
Appendix B

Examples of Surveys

Examples of surveys which can be adapted for use in measuring the standards

- i. Staff Survey
- ii. Youth Survey
- iii. Whanau/Family Survey
- iv. Environmental Checklist

Appendix B

i. Staff Survey

Staff Survey

Organisational Standards

Organisations have a strategy to improve the care delivered and health outcomes of young people. They should recognise young people's unique developmental needs and the opportunities available when working with young people.

1. Does your organisation have an organisation wide AYA governance group providing governance on issues related to delivery of care and outcomes for AYA patients?

Yes

No

Unknown

2. Are you aware of local Youth led Youth Advisory Groups available to participate in service development?

Yes

No

3. Do you know how to access the young people on the Youth Advisory Groups?

yes

no

4. Can you identify the Youth Champion (expert in health care for young people) in your service? Please give name(s)

5. Who do you report issues related to AYA services to?

Staff Survey

Training and Development

6. Does your organisation provide any training opportunities for improving your knowledge and skills in working with young people?

- Yes
- No
- Unknown

7. Do you feel supported to engage in training and development with a youth focus?

Well Supported	Supported	Neither	Unsupported	Discouraged	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Have you completed any specific youth health training?

- Yes
- No

Please specify

Confidentiality and Rights of Young People

9. How are young people informed about their health care rights in your workplace?

- Brochure
- Poster
- Discussion
- They are not specifically informed
- Other (please specify)

10. Do you discuss confidentiality with young people and their whanau or caregivers?

- Yes
- No

11. At what age do adolescent patients have a right to receive confidential care? (If there is no risk of harm to self or others)

- 14 years and above
- 16 years and above
- 18 years and above
- When they start coming to appointments alone
- Any age
- Once their parents agree this is OK
- Other (please specify)

12. Have you had any training in understanding confidentiality in health care as it applies to young people?

- Yes
- No

13. Do you have easy access to facilities which allow private and confidential communication with young people and their whanau or caregivers?

- Yes
- No
- Sometimes (please specify)

14. Do you see a young person alone during part of their consultation or admission

- Yes
- No
- Sometimes (please specify)

Psychosocial Assessments

15. Please indicate which of these activities you undertake at each visit or hospital stay

	Always	Every 6 months	Every 12 months	Never
Broad psychosocial assessment (eg HEeADSSS assessment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask about emotional health and well-being	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask about the young person's education, training or employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Occasionally (please specify)

16. Are you able to access support from other members of the MDT?

	Easily	Neutral	With difficulty	Not at all
Social Worker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth Worker	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physiotherapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Occupational Therapist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

17. Are you able to access:

	Easily	Neutral	With difficulty	Not at all
External support organisations for young people eg Diabetes Youth etc	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth peer support groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth friendly primary health care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. Are you able to access resources to support young people with ongoing education, training and employment when relevant?

- No
- Yes: Please give examples of these resources (please specify)

Staff Survey

Transition of Care

19. Does your organisation have a policy to guide transition of health care between services and to primary care?

- Yes
- No
- Unknown

20. Does the service you work for use transition plans for young people to document transition planning?

- Yes
- No
- Unknown

21. When is the right time to discuss transition planning with young people and their whanau?

- age 10
- age 12
- age 14
- age 16
- age 18
- at time of diagnosis
- whenever it comes up in discussion
- 1 year prior to time of transfer
- Other

Self-Management

22. Do you provide relevant health information for young people that has been developed to be youth appropriate?

- Always
- Sometimes
- Occasionally
- Never - we have none

23. What ways do you use to ensure your health information is youth appropriate?

24. In what ways do you assist young people in developing their health literacy?

- Written information
- Group education sessions
- Formal one on one education sessions
- Education as part of routine clinical contact
- Questionnaires
- Problem solving activities
- Role playing scenarios with young people

Other (please specify)

25. How important are parents/ caregivers in assisting young people with improving self management?

- Parents lead the process
- Very important
- Of some use
- Young people need to develop these skills independently

Staff Survey

Environment

26. When thinking about AYA engagement in your service do you:

	Always	Often	Occasionally	Never	Not relevant as can't change status quo
Have all staff (including reception) trained in engaging with young people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Position your clinics in locations that are easily accessible to young people?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Survey your patient population to ask what they think are the best times to run clinics?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Contact patients for engagement prior to appointments?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use options for clinical review that don't require the young person to come to clinic (eg phone, text, skype)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. Does your service have a policy about where to room young people when they come to stay hospital?

- Yes
- No
- Unsure

28. When young people come into hospital we usually end up:

- Putting them in whatever bed is free - we have no choice
- Cohorting them into rooms with other young people
- Separating them from other young people to prevent trouble

Staff Survey

Engagement

29. When delivering care to young people, do you:

	Always	Often	Occasionally	Never
Do you involve the young person getting them to come up with treatment plans?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you involve the family or whanau in coming up with treatment plans?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Staff Survey

Cultural Identity

30. Does your organisation offer Tikanga training to all staff?

- Yes
- No
- Don't know

31. Have you completed Tikanga training within the last 3 years?

- Yes
- No

32. Are young people and their Whanau able to access Maori Health support and advocacy services when indicated?

- Yes - very easy
- Some difficulty
- Intermittently
- Never
- Not Sure (please specify)

33. Do you feel able to deliver (or access assistance to deliver) culturally competent care for young people and their whanau?

- Always
- Sometimes
- Occasionally
- Never

Are there specific areas would you like help with?




Appendix B

ii. Youth Survey




Youth Survey

Please help us to improve the experiences of other young people using our services by answering a few questions.

1. During your last admission how did you feel when you visited..... Please circle a number for each area or NA if you didn't go there. (b7.5)

	Unwelcome 	Somewhat welcome	Neither welcome nor unwelcome 	Somewhat welcome	Welcome 	
The hospital in general	1	2	3	4	5	NA
Ward/Unit area (s)	1	2	3	4	5	NA
Cafe	1	2	3	4	5	NA
Waiting room(s) or reception areas	1	2	3	4	5	NA
Recreation, art or education areas.	1	2	3	4	5	NA

2. During your last admission how you rate the friendliness of (b7.5)

	Unfriendly 	Somewhat unfriendly	Neither friendly nor unfriendly 	Somewhat friendly	Friendly 	
Reception/ward clerks	1	2	3	4	5	NA
Doctors	1	2	3	4	5	NA
Nurses	1	2	3	4	5	NA
Other hospital staff (therapists, social workers, dieticians etc)	1	2	3	4	5	NA
Technicians (e.g. x-rays, eye tests)	1	2	3	4	5	NA
Cleaners, food staff	1	2	3	4	5	NA

You may have had contact with lots of different hospital staff. We'd like to know about your overall experiences with different groups of staff.

Please answer these questions about your **last admission only** and circle the best number.

3. Overall how did the staff treat you? (b2.1)

With no respect	1	2	3	4	5	With full respect
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4. Generally, the way staff explained this was....(b4.2)

Completely confusing	1	2	3	4	5	Completely understandable
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5. How comfortable were you to ask staff questions? (b8.1)

Very uncomfortable	1	2	3	4	5	Very comfortable
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6. Did anything stop you asking staff questions? (b8.1)

- I was too shy/embarrassed to ask
- I was too scared/afraid to ask
- I didn't get the chance to ask questions
- I was unable to ask questions due to disability, speech problems, language etc.
- Nothing stopped me from asking questions
- I didn't need to ask questions
- Other

If Other, please explain:



7. While in hospital how often did you have contact with ... (b3.3.2)

	Not enough	Enough	Too Much
Your family (parents/guardians/siblings)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your usual school staff (teachers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your Friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your doctor(s)/other health staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other patients your age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



8. How did you have contact with people outside the hospital? (b3.3.2)

- Personal mobile phone calls
- Hospital telephone
- Online/email/SMS texting/social media
- Personal visits
- No contact

9. While you were in hospital how well did you feel your cultural needs were met? (b9.1)

Not met at all	1	2	3	4	5	Fully met

10. Did you continue your education and learning during your hospital stay? (b3.2.3)

- No
- I continued with some of my own school work
- I received some help from hospital teacher(s)

11. Overall, what do you think of the hospital facilities and activities? (b7.5)

- Not at all right for me
- Not really right for me
- Some things were right
- Good for me
- Great for me

Some more general questions now....

12. Was the amount of information you received about your condition, treatments, medications and side effects..... (b4.2)

- Too much
- The right amount
- Not enough
- I didn't get any information

13. Were you involved in decisions about your healthcare as much as you wanted? (b2.2.3)

- Yes
- No

14. Did you get enough privacy on the ward/unit during your last admission? (b2.3)

- Yes
- No

15. Has your doctor or a member of your treating team * talked about confidentiality * with you in the last 12 months? (b2.3)

- Yes
- No

* Your treating team includes doctors and other health staff

*Confidentiality is about your rights as a patient to have your discussions kept private between you and your health carers.

16. At your last admission did you spend some time alone (without parents or others) with your doctor(s)? (b2.3)

- Yes
- No

17. What do you believe the current rules about confidentiality are if/when you see a doctor or member of your treating team alone? (b2.3)

- Only my doctor (or treating team) and I would know what was spoken about in the appointment. Information would not be shared with my parent(s) under any circumstances.
- My parent(s) would only be told what was said in the appointment if I agreed to them knowing, or I was at serious risk.
- All information would always be shared with my parent(s), but not with anyone else, regardless of my views.
- I'm not sure
- NA

18. In the last 12 months, have any of your treating team talked to you about any of the following? (b3.1.1)

	Yes	No
Home/family life	<input type="radio"/>	<input type="radio"/>
School	<input type="radio"/>	<input type="radio"/>
Healthy habits (eating/exercising)	<input type="radio"/>	<input type="radio"/>
Accidents/injury/safety (e.g. bike helmets/water safety)	<input type="radio"/>	<input type="radio"/>
Cigarette smoking	<input type="radio"/>	<input type="radio"/>
Alcohol, marijuana and other drug use	<input type="radio"/>	<input type="radio"/>
Sexual relationships, safe sex, contraception	<input type="radio"/>	<input type="radio"/>
How you're managing emotionally	<input type="radio"/>	<input type="radio"/>
Fear or abuse in relationships	<input type="radio"/>	<input type="radio"/>

19. Overall, my treating team are people I trust to take care of my health: (b2.2.1)

- Never
- Almost never
- Sometimes
- Mostly
- Always

20. In the last 12 months, have any of your treating team talked with you about taking a more active role in your own healthcare as you grow up? (b6.1)

- Yes
- No

21. Will you need to continue care with an adult health service for your current condition? (b5.5)

- Yes
- No (Go to Question)
- Don't know

22. In the last 12 months have any of your treating team talked with you about transferring to adult health services in the future? (b5.5)

- Yes
- No

23. How much information did you get about the future healthcare needs of your condition in adult health services? (b5.5)

- Too much
- The right amount
- Not enough
- Didn't get any

24. How do you feel about transferring to adult health services when its time? Please circle a number. (b5.5)

Completely unprepared	1	2	3	4	5	Completely prepared
-----------------------	---	---	---	---	---	---------------------

We are especially interested in how well the hospital meets the needs of adolescent patients. Do you have any other comments to share with us?

Now a little bit about you...

25. How old are you?

- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19+

26. What ethnicity do you most closely relate to?

- Maori
- Pacifica
- New Zealand European
- Asian
- Other

27. Which gender do you most closely associate with?

- Male
- Female
- Other
- NA

RCH Melbourne have provided additional examples of youth friendly surveys which are available if required.




Appendix B

iii. Whanau/Family Survey




Whanau Survey

Please help us to improve the experiences of other young people using our services by answering a few questions.

1. During your last visit how did you feel when you visited^{xxxx}. Please circle a number for each area or NA if you didn't go there. (b2.1, b7.5)

	Unwelcome 	Somewhat welcome	Neither welcome nor unwelcome 	Somewhat welcome	Welcome 	
The hospital in general	1	2	3	4	5	NA
Ward/Unit area (s)	1	2	3	4	5	NA
Cafe	1	2	3	4	5	NA
Waiting room(s) or reception areas	1	2	3	4	5	NA
Recreation, art or education areas.	1	2	3	4	5	NA

2. At your child's last appointment how would you rate the friendliness of ... (b7.5)

	Unfriendly 	Somewhat unfriendly	Neither friendly nor unfriendly 	Somewhat friendly	Friendly 	
Reception/ward clerks	1	2	3	4	5	NA
Doctors	1	2	3	4	5	NA
Nurses	1	2	3	4	5	NA
Other hospital staff (therapists, social workers, dieticians etc)	1	2	3	4	5	NA
Technicians (e.g. x-rays, eye tests)	1	2	3	4	5	NA
Cleaners, food staff	1	2	3	4	5	NA

You may have had contact with lots of different hospital staff. We'd like to know about your overall experiences with different groups of staff.

Please answer these questions about your child's **last admission only** and circle the best number.

3. Overall, how did the staff treat you and your child? (b2.1)

With no respect	1	2	3	4	5	With full respect
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4. Generally, the way staff explained things was....(b4.2)

Completely confusing	1	2	3	4	5	Completely understandable
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5. How comfortable were you to ask staff questions? (b8.1)

Very uncomfortable	1	2	3	4	5	Very comfortable
--------------------	---	---	---	---	---	------------------

6. Did anything stop you asking staff questions? (b8.1)

- I was too shy/embarrassed to ask
- I was too scared/afraid to ask
- I didn't get the chance to ask questions
- I was unable to ask questions due to disability, speech problems, language etc.
- Nothing stopped me from asking questions
- I didn't need to ask questions
- Other

If Other, please explain:

7. How did you have contact with people outside the hospital? (b3.3.2)

- Personal mobile phone calls
- Hospital telephone
- Online/email/SMS texting/social media
- Personal visits
- No contact

8. While your child was in hospital, how well did you feel your cultural needs were met? (b9.1)

Not met at all	1	2	3	4	5	Fully met
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9. Did your child continue their education and learning during their hospital stay? (b3.2.3)

- No
- They continued with some of their own school work
- They received some help from hospital teacher(s)

10. Overall, what do you think of the hospital facilities and activities? (b7.5)

- Not at all right for my child
- Not really right for my child
- Some things were right
- Good for my child
- Great for my child

Some more general questions now....

11. Was the amount of information you received about your child's condition, treatments, medications and side effects...(b4.2)

- Too much
- The right amount
- Not enough
- I didn't get any information

12. Were you involved in decisions about your child's healthcare as much as you wanted? (b2.2.3)

- Yes
- No

13. Did you get enough privacy on the ward/unit during your last admission? (b2.3)

- Yes
- No

14. Has your child's doctor or a member of their treating team* talked about confidentiality* with you in the last 12 months? (b2.3)

- Yes
- No

* Your treating team includes doctors and other health staff

*Confidentiality is about your child's rights as a patient to have their discussions kept private between themselves and their health carers.

15. At your child's last admission did they spend some time alone (without parents or others) with their doctor(s)? (b2.3)

- Yes
- No

16. What do you believe the current rules about confidentiality are if/when your child sees a doctor or member of their treating team alone? (b2.3)

- Only the doctor (or treating team) and my child would know what was spoken about in the appointment. Information would not be shared with me as a parent under any circumstances.
- As a parent, I would only be told what was said in the appointment if my child agreed to me knowing, or my child was at serious risk.
- All information would always be shared with me as a parent, but not with anyone else, regardless of my child's views.
- I'm not sure
- NA



17. In the last 12 months, have any of your child's treating team talked to you about any of the following? (b3.1.1)

	Yes	No
Home/family life	<input type="radio"/>	<input type="radio"/>
School	<input type="radio"/>	<input type="radio"/>
Healthy habits (eating/exercising)	<input type="radio"/>	<input type="radio"/>
Accidents/injury/safety (e.g. bike helmets/water safety)	<input type="radio"/>	<input type="radio"/>
Cigarette smoking	<input type="radio"/>	<input type="radio"/>
Alcohol, marijuana and other drug use	<input type="radio"/>	<input type="radio"/>
Sexual relationships, safe sex, contraception	<input type="radio"/>	<input type="radio"/>
How you're managing emotionally	<input type="radio"/>	<input type="radio"/>
Fear or abuse in relationships	<input type="radio"/>	<input type="radio"/>



18. Overall, my child's treating team are people I trust to take care of my child's health: (b2.2.1)

- Never
- Almost never
- Sometimes
- Mostly
- Always

19. In the last 12 months, have any of your child's treating team talked with you about your child taking a more active role in their own healthcare as they grow up? (b6.1)

- Yes
- No



20. Will your child need to continue care with an adult health service for their current condition? (b5.5)

- Yes
- No (Go to Question)
- Don't know

21. In the last 12 months, have any of your child's treating team talked with you about your child transferring to adult health services in the future? (b5.5)

- Yes
- No

22. How much information did you get about the future healthcare needs of your child's condition in adult health services? (b5.5)

- Too much
- The right amount
- Not enough
- Didn't get any

23. How do you feel about transferring to adult health services when its time? Please circle a number. (b5.5)

Completely unprepared	1	2	3	4	5	Completely prepared
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We are especially interested in how well the hospital meets the needs of adolescent patients. Do you have any other comments to share with us?



Now a little bit about your child...

24. How old is your child?

- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19+



25. What ethnicity do you most closely relate to?

- Maori
- Pacifica
- New Zealand European
- Asian
- Other



RCH Melbourne have provided additional examples of youth friendly surveys which are available if required.

Appendix B

iv. Environmental Checklist

Waiting Area:

Area Visited: _____ Date of Visit: _____

Are appropriate resources explaining young people's rights in health care displayed? (B2.1, B2.3, B7.1)

Yes No

Are appropriate resources explaining confidentiality in health care displayed? (B2.2, B7.1)

Yes No

Is communication between reception staff and visitors private? (B2.2, B7.1)

Yes No

Is Wi-Fi available and is it charged? If charged please indicate costs involved (B3.3.1, B7.3).

Yes No
 Free Charged

Is there age appropriate (specifically developed for adolescents) health information on display in this area? (B4.1, B7.3)

Yes No

Is there age appropriate (preferably specifically developed for adolescents) information on how to access services on display in this area? (B4.1, B7.1)

Yes No

Are patients advised of ways to get to the clinic using public transport if needed? (B7.1)

Yes No

Are clinic times determined with consideration of convenience of young people and families? (B7.1)

Yes No

Is there age appropriate décor and furniture? (B7.3)

Yes No

Are there age appropriate activities available (e.g. reading material, media, distraction games, Wi-Fi access)? (B7.3)

Yes No
 Books Games Media Magazines Wi-Fi

Comments: _____

Clinical Area Outpatient:

Area Visited: _____ Date of Visit: _____

Are appropriate resources explaining young people's rights in health care displayed? (B2.1, B7.1)

Yes No

Are appropriate resources explaining confidentiality in health care displayed? (B2.2, B7.1)

Yes No

Is there provision to see the adolescent alone? (B2.2, B7.1)

Yes No

Are there curtains on the doors and windows? (B2.2, B7.1)

Yes No

Can the adolescent be seen or heard outside during the consultation or counselling? (B2.2, B7.1)

Yes No

Is there provision for the whanau to join the adolescent for part of the consultation? (B3.3, B7.1)

Yes No

Is Wi-Fi available and is it charged? If charged please indicate costs involved (B3.3, B7.1).

Free Charged

Is there age appropriate (preferably specifically developed for adolescents) health information on display in this area? (B4.1, B7.3)

Yes No

Are there easily accessible materials (printed, web-based) developed for young people & families to assist with the transition process? (B5.4)

Yes No

Is there age appropriate décor and furniture available? (B7.3)

Yes No

Are youth workers &/or recreation therapists available? (B2.2, B7.5)

Youth Worker Recreational Therapist Both

Comments: _____

Clinical Area Inpatient:

Area Visited: _____ Date of Visit: _____

Are appropriate resources explaining young people's rights in health care displayed? (B2.1, B7.1)

Yes No

Are appropriate resources explaining confidentiality in health care displayed? (B2.2, B7.1)

Yes No

Is there provision to see the adolescent alone? (B2.2)

Yes No

Are there curtains on the doors and windows? (B2.2)

Yes No

Are there private areas available for the adolescent if required? (B2.2)

Yes No

Can the adolescent be seen or heard outside during the consultation or counselling? (B2.2)

Yes No

Is there enough space for friends and whanau to visit? (B3.3, B7.4)

Yes No

Are there clear visiting times and policies available (B3.3, B7.4)

Yes No

Are visiting times flexible to allow for visits after school, evening and weekends? (B3.3)

Yes No

Is Wi-Fi available and is it charged? If charged please indicate costs involved (B3.3).

Free Charged

Is there age appropriate (preferably specifically developed for adolescents) health information on display in this area? (B4.1, B7.3)

Yes No

Are there easily accessible materials (printed, web-based) developed for young people & families to assist with the transition process? (B5.4)

Yes No

Continued on page 2

Clinical Area Inpatient:

Area Visited: _____ Date of Visit: _____

Continued from page 1:

Is there age appropriate décor and furniture available? (B7.3)

Yes No

Is there an age appropriate recreation room or space? (B3.3)

Yes No

Is there age appropriate (preferably specifically developed for adolescents) health information on display in this area? (B4.1)

Yes No

Are there easily accessible materials (printed, web-based) developed for young people & families to assist with the transition process? (B5.4)

Yes No

Are youth workers &/or recreation therapists available? (B2.2, B7.5)

Yes No

Youth Worker Recreational Therapist Both

Comments: _____