

Adolescent Friendly Quality Assessment Tools [AFQuATs]



Developed by:

Programme of Action for Children [PAC], HSE 2006

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Table of contents

| | |
|---|-----------|
| Introduction | 2 |
| Aim | 2 |
| Definition | 2 |
| The number of adolescents in Ireland | 3 |
| Explaining the Tools | 4 |
| What are the quality assessment tools? | 4 |
| Why develop quality tools for adolescent health?..... | 4 |
| Initial steps | 4 |
| The process | 4 |
| Using the Tools | 5 |
| Issues for consideration when planning to use AFQuATs | 5 |
| Adolescent Friendly Quality Checklist Tool AFQuAT A..... | 5 |
| A sample | 7 |
| Adolescent Friendly Quality Audit Tool AFQuAT B | 8 |
| Further resources | 8 |
| Further development of the AFQuATs..... | 8 |
| The Tools | 9 |
| Form 1 AFQuAT A | 9 |
| Form 2 AFQuAT B | 16 |
| Further Resources | 29 |
| General Resources..... | 29 |
| Sexual Health Resources..... | 30 |
| Data Collection and measurement instruments | 31 |
| Appendix 1 Feasibility Study | 32 |
| Reference Section | 33 |

Adolescent Friendly Quality Assessment Tools [AFQuATs]

This is a working document developed to date by the Programme of Action for Children. Further changes will be incorporated as it moves into its implementation phase.

Introduction

Get Connected - Developing an Adolescent Friendly Health Service, National Conjoint Child Health Committee, 2002 described the importance of addressing adolescent health services and its recommendations form the basis for the development of the Adolescent Friendly Assessment Tools [AFQuATs] cited here.

According to the World Health Organisation [WHO], key health challenges during adolescence are injuries, sexual and reproductive health, unhealthy behaviours linked to the use of substances, to diet and physical activity, and mental health. Youth friendly health services are needed to adequately address these challenges and to promote best health for young people.

Access to health care for young people is central to promoting health and well being. Young people, regardless of socio-economic class, have the potential to become marginalised when it comes to access to health services. International research from both developed and developing countries highlights the importance of creating accessible services that are acceptable to young people, if their health and well-being are to be maintained^{1,2}. Although the literature suggests that some young people may be more at risk of not accessing health care³, research also shows that young people of both genders and from all socio-economic groups experience very similar barriers to access. Personal barriers such as embarrassment and fears about confidentiality can be a major obstacle for young people to using services. Consultation with young people has consistently highlighted the importance of adolescent friendly services and youth participation in service development⁴.

Aim

The Adolescent Friendly Quality Assessment Tools [AFQuATs] are designed to provide a method for health service providers and planners to assess the quality of services for young people in relation to adolescent friendly quality standards.

The Tools identify key areas for consideration in reviewing services for young people and are designed to encourage achievable standards in new and existing services.

Definition

Youth, young people and adolescents are defined in different ways. Adolescents for this document are broadly defined as young people between the ages of 12yrs and 18yrs. The cut off point at 18yrs is in line with the operational definition of the Health Service Executive [HSE], [Child Care Act 1991]. It is acknowledged however that keeping young people 'at the centre' of service planning and delivery issues will mean that flexibility about age range will apply. The terms youth, young people and adolescents are thus used interchangeably in this document.

The number of adolescents in Ireland

Table: Number of adolescents expressed as a percentage of Total Population

| Age in years | Persons | Males | Females |
|---------------------------------|-----------|--------|---------|
| 12 years | 56,627 | 28,911 | 27,716 |
| 13 “ | 56,677 | 29,013 | 27,664 |
| 14 “ | 59,474 | 30,325 | 29,149 |
| 15 “ | 60,882 | 31,369 | 29,513 |
| 16 “ | 61,682 | 31,495 | 30,187 |
| 17 “ | 63,039 | 32,575 | 30,464 |
| 18 “ | 63,009 | 32,212 | 30,797 |
| Total Pop 12- 18 yrs | 421,390 | | |
| Total Population | 3,917,203 | | |
| No 12-18yr olds as % total pop. | 10.76% | | |

Source: 2002 Census Data

Explaining the Tools

What are the quality assessment tools?

The tools provide guidance on the assessment and review of services for young people. They contain questions that it is useful to ask about the service in order that it can become as friendly as possible to young people. Actions or ways to improve the planning and provision of services can be put in place and changes can in time be assessed again. A continual cycle of quality assurance is thus put in place.

Why develop quality tools for adolescent health?

Quality services means doing the right thing, at the right time, in the right way for the right person having the best possible results. If services for adolescents are to achieve a positive net health benefit they need to be of a high quality. To ensure that quality standards in services are achieved for adolescents it is important that a system or method to assess this according to agreed dimensions is available. As there was no such tool in existence for examining Irish services it was considered important to begin the process.

Initial steps

The initial steps in the development of the tools described here were as follows. In 2002 *Get Connected - Developing an Adolescent Friendly Health Service*, National Conjoint Child Health Committee, reviewed the key issues relating to health services for the 12 – 18 year old age group and proposed an agenda for adolescent health in the 21st century. The core concept of the strategy described the need for discreet standards in health services for adolescents.

An adolescent friendly quality framework project was proposed as part of the Programme of Action for Children's [PAC] business plan in 2004 and was a response to these strategic recommendations. It proposed the development of a quality framework underpinned by quality tools to enable service providers and planners to get strategy into action.

The process

The process for the initial development of the AFQuATs:

- Drew on international research and promising practice [Au^{2,7}, NZ⁵, Ca⁶, USA⁸, UK^{9,10}]
- Consulted with the World Health Organisation [WHO]
- Held focus groups with young people
- Commissioned a Feasibility Study with service providers.

The draft tools were tested by an independent researcher in a number of adolescent health service settings and with a range of providers, young people and parents. The tools and resource information were further refined and enhanced through this feasibility study. Further details of the Feasibility Study are presented in Appendix 1.

Using the tools

Two tools, and resource references are outlined in this section

1. Adolescent Friendly Quality Checklist Tool [A]
2. Adolescent Friendly Quality Audit Tool [B]
3. Further resources

Issues for consideration when planning to use AFQuATs

It will be useful if the following questions are considered:

- Have you got management buy-in for a review process?
- Who are the key people that should be part of the project team or working group to be involved in the audit?
- Have you thought of a way to involve service users or other young people in the process?
- Will you share the results with stakeholders, planners and partners?
- How do you plan to use the results e.g. to influence training, policy development, resource needs?
- How often should this be done so you can compare outcomes over time?
- Have you identified criteria that are not relevant to your service or setting and specified why?

Adolescent Friendly Quality Checklist Tool AFQuAT A

The process of assessing the adolescent friendliness of a health service will be different for each service. The checklist tool is ideal for starting off the process of assessing quality in a service from an adolescent friendly perspective. When for example you want:

- To test the readiness for a fuller audit
- To assess the service across the 6 dimensions
- To provide information for scoping a project
- To develop an action plan for quality improvement
- To plan service development

The quality dimensions closely match those, which were developed in Get Connected and are colour coded across the checklist and audit tool as follows:

Quality Dimensions



Each of these dimensions is broken down further into assessment categories. The full list of these categories is as follows:

Administrative, Geographic, Economic, Access, Physical Structure, Variety of Services, Staffing, Interpersonal relations, Type of information provided, How the information is provided, Young people, Parents/Carers, Other relevant agencies.

These assessment categories are applied to each dimension according to their relevance.

A Sample

A sample of how the dimensions might be assessed follows.

| Services should be accessible | | | | |
|-------------------------------|---|-----|----|---|
| | | Yes | No | Action for improvement? |
| Administration | Does your service have a reasonable time period when waiting for first appointment? | √ | | This needs monitoring: Aisling to check monthly. |
| | Are the service operational hours well advertised in a variety of locations and through a variety of media? | | √ | Advertise the service opening hours in local youth centres and schools. |
| | Is the service available in convenient and appropriate settings? (e.g. drop in centre or outreach/mobile service) | | √ | Outreach in local primary care centre is being discussed. |
| Geography | Is the service located close to where young people live (or can it be accessed through public transport)? | √ | | |
| | Does the service have adequate space and comfortable waiting area? | | √ | No chance of extending space but youth magazines and cushions will make it more friendly. |
| Economic | Is the service provided at free or at low cost? | √ | | |

Adolescent Friendly Quality Audit Tool AFQuAT B

The audit tool is a more comprehensive tool and is ideal for evaluating the service more fully, or for understanding the detail behind the checklist tool. You will notice the following icons attributed to the key areas for investigation

- ◆ The Standards, which describe what should be in place under each dimension.
- The Process Indicators [PI] describes how to ensure that the standard is achieved in each case
- ⚖ The Measurement Instrument, which describe a way for the PI to be measured

Useful applications would be:

- To audit the youth friendliness of the service
- To get a more detailed understanding of the service possibilities
- To identify planning for action
- To use as a template to engage with partners
- To provide information for a training analysis
- To use as a standard tool for independent evaluation

Further resources

Further resources lists separately the measurement instruments which are suggested in the audit tool. Where possible, examples have been sourced. In the course of the development of these tools useful resources have been found and examined. These are cited where available in this section.

If you would like to focus on strategic direction you will find the Get Connected - Developing an Adolescent Friendly Health Service, National Conjoint Child Health Committee, 2002, report currently online at www.pacirl.ie [archive] It will be possible to locate this online at www.hse.ie in the near future.

The position paper, which gives more background detail on the quality framework for adolescent friendly health services, will be available online also. The suite of tools are outlined below. They are available in CD format and online.

Further development of the AFQuATs

It is envisaged that these resources will be developed further to include tested measurement instruments as they come on stream. Other areas for development may be the future provision of a quality mark for excellence in service provision.

For further copies please contact:

The Children Youth and Family Directorate

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The Tools

Form 1

ADOLESCENT FRIENDLY QUALITY CHECKLIST TOOL A (AFQuAT A)

Service name:

Quality Project Team Members:

Date:

Services should be accessible

| | | Yes | No | Action for improvement? |
|-----------------------|--|-----|----|-------------------------|
| Administration | Does the service have a reasonable* time period when waiting for first appointment? | | | |
| | Does the service have a reasonable time period when waiting for follow-up appointment? | | | |
| | Are the service operational hours clearly advertised in a variety of locations and through a variety of media? | | | |
| | Is the service tailored to young people's needs? (or does the service have a subsection tailored to the needs of young people?) | | | |
| | Is the service available in convenient and appropriate settings (e.g. drop in centre or outreach/mobile service)? | | | |
| Geography | Is the service located close to where young people live (or can it be accessed through public transport)? | | | |
| Economic | Is the service provided at free or at low cost? | | | |
| Access | Does the service have non-discriminatory access regardless of minority status (e.g. Wheelchair access, childcare for teenage parents, translation services)? | | | |

* The term reasonable will vary depending on the nature of the service provided. Services are required to determine an acceptable standard for this dimension.

Services should be flexible

| | | Yes | No | Action for improvement? |
|---------------------------------|--|-----|----|-------------------------|
| Administration | Does the service have operational hours suitable for young people (e.g. after school, weekends)? | | | |
| | Does the service have suitable appointment allocation for needs of young people (e.g. sufficient time to assess problem, extra time for complex consultations, appointments to suit young people travelling long distances)? | | | |
| | Is there a multi-service approach whereby a range of services are available for young people (e.g. hospitals, health centres, youth centres one-stop-shop etc.)? | | | |
| | Are there various points of contact (e.g. health centre or sports centres, outreach)? or Is it a tailored service within traditional provider setting? | | | |
| Physical/ Structural | Does the service have adequate space and comfortable waiting area? | | | |
| | Is the service appealing for young people in that it acknowledges a youth culture (e.g. appealing decoration, displays, music etc)? | | | |
| | Does the service support the young person to have a friend or other person with them when receiving the service? | | | |
| Variety of services | Is a holistic model of health adopted in the provision of health care services and treatments to adolescents (range of services, health promotion or signposting to other services)? | | | |
| | Are there services for individuals with special needs (e.g. young people with learning disability or low literacy, translations for non-nationals, signing for deaf etc)? | | | |
| | Does the service have appropriate provision of staff for the problem presented and the patient attending (e.g. peer counsellors, health care professionals for technical diagnosis, male and female staff)? | | | |
| | Is maximum use made of the contact time with adolescents to minimise missed opportunities (e.g. health promotion advice etc)? | | | |

Staffing (Core Competencies and Training)

| | | Yes | No | Action for improvement? |
|---------------------------------|---|-----|----|-------------------------|
| Staffing | Have all staff received the essential training required for this service? | | | |
| | Have all staff (including support staff) ever received any discreet training for working with young people? | | | |
| | Are staff trained to prevent any missed opportunities with the adolescents who attend the service? | | | |
| | Is there ongoing training for staff to keep them informed and their skills current? | | | |
| | Is there a multidisciplinary and multi-agency approach taken by staff? | | | |
| Inter-personal relations | Are staff (including support staff) trained in appropriate communication skills when dealing with adolescents? | | | |
| | Does the service use have appropriate criteria-based interviewing in the recruitment of trainees or those who will work with or supervise staff to work with adolescent's (e.g. informed attitudes, qualifications, interpersonal factors)? | | | |
| | Does the organisation have a member of staff appointed to develop and oversee the adolescent friendliness of the service? | | | |

Quality Information

| | | Yes | No | Action for improvement? |
|--|---|-----|----|-------------------------|
| Type of Information provided | Have staff received adequate training in the information which is required by adolescents e.g.: <ul style="list-style-type: none"> - Available health and support? - Accessing appropriate services? - Options, rights & entitlements? - Backup services and after hours numbers? - General health issues? - Health promotion and adolescent health issues? - Process for making complaints (e.g. Ombudsman for Children)? | | | |
| | Does the service have a system where parents are briefed in relation to information and services offered for adolescents (e.g., information on the health issue, adolescents needs for confidential services, rights of parental consent)? | | | |
| How the information is provided | Does the service have an agreed format on the provision of information for young people (e.g., accurate, age appropriate, complete, eye-catching, language appropriate, relevant, tailored for special needs, through a variety of media, updated)? | | | |
| | Does the service provide open access to medical records? | | | |
| | Is the information complete and are all records present in the service? | | | |
| | Does the service provide information through attractive and appealing media (e.g. Interactive tools/computers/DVDs, telephone hotlines by trained counsellors, contemporary designed leaflets, through a variety of points of contact)? | | | |
| | Does the service provide a one-stop-shop approach to provision of information: <ul style="list-style-type: none"> • on the service provided? • on other relevant services? • on general health information for adolescents? | | | |

A Partnership Approach

| | | Yes | No | Action for improvement? |
|--------------------------------|--|-----|----|-------------------------|
| Young People | <p>Does the service offer opportunities to involve young people?</p> <ul style="list-style-type: none"> • In the planning of services (e.g. through focus groups or involvement in management committees)? • In the delivery of services (e.g. peers-led or mentoring projects)? • In the evaluation of services (e.g. consumer satisfaction questions, or in mystery shopping etc)? • In appropriate consultation with established groups? • In the development of new groups? | | | |
| Parents/ Carers | <p>Does the service involve parents/carers in the planning, delivery and evaluation of services as appropriate through</p> <ul style="list-style-type: none"> • The planning of services? • The evaluation of services? | | | |
| Other Relevant Agencies | Does the service involve other relevant agencies in the planning, delivery and evaluation of services? | | | |
| | Has the service formed alliances with other relevant organisations e.g. local schools, youth organisations? | | | |

Summary Table of checklist actions

| Dimension | Actions Required/Comments |
|--------------------------------------|---------------------------|
| Accessibility of Service | |
| Flexibility of Service | |
| Staff Training | |
| Quality Information for Young People | |
| Partnership Approach | |
| Confidentiality and Privacy | |

The Tools

Form 2

ADOLESCENT FRIENDLY QUALITY AUDIT TOOL B (AFQuAT B)

Service Name:

Audit Project Members:

Date:

Services should be accessible

| | STANDARD ◆ | PROCESS INDICATOR ● | MEASUREMENT ⚖️ |
|-----------------------|--|---|--|
| | There should be.... | Provision of.... | Measured by.... |
| Administrative | A reasonable, maximum time period established for young people, when waiting for a first or referred appointment | An agreed standard waiting period, based on consultations with relevant partners e.g., Service providers, young people etc | Database of information Consumer satisfaction questionnaire Mystery shopper* |
| | A reasonable, maximum waiting period established for young people, when attending for scheduled follow-up appointments | An agreed standard waiting time, based on consultations with relevant partners eg. Service providers, young people | Database of information Consumer satisfaction questionnaire |
| | A service where the operational hours and location of services are well advertised both internally & externally | A well advertised service in a variety of locations and through a variety of media | Lists Consumer reports Mystery shopper* |
| | A service or a subsection of the service which is tailored specifically for the needs of young people | A specific designated aspect of the service or a service completely dedicated to young people | Mystery shopper |
| | A comprehensive register/database of information about the young people that use the service | A regularly updated register with young people prior to consent | Database of information |
| | | | |
| Geographic | Adolescent health services +/- information on health services, available in convenient and appropriate settings already used by young people | Services in convenient locations, outreach services, mobile services, drop-in services and services in community settings eg. Youth centres, shopping malls, schools, adolescent/teen clinics | Survey of location of services Database of information Mystery shopper |
| | Health services located within a reasonable distance where young people live | Services within a specified distance from where young people live particularly in rural, remote or disadvantaged areas (based on consultations with relevant partners e.g., Service providers and young people) | Survey of location of services Consumer reports Focus groups/interviews |
| | | Transport where possible, if the service is not on a public transport route | Consumer satisfaction questionnaire Mystery shopper |
| | | An agreed ratio of health service provider to young people in given area | Database of information |

* Mystery Shopper is a measurement tool explained in detail in Further Resources – Data Collection & Measurement Tools

Services should be accessible (continued)

| | STANDARD ◆ | PROCESS INDICATOR ● | MEASUREMENT ⚖️ |
|---|---|--|---|
| | There should be..... | Provision of..... | Measured by.... |
| Physical/ Structural Environment | Appropriate facilities available for use by the physically disabled | Wheelchair friendly premises both externally (entrance, exit and parking) and internally (doorways, toilets, lifts) | Survey of premises/facilities Consumer satisfaction questionnaire Mystery shopper |
| | Adequate space and comfortable conditions in waiting areas | Large areas for waiting, appropriate ventilation, heating, lighting, seating, refreshments etc. | Survey of premises/facilities Consumer satisfaction questionnaire Mystery shopper |
| Economic | Health services of no or low cost to adolescent where appropriate | Free/subsidised services and products where appropriate e.g., Health clinics, contraceptives, prescription drugs | Database of information Mystery shopper |
| | Options for appropriate payment methods | Credit or flexible payment options for young people | Development and presentation of document/policy/report |
| Non-Discriminatory Access | Non-discriminatory access for each of the adolescent minority groups (travellers, homeless, refugees, asylum seekers, educational disadvantage, teenage parents, chronic physical illness and disability) | A policy document in the organisation which addresses the needs of minority groups and the disadvantaged Services to promote non-discriminatory access eg. Childcare facilities for adolescent parents, interpreters etc. | Development and presentation of document/policy/report Database of information Consumer satisfaction questionnaire Mystery shopper |
| | Gender specific aspects of the health service and also shared health service aspects (gender proofing) | A comprehensive policy document incorporating gender perspectives | Development and presentation of document/policy/report |

Services should be flexible

| | STANDARD ◆ | PROCESS INDICATOR ● | MEASUREMENT ⚖️ |
|----------------------|---|--|---|
| | There should be..... | Provision of..... | Measured by.... |
| Administration | Convenient operational hours of the service for young people | Services out of school hours and at weekends | Lists Consumer satisfaction questionnaire Mystery shopper |
| | Suitable appointment allocation for the needs of young people | Sufficient time to carefully assess the presented symptoms and diagnose the patient correctly Extra time for difficult or complex consultations Convenient and flexible appointment scheduling for young people travelling long distances or by public transport | Service provider questionnaire Consumer satisfaction questionnaire Consumer satisfaction questionnaire Mystery shopper |
| Setting/ Approach | A multi-service approach taken in service provision where a range of service settings are available for young people (hospitals health centres, community settings, youth centres, schools, telephone helplines etc.) | Health services in convenient locations Various points of contact e.g., Health centres in recreational or sports centres Outreach/mobile services Specifically designated services for young people or services within a traditional provider setting | Survey of location of services Database of information Consumer satisfaction questionnaire Survey of location of services Mystery shopper |

Services should be flexible (continued)

| | STANDARD ◆ | PROCESS INDICATOR ● | MEASUREMENT ⚖️ |
|-----------------------------|---|--|---|
| | There should be..... | Provision of..... | Measured by.... |
| Physical Environment | An appealing-service for young people that acknowledges a youth culture and recognises the ethnicity of young people using services | Appealing decoration, displays, music, interactions, ambience facilities for information provision | Survey of premises/facilities Consumer satisfaction questionnaire |
| | A welcoming environment for accompanying friend, partner or parent | Appropriate and appealing waiting areas and consultation areas for accompanying person | Survey of premises/facilities Consumer satisfaction questionnaire Mystery shopper |
| Variety of Services | A holistic model of health adopted in providing health care services and treatments to young people | A comprehensive range of health care services and treatments for physical and mental problems Health promotion advice, counselling and referral services Alternatives to in-patient care | Service provider questionnaire |
| | Special services for individuals with special needs | An interpreter for non-nationals, deaf etc, when required Interventions to overcome literacy problems for information issues and prescription directions | Lists Service provider questionnaire Mystery shopper |
| | An appropriate provision of staff for the problem presented and the patient attending | Peer counsellors for advice on sensitive issues Health care professionals for technical diagnosis or treatment as appropriate Both male and female staff for adolescent preferences | Training certificates List Review of documents/services provided Database of information |
| | Maximum use made of the contact time with young people to minimise missed opportunities | Health promotion information in addition to a thorough assessment of the presented problem | Service provider questionnaire Database of information Consumer satisfaction questionnaire |

Services should provide training in the core competencies for staff

| | STANDARD ◆ | PROCESS INDICATOR ● | MEASUREMENT ⚖️ |
|--|--|--|--|
| Core Competencies - Technical aspects | There should be..... | Provision of..... | Measured by.... |
| | Suitably qualified and technically competent staff in their area of specialisation, employed in the service eg. GP/PHN/support staff | Staff who have the basic qualifications required, as outlined by the relevant training institute, to practice | Training certificates |
| | Training in the core competencies for all staff (including support staff), with additional training for specialised staff as appropriate | <p>Training courses for staff which include training in the following areas:</p> <ul style="list-style-type: none"> • Training in the health workers specialisation area, in relation to the most up-to-date advances, treatments and recommendations and information of up-to-date services available in the area • Training in the general adolescent development area, in relation to their knowledge and awareness of specific adolescent health issues and stages of young people's development and maturation (physical, mental and social), and also in understanding the culture and the context of young people's lives particularly among the adolescent minority groups • Training of selected staff for special needs patients eg. Aides for the visually or orally impaired, language interpreters • Training in the technical aspects in relation to running the service eg. The appropriate use of up-to-date equipment, in database and record-keeping, management of re-ordering and continuous stocking of drugs, supplies and equipment for the needs of young people | <p>Database of information Service provider questionnaire Consumer satisfaction questionnaire Development and presentation of documents/policies/reports Training certificates</p> |

Services should provide training in the core competencies for staff (continued)

| | STANDARD ◆ | PROCESS INDICATOR ● | MEASUREMENT ⚖️ |
|---|--|--|---|
| | There should be..... | Provision of..... | Measured by.... |
| Core Competencies – technical aspects (cont) | A system in place to prevent any missed opportunities with the young people who attend the service | <p>Guidelines in relation to carrying out an adequate psychosocial and physical assessment of young people:</p> <ul style="list-style-type: none"> • An appropriate history taken of the young person. • An appropriate physical examination and investigations according to the case management guidelines/protocols. • Assessments undertaken with consideration being given to the comfort/dignity and modesty of the adolescent. • A comprehensive assessment of young people's health needs and risks ensuring that no opportunity is missed. • Appropriate medical options or treatments at the discretion of the care provider according to the age and maturity of the patient e.g., Fraser (Gillick) Principles. | <p>Development & presentation of documents/policies/reports</p> <p>Service provider questionnaire</p> |
| | Refresher courses to keep staff members informed and their skills current and opportunities for 'on the job' and 'off the job' sessions to allow for minimum days lost | <p>Appropriate trainers to go through the procedure and give the providers the opportunity to ask questions</p> <p>An informal seminar weekly/fortnightly to bring clinical questions forward for discussion and provide an opportunity for colleagues to offer support and advice about any difficulties staff encounter.</p> | <p>Development & presentation of documents/policies/reports</p> <p>Service provider questionnaire</p> |
| Core Competencies – Interpersonal Relations | Training in appropriate communication skills when dealing with young people, for all staff (including support staff) as appropriate | <p>Training courses for staff which include training in the following areas:</p> <ul style="list-style-type: none"> • Positive communication skills, provision of a positive and appropriate atmosphere for young people • Positive attitudes towards young people (welcoming, considerate, non-judgemental, friendly, empathetic, respectful, customer care) where they 'see adolescents as people and not as a problem' | <p>Consumer satisfaction questionnaire</p> <p>Service provider questionnaire</p> <p>Training Certificates</p> <p>Mystery shopping</p> |

Services should provide training in the core competencies for staff (continued)

| | STANDARD ◆ | PROCESS INDICATOR ● | MEASUREMENT ⚖️ |
|--------------------|---|---|--|
| | There should be..... | Provision of..... | Measured by.... |
| Recruitment | Criteria based interviewing in the recruitment of trainees or those who will work with or supervise staff to work with young people | Appropriate selection of staff who have some experience of working with young people or who have the core competencies required (attitude, qualifications, interpersonal factors) to work with young people | Review of documents/services |
| | An Adolescent Friendly Development Officer in place in the service. | A member of staff appointed to develop and oversee the adolescent friendliness of the service | Evidence of policy implemented/ actions taken Review of documents/services provided |

Services should provide young people with quality information to ensure that they are well informed in health care aspects

| | STANDARD ◆ | PROCESS INDICATOR ● | MEASUREMENT ⚖️ |
|------------------------------|---|--|--|
| | There should be..... | Provision of..... | Measured by.... |
| Type of information provided | Adequate training provided for health workers in the information which is required by young people | <p>Training in the following information area:</p> <ul style="list-style-type: none"> • Available health and personal support services • Accessing appropriate services • Options, rights and entitlements of young people in the use of health services (e.g. Medical card) • Information provided to young people about back-up services and after hours telephone numbers • General health issues, health promotion information and specific adolescent health issues • Understanding of diagnosis and what action/ treatment is required and when • Follow up information on further treatments or care etc • Availability of complete and accurate medical records • Process for making a complaint (Ombudsman for Children) | <p>Database of Information Service provider questionnaire Database of Information Consumer satisfaction questionnaires Lists Consumer satisfaction questionnaires Development & presentation of documents/policies/reports Evidence of policy implemented/ actions taken</p> |
| | A system where parents are briefed in relation to information and services offered for young people | <ul style="list-style-type: none"> • Information on adolescent health issues and the type of services offered • Advice for parents in understanding young people's needs in relation to confidential services • Information in relation to their rights of parental consent | <p>Parental satisfaction questionnaires/comment cards</p> |

Services should provide young people with quality information to ensure that they are well informed in health care aspects (continued)

| | STANDARD ◆ | PROCESS INDICATOR ● | MEASUREMENT ⚖️ |
|--|---|--|---|
| How the information is provided | There should be..... | Provision of..... | Measured by.... |
| | An agreed format that the information provided to young people should take, to increase its appeal and understanding for young people` | Information that is: <ul style="list-style-type: none"> • Accurate • Age-appropriate • Complete • Eye-catching • Language appropriate • Relevant • Tailored for special needs • Through a variety of media • Updated | Lists Development & presentation of documents/policies/reports Observations Consultation and research with young people (questionnaires, focus groups , interviews etc) Mystery Shopper |
| | An open and honest approach taken in the provision of information to young people | Appropriate access to medical records should be in place, the information must be complete and the records must be present in the service facility at all times | Consumer satisfaction questionnaires |
| | An innovative approach taken in providing young people with information and access to this information should be through a variety of points of contact | Information through attractive and appealing media which young people frequently use: <ul style="list-style-type: none"> • Interactive tools (computer based health education program, adolescent websites, CD ROMS, DVD's) • Telephone hotlines (from service site by trained counsellors) • Contemporary designed leaflets • Through community centres or service centres information contacts | Review of documents/services provided Consumer satisfaction questionnaires |
| | A one-stop-shop approach to provision of information on the service provided, +/- other relevant services, +/- or general health information for young people | A specific designated aspect of the service or a service completely dedicated to young people that has all young people's information needs | Consumer satisfaction questionnaires Service provider questionnaire Mystery Shopper |

Services should adopt a partnership approach with young people and key stakeholders

| | STANDARD ◆ | PROCESS INDICATOR ● | MEASUREMENT ⚖️ |
|-----------------------|---|--|---|
| | There should be..... | Provision of..... | Measured by.... |
| Young People | An involvement of young people in the planning, delivery and evaluation of services | <p>Opportunities for young people to be involved:</p> <ul style="list-style-type: none"> • The planning of services, in relation to health issues to be addressed and the need for specific services, e.g., young people's views sought through focus groups, representation on relevant committees • The delivery of services e.g., through peer-led approaches, mentoring • The evaluation of services through e.g., consumer satisfaction questionnaires, representation on relevant committees • Appropriate consultation with established groups +/- or development of new groups as required | <p>Evidence of policy implemented/ actions taken</p> <p>Consumer satisfaction questionnaires</p> <p>Development & presentation of documents/policies/reports</p> <p>Focus groups, Interviews</p> <p>Service provider questionnaire</p> <p>Database of information</p> |
| Parents/Carers | An involvement of parents/ carers in the planning, delivery and evaluation of services as appropriate | <p>Opportunities for parents/carers to be involved in:</p> <ul style="list-style-type: none"> • The planning of services, in relation to information provided to young people e.g., through representation on relevant committees • The evaluation of services e.g., through parental satisfaction questionnaires | <p>Parental satisfaction questionnaires/comment cards</p> <p>Focus groups/interviews</p> |

Services should adopt a partnership approach with young people
and key stakeholders (continued)

| | STANDARD ◆ | PROCESS INDICATOR ● | MEASUREMENT ⚖️ |
|--|---|--|--|
| | There should be..... | Provision of..... | Measured by.... |
| Health Professionals/ Relevant Agencies | An involvement of diverse health professionals (in line with an holistic approach to health) in the planning, delivery and evaluation of services | <p>Opportunities for health professionals to be involved in:</p> <ul style="list-style-type: none"> The planning of services and how information is disseminated from health professional to health professional about non-compliant young people with attendance and medication The delivery of services where referral protocols are in place to ensure a multi agency/multi disciplinary approach is adopted in the transition or continuity of care within (paediatric to adult care) and between (departments, disciplines and services) services The evaluation of services | <p>Evidence of policy implemented/ actions taken Database information Consumer reports Service provider questionnaire Development & presentation of documents/policies/reports</p> |
| | Alliances established with other relevant organisations e.g., local schools, youth organisations | <p>Opportunities for other relevant organisations to be involved in:</p> <ul style="list-style-type: none"> The planning of services and awareness raising of health programmes and health services available locally The delivery of services and opportunities for joint training of staff as appropriate | <p>Development & presentation of document/policies/reports Service provider questionnaire</p> |
| Research in Adolescent Health | An evidence based practice implemented in the service | <p>Evidence based planning in relation to adolescent health needs</p> <p>Opportunities for involvement in research</p> | <p>Development & presentation of document/policies/reports Service provider questionnaire</p> |
| | A multidisciplinary/multi-agency approach taken in the training of staff as appropriate | Opportunities for the involvement of health educators, guidance counsellors, teachers, school administrators, family court judges, staff in youth oriented community programmes | Database of information |

Services should be structured so that the confidentiality and privacy of the young person is respected

| | STANDARD ◆ | PROCESS INDICATOR ● | MEASUREMENT ⚖️ |
|---------------------------------|---|---|--|
| | There should be..... | Provision of..... | Measured by.... |
| Physical/ Structural | An environment respectful to confidentiality | <p>Purpose built spaces that facilitate adolescent confidentiality ensuring that</p> <ul style="list-style-type: none"> • Other people queuing cannot overhear what is being said • Other people do not walk in and out during the examination • The adolescent is asked for their consent (and allowed to refuse) if medical students are to observe • An adolescent who needs to undress can do so in private and that the privacy of the adolescent is respected during the examination • Confidential information is communicated in a private manner through direct contact, by telephone or electronically | <p>Consumer satisfaction questionnaire Service provider questionnaire Survey of premises Mystery shopper</p> |
| | Appropriate, user friendly signage throughout the premises | Internal and external sign posting of services, and specific aspects of services in a user friendly format through appropriate text and visual designs and the use of generic terms (non-stigmatic) | Survey of premises Mystery shopper |
| Staff | A non-judgemental approach taken by staff in dealing with young people/ Staff should be trained to respect the confidentiality of young people | Staff training dealing with confidentiality issues and practices | Training certificates Service provider questionnaires |

Further Resources

Further information on resources, toolkits and guidance on best practice for delivery of young people friendly services

General Resources

Australia

Bartik, W., Maple, M., Massey P., (2001) Youth Friendliness Assessment Tool New England Area Health Service, NSW AU.
<http://www.ruralhealth.org.au>

The Australian Youth Friendliness Assessment Tool (Y-FAT) was designed to provide a review method for Health Services in the New England Area on the issue of improving youth health. It identifies the key areas of youth health for a health service to be reviewed against with these broadly grouped into access, physical environment and health service policy. It also contains a resource section to provide ideas of how the health service can be improved to have a positive impact on the health of young people in the area. The key areas have been designed to be achievable rather than suggesting high-cost alternatives that may never be implemented. The toolkit also includes a self assessment youth friendliness (SAY) checklist to assess service providers youth friendliness. With modification this might be adapted to the Irish context as a performance indicator to measure some of the staffing standards.

England

The Department of Health (2005) You're Welcome quality criteria – Making health services young people friendly. London, Dept of Health
www.dh.gov.uk

The You're Welcome Quality Criteria set out principles to help health services (including non-NHS provision) become young people friendly. It covers areas to be considered by commissioners and providers of health services. Content is based on examples of effective local practice.

Royal College of General Practitioners and Royal College of Nursing (2002) Getting it Right for Teenagers in Your Practice London, Dept of Health
www.rcn.org.uk

The aim of the leaflet is for the professional organisations to encourage their members to improve young people's access to advice on a range of health issues, including pregnancy and sexual health. This short document includes a quiz How does your practice 'score' with teenagers? which might be a useful non-threatening tool for engaging service providers.

Royal College of Nursing (2004) Adolescent Transition Care – RCN Guidance for Nursing Staff London: Royal College of Nursing.

Sexual Health Resources

International Resources

IPPF/WHR (2005) Making services youth friendly with limited resources *Spotlight on Youth* (Jan 2005)
<http://www.ippfwhr.org>

Pathfinder International (2003) *Clinic assessment of Youth Friendly Services: A Tool for Rapid Assessment and Improving Reproductive Health for Youth* Watertown, MA: Pathfinder International
www.pathfind.org/publications

Nelson, K., MacLaren, L., Magnani, R. (2000) Assessing and Planning Youth-Friendly Reproductive Health Services *Focus Tool Series 2*: January Washington, DC
<http://www.futuresgroup.com>

This toolkit was designed to help program managers assess the extent to which their facility is already reaching youth, and what characteristics of their program discourage young people from accessing services. The guide includes workbooks, data collection tools & instruments and planning workbooks.

This tool helps programme managers and clinicians determine the extent to which current reproductive health services are youth-friendly. Results from the tool can be used to tailor services to better meet the needs and preferences of young people.
<http://www.pathfind.org>

COPE[®], which stands for “client-oriented, provider-efficient” services, is a process that helps health care staff continuously improve the quality and efficiency of services provided at their facility and make services more responsive to clients’ needs. COPE provides staff with practical, easy-to-use tools to identify problems and develop solutions using local resources, and it encourages all levels of staff and supervisors to work together as a team and to involve clients in assessing services. Through COPE, staff develop a customer focus, learning to define quality in concrete terms by putting themselves in their clients’ shoes. The process also enables staff to explore the strengths of their work site.
<http://www.engenderhealth.org>

A Guide to Monitoring and Evaluating Adolescent Reproductive Health Programs
Adamchak S, Bond K, Maclaren L, Magnani R, Nelson K, Seltzer J (2000) Focus on Young Adults Tool (part 1 and part 2)
<http://www.pathfind.org>

Data Collection and Measurement Tools

Outlined below is a list of different data collection instruments that might be used to measure standards

- 1 Consumer Satisfaction Questionnaires
- 2 Parental Satisfaction Questionnaires/Comment Cards
- 3 Service Provider Questionnaire
- 4 Survey of location of services
- 5 Survey of Facilities and Premises
- 6 Audits of Training/Accreditation
- 7 Databases
- 8 Consumer reports
- 9 Lists
- 10 Development and presentation of documents/policies/report
- 11 Evidence of policy implementation
- 12 Mystery Shopper
- 13 Review of Documents and Services

Further information and guidance on the development and implementation of consumer satisfaction surveys and other data collection methods is available in the Health Boards Executive (2003) Patient Satisfaction Surveys – Guidelines
<http://www.hebe.ie>

Appendix 1 - Feasibility Study

The feasibility study, undertaken by an independent research consultant, consisted of two distinct stages. Stage one of the study involved interviews with service providers from three distinct adolescent health services across the country. The first service, located in St James' Hospital Dublin, is an established adolescent sexual health service delivered as part of the adult GUIDE (sexual health) clinic. This drop-in service is delivered by a multi-disciplinary team on a weekly basis. As part of the feasibility study the researcher met with the nurse practitioner to talk her through the tool and to describe the different quality dimensions, the standards and associated performance indicators within the tool. The nurse practitioner then distributed a copy of the draft AFQuAT to her colleagues. After a six week period, the researcher interviewed five members of the team using semi-structured interviews to explore their views on the tool, and to identify its strengths and weaknesses, and the potential uses of the tool.

The second team of providers, located in Letterkenny Regional Hospital, were developing a new transition service for young people making the move from a paediatric diabetes care service to the adult diabetes care service. The researcher met a member of the diabetes care team (diabetes nurse) prior to the development of the service to describe and describe the long version of the AFQuAT. The diabetes nurse in turn presented the draft AFQuAT to the diabetes care team who used it to design the service. After a short period the transition service was established and delivered by a multi-professional team on a bi-monthly basis. After the first two clinics the researcher interviewed the two diabetes nurse specialists to explore their views on the tool, and to identify the strengths and weakness of the tool in guiding the development of a new service, as well as the potential uses of the tool. In addition, the researcher conducted an interview-administered survey with the young people attending the clinic and their parents. The questionnaire explored the service users' views on the six quality dimensions using examples from the standards provided in the AFQuAT.

The third service in the feasibility study is a community based youth café (The Gaf) located in Galway city. The service provides young people with opportunity to relax in a safe environment with direct access to various services such as health advice, peer education, and mentoring. The nurse practitioner from the centre agreed to review the AFQuAT and to provide feedback on the tool. After receiving an electronic version of the tool, the nurse practitioner was interviewed using a semi-structured interview covering different elements of the tool including her initial response to the AFQuAT, her views on the strengths and weakness of the tool, and possible opportunities to use the tool within a community based youth service.

After the completion of all interviews the researcher completed a thematic analysis of the responses from the three services. The themes from the feedback included concerns about the presentation of the AFQuAT (including layout, language, structure), the strengths and weakness of the tool, and the potential uses for the tool. All respondents also highlighted the challenges and obstacles experienced by service providers in the delivery of adolescent friendly services. In response to the feedback on the presentation of the tool, the researcher made a number of amendments to the AFQuAT including presentation (colour coding) and language changes. In response to feedback comments on the length and level of detail of the AFQuAT, and to one service provider's suggestions for the development of a shorter version, the researcher developed a shorter checklist version of the tool.

The second stage of the feasibility study involved a workshop with a cross-section of professionals involved in the planning/development, and/or delivery of adolescent services. Workshop participants received a copy of the AFQuAT and the shorter checklist version in advance of the meeting. At the workshop participants were talked through both instruments and were asked for their feedback on both instruments. Following the meeting, additional changes were made to both the short and longer version of the tool. Throughout the two stages of the feasibility study the researcher conducted internet and literature searches for other national and international examples of tools and best practice in the delivery of adolescent health services.

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