYA have opportunities to remain connected with their external social supports.

3.3.2 AYA are encouraged to engage with peer support groups when available.

Service Standard 4: Developmentally Appropriate Health Information

GOAL

Health and wellbeing information should be presented in a way that is understandable, acceptable and useful for young people and their whanau. AYA and their whanau should be informed of what care to expect and what is expected from them

Rationale

Health literacy is critical for empowerment. Young people should be able to understand their own health related behaviours and needs. They should be informed when and how to access care and how to navigate healthcare systems. Adolescent positive experience of care is enhanced by the availability of developmentally appropriate health information^{16, 21-24, 27-32}

4. Service Standards: Developmentally Appropriate Health Information

- 4.1. Health information is provided (written, web based, verbal) that is understandable, acceptable and useful.
 - This includes information about their own health, where and when to obtain health services.
 - This includes information about accessing primary care and assisting with access and enrolment at youth friendly primary care
- 4.2 The health information provided is reviewed by young people to check for Comprehension, acceptability and utility

Service Standard 5: Transition Between Services

GOAL

Care provided should be developmentally appropriate and continuous as young people and their whanau transition within services e.g. from paediatric to adult or returning to primary care.

Rationale

There is evidence to show that young people transitioning between paediatric service and adult services or returning to primary care are at risk of dropping out of care. This potentially leads to worsening disease outcome, dissatisfaction with care or not accessing care when needed^{24, 32-38}. There is also a likely risk when young people are transitioning between or having care shared by several specialist services. There are models available that guide improved transition support within a framework of developmentally appropriate care^{21, 22, 24, 26-28, 30-41}. These detail the emerging evidence of improved disease outcome, cost effectiveness, and self-reported engagement in care when services focus on improved support and systems for transition.

5. Service Standards: Transition Between Services

- 5.1. The service has a clear policy about transition of care between services which all staff are aware of.
 - This includes between specialist secondary and tertiary care services, onto adult services or returning to primary care
- 5.2. The service has a clear guideline for best practice to assist transition between services.
 - This is based on evidence of effectiveness, principles of developmentally appropriate care and feedback from AYA patients and their families.
 - This should include discussion about the age or rationale of transfer, the way the adult service(s), paediatric service(s) and primary care will work together to deliver care, how information will be shared about models of care and individual patients, and provision of a key contact for the young person and family during this period.
- 5.3. Young people and their families are made aware of the policy from the time of first contact.
- 5.4. Resources have been developed to assist young people and their families with the transition process
- 5.5. AYA and their families have a key contact at all times who can help them navigate services, communicate options, and identify and help access support resources

Service Standard 6: Self-Management

GOAL

Young people transition to the appropriate level of self- management of their health and wellbeing as they develop and their parents or care givers feel supported in this.

Rationale

Taking over the self-management of chronic health conditions and disability is a critical task of adolescence and young adulthood. Where conditions have persisted since childhood the young person may not have had a good explanation about the condition. Learning the skills for self- management is a gradual task that may take some young people many years, and require significant support^{21,22,27-33, 38,39,41}. Along with knowledge, young people will need to accept and be motivated to take a greater part in their care. For young people with conditions where independent self- management may never be possible (e.g. significant disability), adolescence and young adulthood is also a time to think about how their needs will be met in the longer term.

6. Service Standards: Self-Management

- 6.1. Young people receive consultations focused on specific skill building tasks for gradually taking on the role of self-management.
- This can include education sessions, problem solving, role playing, and must occur in the context of the young person's developmental stage and environment.

Service Standard 7: Environment

GOAL

Health care environments should be accessible and developmentally appropriate for young people, improving access to and engagement in care.

Rationale

Young people report reduced engagement in health care which is provided in environments that are not developmentally appropriate for them. This includes both outpatient and inpatient settings that are designed to meet the needs of older people or children^{18, 26, 40-44}. Designated adolescent and young adults facilities are seen as the gold standard, but where this is not possible, there are guidelines services can follow e.g. cohorting young people, provision of appropriate reading material, Wi-Fi access, scheduling clinic times, negotiating visiting hours^{18,26,40-44}.

7. Service Standards: Environment

- 7.1. The service addresses AYA barriers to access of services when service planning. This includes choice of clinician, appropriateness of front desk staff, location of clinic and transport, waiting times for appointments and at appointments, clinic times, clinic spacing and clinic booking systems.
- 7.2. Services have a policy about endeavouring to place patients with similar age peers, and this is acted upon.
- 7.3. Environments provide resources suitable for young people.
- 7.4. Visiting hours and facilities encourage visits and ongoing support of family and peers unless medically contraindicated.
- 7.5. Recreational therapists and youth workers are available for young people who are required to stay in hospital

Service Standard 8: Engagement

GOAL

Young people and their whanau are involved in discussion and decisions about care or treatment

Rationale

People are more likely to adhere to health behaviours that they are motivated to follow. Motivation is enhanced when people are involved in decisions about their care or treatment.

For young people, engagement in developmentally appropriate care is central to their ability to be involved in decision making. It will be dependent on their understanding, appropriate information being made available, and provision of a supportive environment where their views can be heard^{16,26,31,44}.

8. Service Standards: Engagement

- 8.1. The service promotes joint decision making, involving both the young person and their family or whanau.

Service Standard 9: Fostering Cultural Identity

GOAL

Young people and their whanau are encouraged and supported in meeting their cultural needs while engaging in health care

Rationale

The AYA population is ethnically diverse. Culture affects the way we understand health, access health care services and are able to work with services. Engaging with young people and their whanau requires a respectful understanding of their cultural perspective ⁴⁵⁻⁴⁷.

Inequality and inequity in health outcomes are experienced by Maori Rangatahi and their Whanau. Other groups, particularly Pacific young people and recent migrants also experience inequality and inequity in health care access and outcomes.

9. Service Standards: Fostering Cultural Identity

- 9.1. Services are delivered in a manner consistent with the Treaty of Waitangi principles of participation, partnership and protection.
- 9.2 The Service address the cultural support needs of young people to foster positive cultural identity.

Guidance for Implementation and Assessment against Standards

Ref	Standard	Self-Assessment Tool: Possible Evidence that could be provided
1 Staff Training		
1.1	The appropriate basic youth health competency is completed by all staff working with youth.	<ul style="list-style-type: none"> • Service guidelines and policies. • Service specific basic youth competency documents available for all staff, • The proportion of staff who are aware of the youth health competencies via the staff survey • The proportion of staff who have CPD records for youth training. • CPD or CME records with level of skill attained i.e. in-house, under-grad, post-grad etc.
1.2	<p>The service supports workforce development in skills for working with adolescent and young adult patients for all staff.</p> <p>The service promotes available opportunities and make them accessible to staff.</p>	<ul style="list-style-type: none"> • Service specific planning documents including quality improvement plans and workforce development plans • The proportion of staff who continue to develop skills working with AYA as reported via the staff survey. • The proportion of staff who report knowledge of training opportunities in working with young people as reported via the staff survey. • The proportion of staff who report ease of access to training opportunities via the staff survey.
1.3	<p>Champions within services are identified and trained to the appropriate level depending on the proportion and complexity of young people seen in the service.</p> <ul style="list-style-type: none"> • Services seeing only young people will need specialists in 	<ul style="list-style-type: none"> • The service structure showing evidence of AYA champions • AYA champions trained to the appropriate level, (as detailed in CPD and basic competency records). • The proportion of staff aware of who to go to within their service for advice re care for young people and whose role encompasses a focus on young people as reported via the staff survey.

	<p>youth health.</p> <ul style="list-style-type: none"> • Services where young people are part of a broader group will need generalist and subspecialist staff who have trained to support an interest in youth health 	
<p>2 Confidentiality, Trust and Respect</p>		
<p>2.1</p>	<p>Rights: Young people’s rights in health care are visibly displayed and discussed in developmentally appropriate language that is understandable to young people, and their whanau.</p>	<ul style="list-style-type: none"> • Service specific policy and guideline documents • Display material • The presence of resources as identified using the environmental checklist • The proportion of staff who report on the way the rights of young people are conveyed to AYA- poster, pamphlet (generic, child, youth specific), discussion- via the staff survey. • Proportion of young people who feel respected as a person by their health care team as reported in the Youth Survey • Proportion of parents and caregivers who feel respected as a person by their young person’s health care team as reported in the Whanau/Caregiver Survey
<p>2.2</p>	<p>Confidentiality and Privacy</p>	<p>See 2.2.1, 2.2.2, 2.2.3 below</p>
<p>2.2.1</p>	<p>Confidentiality is discussed with every young person and their family.</p> <ul style="list-style-type: none"> • There is youth appropriate resource that explains confidentiality that every young person and their parents are made aware of. 	<ul style="list-style-type: none"> • Service specific policy and guideline documents • The presence of resources as identified using the environmental checklist • The proportion of staff who report clear understanding of confidentiality and how this applies to care for young people and their whanau via the staff survey. • The proportion of staff who report discussing confidentiality with young people and whanau via the staff survey • Proportion of young people who report being shown or given information about confidentiality which was easy to understand as reported in the Youth Survey • Proportion of young people who trust their health care team as reported in

		<p>the Youth Survey</p> <ul style="list-style-type: none"> • Proportion of parents and caregivers who report having had confidentiality discussed with them as reported in the Whanau/Caregiver Survey • Proportion of parents and caregivers who trust their young person's health care team as reported in the Whanau/Caregiver Survey
2.2.2	All clinical settings have facilities to allow young people to receive private and confidential care from the age of 12.	<ul style="list-style-type: none"> • Existence of facilities • The presence of facilities as identified using the environmental checklist • The proportion of staff who report ease of access to facilities for private and confidential care of young people and their families via the staff survey.
2.2.3	All young people are seen alone for part of a consultation or during an admission.	<ul style="list-style-type: none"> • Service specific policy and guideline documents • The proportion of staff who report seeing young people alone for part of consultation or during an admission via the staff survey. • Proportion of young people who report always being seen alone for part of their visit as reported in the Youth Survey • Proportion of young people who report that their care was provided in a way that ensured their wishes for confidentiality were respected as reported in the Youth Survey • Proportion of parents or caregivers who have had explained to them the reason for a young person to spend some time alone with the health provider in consultation in the Whanau/Caregiver Survey
2.3	Workforce Development: All staff to be aware of patients' rights to confidential and private care.	<ul style="list-style-type: none"> • Service specific policy and guideline documents, CPD records. • Staff knowledge of patients' rights to confidential and private care via the staff survey. • Proportion of young people who report that their care was provided in a way that ensured their wishes for confidentiality were respected as reported in the Youth Survey
3 Psychosocial Assessments		
3.1	Assessment	<ul style="list-style-type: none"> • See 3.1.1, 3.1.2, 3.1.3 below

3.1.1	All young people have a broad psychosocial history (e.g. using HEeADSSS framework) taken and reviewed every stay or visit (at least 6 monthly).	<ul style="list-style-type: none"> • Service specific policy and guideline documents • File Audit • The proportion of staff who report taking a broad psychosocial history every stay or visit via the staff survey. • Proportion of adolescents who have had discussion about health risk, protective behaviours and psychosocial issues with their treating team as reported in the Youth Survey • Proportion of parents or caregivers who were aware of the treating team having discussion with their AYA about health risk, protective behaviours and psychosocial issues as reported in the Whanau/Caregiver Survey
3.1.2	Emotional wellbeing is reviewed at each outpatient contact or admission.	<ul style="list-style-type: none"> • Service specific policy and guideline documents. • The proportion of staff who report asking about emotional health and wellbeing every stay or visit via the staff survey
3.1.3	Education, training and employment is reviewed at each outpatient contact or admission.	<ul style="list-style-type: none"> • Service specific policy and guideline documents. • The proportion of staff who report asking about education, training and employment every stay or visit via the staff survey
3.2	Care	<ul style="list-style-type: none"> • See 3.2.1, 3.2.2, 3.2.3, 3.2.4
3.2.1	AYA have access to developmentally appropriate and timely MDT support including, social workers, youth workers, physiotherapists, psychologists, doctors, nurses as appropriate.	<ul style="list-style-type: none"> • Service specific policy and guideline documents. • Staff identify as part of MDT via the staff survey
3.2.2	AYA have access to appropriate psychological support.	<ul style="list-style-type: none"> • Service specific policy and guideline documents. • The proportion of staff who report ease of access to psychological support for young people and their whanau via the staff survey. • The proportion of AYA who report being able to access psychological support when needed via the Youth survey.
3.2.3	Input is provided to support and	<ul style="list-style-type: none"> • Service specific policy and guideline documents.

	facilitate ongoing education, training and employment.	<ul style="list-style-type: none"> • The proportion of staff who report knowledge of resources and ease of access to support ongoing education, training and employment for young people via the staff survey. • Proportion of young people who feel supported to continue with education, training and employment as reported in the Youth Survey • Proportion of parents or caregivers who feel their young person is sufficiently supported to continue with education, training, employment as reported in the Whanau/ Caregiver survey
3.2.4	<p>The service provides resources and support for parenting of young people with chronic illness or disability.</p> <ul style="list-style-type: none"> • Parents are encouraged to access these resources and support. 	<ul style="list-style-type: none"> • Service specific policy and guideline documents. • Proportion of parents or caregivers who feel they are sufficiently supported in caring for their AYA with chronic illness or disability as reported in the Whanau/Caregiver Survey
3.3	Connection	<ul style="list-style-type: none"> • See 3.3.1. 3.3.2
3.3.1	AYA have opportunities to remain connected with their external social supports.	<ul style="list-style-type: none"> • Service specific policy and guideline documents. • The presence of resources as identified using the environmental checklist • Proportion of AYA inpatients who feel sufficiently connected to their external supports during admission as reported in the Youth Survey
3.3.2	AYA are encouraged to engage with peer support groups when available.	<ul style="list-style-type: none"> • Service specific policy and guideline documents. • The proportion of staff who report knowledge of appropriate external supports and peer support groups via the staff survey. • Proportion of AYA inpatients who feel encouraged to connect/ connect with peer support groups as reported in the Youth Survey
4 Developmentally Appropriate Health Information		
4.1	<p>Health information is provided (written, web based, verbal) that is understandable, acceptable and useful.</p> <ul style="list-style-type: none"> • This includes information about 	<ul style="list-style-type: none"> • Service specific policy, guideline documents • The presence of resources as identified using the environmental checklist • The proportion of staff who report ease of access to appropriate information about other services (including primary care) and how AYA will access these via the staff survey.

	<p>their own health, where and when to obtain health services.</p> <ul style="list-style-type: none"> This includes information about accessing primary care and assisting with access and enrolment at youth friendly primary care 	<ul style="list-style-type: none"> Proportion of AYA patients who fully understood the health information provided to them at their last episode of care as reported in the Youth Survey Proportion of AYA who fully understood where and when to access primary care services as reported in the Youth Survey Proportion of parents who fully understood the health information provided to them at their young person's last episode of care as reported in the Whanau/Caregiver Survey
4.2	<p>The health information provided is reviewed by young people to check for comprehension, acceptability and utility.</p>	<ul style="list-style-type: none"> Service specific policy, guideline documents. Audit/ record of reviews.
5 Transition Between Services		
5.1	<p>The service has a clear policy about transition of care between services which all staff are aware of.</p> <ul style="list-style-type: none"> This includes between specialist secondary and tertiary care services, onto adult services or returning to primary care 	<ul style="list-style-type: none"> Service specific policy and guideline documents. Staff awareness of the transition policy via the staff survey.
5.2	<p>The service has a clear guideline for best practice to assist transition between services.</p> <ul style="list-style-type: none"> This is based on evidence of effectiveness, principles of developmentally appropriate care and feedback from AYA patients and their families. This should include discussion about the age or rationale of transfer, the way the adult service(s), paediatric service(s) and primary care 	<ul style="list-style-type: none"> Best Practice Guideline to assist transition

	will work together to deliver care, how information will be shared about models of care and individual patients, and provision of a key contact for the young person and family during this period.	
5.3	Young people and their families are made aware of the policy from the time of first contact.	<ul style="list-style-type: none"> • Service specific policy and guideline documents • File Audit • Proportion of AYA who report being made aware of policy re transition at early contact/ by age 12 as reported in the Youth Survey • Proportion of parents who report being made aware of policy re transition at early contact as reported in the Whanau/Caregiver Survey
5.4	Resources have been developed to assist young people and their families with the transition process.	<ul style="list-style-type: none"> • Service specific policy and guideline documents. • The presence of resources as identified using the environmental checklist
5.5	AYA and their families have a key contact at all times who can help them navigate services, communicate options, and identify and help access support resources.	<ul style="list-style-type: none"> • Service specific policy and guideline documents. • For those transferring in next 12 months: Proportion of AYA patients who feel prepared and confident about transferring to adult services as reported in the Youth Survey • For those transferring in next 12 months: Proportion of parents who feel prepared and confident about their young person transferring to adult services as reported in the Whanau/Caregiver Survey • For those who transferred within the last 24 months: Proportion of parents who feel they were adequately prepared for the transfer of their young person to adult services as reported in the Whanau/Caregiver Survey
6 Self Management		
6.1	Young people receive consultations focused on specific skill building tasks for gradually taking on the role of self-management.	<ul style="list-style-type: none"> • Service specific policy and guideline documents. • File Audit • The proportion of staff who report knowledge and experience in improving young people's health literacy with a focus on skill building tasks via the staff

	<ul style="list-style-type: none"> This can include education sessions, problem solving, role playing, and must occur in the context of the young person's developmental stage and environment. 	<p>survey.</p> <ul style="list-style-type: none"> The proportion of staff who report knowledge and experience in supporting parents and caregivers to assist with improving self-management via the staff survey Proportion of AYA patients who have had discussion with their health care team about self-management as reported in the Youth Survey Proportion of parents who have had a discussion with their young person's health care team about their young person's growing capacity for self-management and the changing role of parents as young people mature as reported in the Whanau/Caregiver Survey
7 Environment		
7.1	<p>The service addresses AYA barriers to access of services when service planning.</p> <ul style="list-style-type: none"> This includes choice of clinician, appropriateness of front desk staff, location of clinic and transport, waiting times for appointments and at appointments, clinic times, clinic spacing and clinic booking systems. 	<ul style="list-style-type: none"> Service specific policy and guideline documents. Process of greeting AYA, location, time of appointments, transport options as identified using the environmental checklist Proportion of staff aware of opportunities to address issues around timing of appointments, wait times and clinic spacing via the staff survey. Proportion of young people who felt welcome in the hospital and clinic at their last visit as reported in the Youth Survey Proportion of parents who felt welcome in the hospital and clinic at their young person's last visit as reported in the Whanau/Caregiver Survey
7.2	<p>Services have a policy about endeavouring to place patients with similar age peers, and this is acted upon.</p>	<ul style="list-style-type: none"> Service specific policy and guideline documents. Audit of admissions Proportion of staff aware of policy about where to place young people via the staff survey. AYA reported experience of hospital stay and room sharing via Youth Survey
7.3	<p>Environments provide resources suitable for young people.</p>	<ul style="list-style-type: none"> Service specific policy and guideline documents. Presence of developmentally appropriate pictures and decorations, reading material, media, distraction games and Wi Fi access. as identified using the environmental checklist Proportion of young people who felt that the hospital provided an age

		<p>appropriate environment for them as reported in the Youth Survey</p> <ul style="list-style-type: none"> • Proportion of parents who believed that the hospital provided an age appropriate environment for their young person as reported in the Whanau/Caregiver Survey
7.4	Visiting hours and facilities encourage visits and ongoing support of family and peers unless medically contraindicated.	<ul style="list-style-type: none"> • Service specific policy and guideline documents. • Visiting hours and facilities as identified using the environmental checklist • AYA reported experience of hospital stay via Youth Survey • Whanau/ caregivers reported experience of supporting young person during their hospital stay via Whanau/ Caregiver Survey
7.5	Recreational therapists and youth workers are available for young people who are required to stay in hospital.	<ul style="list-style-type: none"> • Service specific policy and guideline documents. • Organisational Structure • Presence of youth workers and recreation therapists as identified using the environmental checklist • Proportion of staff aware of how to access and reported access to youth workers and recreation therapists via the staff survey.
8 Engagement		
8.1	The service promotes joint decision making, involving both the young person and their family or whanau.	<ul style="list-style-type: none"> • Service specific policy and guideline documents. • File Audit of case notes. • The proportion of staff who routinely report involving youth people in joint care decisions via the staff survey. • The proportion of staff who routinely report involving family or whanau alongside the young person in care decisions via the staff survey. • The proportion of young people who felt sufficiently involved in decisions about their care or treatment as reported in the Youth Survey • The proportion of young people who felt comfortable to ask questions about their health and wellbeing as reported in the Youth Survey • The proportion of parents who felt their young person was sufficiently involved in decisions about their health and wellbeing as reported in the Whanau/Caregiver Survey • The proportion of parents who felt sufficiently comfortable to ask questions as reported in the Whanau/Caregiver Survey

9 Fostering Cultural Identity		
9.1	<p>Services are delivered in a manner consistent with the Treaty of Waitangi principles of participation, partnership and protection.</p> <ul style="list-style-type: none"> • Service facilitates Tikanga training for all staff, with review every 3 years • The service supports access to Maori support and advocacy services • The service has a process to identify and reduce barriers experienced by Maori to using the service. 	<ul style="list-style-type: none"> • Service specific policy and guideline documents. • CPD records. • Planning and Quality documents • The proportion of staff who report the ability to access and deliver Maori support and advocacy services for young people and their whanau via the staff survey. • The proportion of Maori Rangatahi who feel their cultural needs were met while receiving health care as reported in the Youth Survey • The proportion of Maori Whanau who felt their whanau's cultural needs were met while receiving health care as reported in the Whanau/Caregiver Survey
9.2	<p>The Service address the cultural support needs of young people to foster positive cultural identity.</p> <ul style="list-style-type: none"> • The service facilitates access to staff training in cultural competence and understanding for other cultural groups common or challenging in the population served • The service supports access to appropriate cultural support and advocacy services • The service has a process to identify and reduce cultural barriers experienced by young people and their family or whanau using the service 	<ul style="list-style-type: none"> • Service specific policy and guideline documents. • CPD records. • Planning and Quality documents • The proportion of staff who report the ability to access and deliver culturally competent care for young people and their whanau via the staff survey. • The proportion of young people who felt their cultural needs were met while receiving health care as reported in the Youth Survey • The proportion of whanau who felt their families' cultural needs were met while receiving health care as reported in the Whanau/Caregiver Survey

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