

# Youth Friendly Primary Care (Assessment Tool)

This assessment tool has been developed to assist primary care in improving access for young people (aged 10-24 years) to youth friendly services. Young people are most often physically healthy; however they have complex and specific health needs. “The majority of health problems encountered by youth are psycho-social – a consequence of health risk behaviour, mental health problems and exposure to social and environmental risk factors”<sup>1</sup>.

Primary care is in an ideal position to provide comprehensive care for young people, with the majority of secondary school students in New Zealand having accessed healthcare from a family doctor, medical clinic or GP in the last 12 months. Unfortunately approximately one third of these students were offered the chance to talk in private with the health professional they saw, and less than half were assured of the details remaining confidential<sup>2</sup>. The World Health Organisation advocates for youth friendly healthcare services that are equitable, accessible, acceptable, appropriate, and effective. Privacy and confidentiality are significant components of youth friendly care<sup>3</sup>.

This tool builds on and incorporates aspects of National and International instruments that are available via the following publications:

Chown, P., Kang, M., Sanci, L., Newnham, V., Bennett, D.L. (2008). *Adolescent Health: Enhancing the skills of General Practitioners in caring for young people from culturally diverse backgrounds, GP Resource Kit 2nd Edition*. NSW Centre for the Advancement of Adolescent Health and Transcultural Mental Health Centre, Sydney

Department of Health. (2011). *You're Welcome - Quality Criteria for young people friendly health services*. <https://andandwww.gov.ukandgovernmentandpublicationsandself-review-tool-for-quality-criteria-for-young-people-friendly-health-services>

Ministry of Health. (2014). *Youth Health Care in Secondary Schools: A framework for continuous quality improvement*. Wellington: Ministry of Health.

Northern Regional Alliance He Hononga o te Raki. (2016). *DRAFT Standards for quality care for adolescents and young adults in secondary or tertiary care*. Northern Youth Network.

The Collaborative for Research and Training in Youth Health and Development Trust. (2011). *Youth Health - Enhancing the skills of Primary Care Practitioners in caring for all young New Zealanders - A Resource Manual* <http://collaborative.org.nz/index.php?page=youth-health-resource-manual>

Youth Health Services Alliance. (2016). RNZCGP endorsed Audit of Medical Practice activity: Developmentally appropriate healthcare for Youth.

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<sup>1</sup> The Collaborative for Research and Training in Youth Health and Development Trust. (2011). *Youth Health: Enhancing the skills of Primary Care Practitioners in caring for all young New Zealanders*. Christchurch: Author.

<sup>2</sup> Macleod G, Papa D, Denny S, Winnard D. (2014). *Young people's health in Counties Manukau: a profile of aspects of aspects of young people's health in Counties Manukau*. Auckland: Counties Manukau Health.

<sup>3</sup> World Health Organisation. (2012). *Making health services adolescent friendly: developing national quality standards for adolescent friendly health services*. Geneva: Author.

## Equitable (All adolescents are able to obtain the health services that are available)

### 1. Young people and their family/whaanau receive culturally appropriate care.

*All staff complete appropriate cultural competency training, including Maaori, Pacific and Asian*

*Young people and their family/whaanau are able to access cultural health support and advocacy services when indicated*



Comments:

### 2. Processes are in place to monitor the utilisation of the service by young people, and remove identified barriers.

*Youth health policies and procedures are in place that include strategies to engage with hard to reach young people who do not typically engage with health services*

*Services are provided to young people who are representative of the local community*

*The service will see young people who are not ordinarily registered with them*

*Appropriate funding is acquired to subsidise services for young people*

*Time payment options are available for young people as necessary*

*Young people are not refused services when they or their family have a debt to the service*

*Young people are supported to apply for a Community Services Card when appropriate (including provision of, and assistance filling in forms)*

*Information is provided in appropriate languages regarding Prescription Subsidy Cards and High Use Health Cards*



Comments:

### 3. The waiting area has a youth-friendly and welcoming environment for young people.

*Free Wi-Fi is available in waiting areas*

*There are pamphlets and posters displayed in the waiting area dealing with youth specific health issues (including mental health and sexual health)*

*There are youth orientated reading materials in the waiting area*

*Posters and resources inclusive of a range of cultural groups are displayed in the waiting area (e.g. ethnicity, gender, sexuality)*

*A youth friendly version of the services confidentiality policy is displayed in the waiting area*

*A youth friendly version of the code of rights is displayed in the waiting area*



Comments:

## Accessible (Adolescents are able to obtain the health services that are available)

### 4. The service is promoted to young people, local youth services, as well as other relevant professionals and organisations.

*The promotional information is up to date, and reviewed regularly*

*It is available in a variety of formats (e.g. online, pamphlets, posters, phone app) and languages*

*The content and style is appropriate for young people, and includes:*

*How to access the service and what it offers*

*The costs associated with using the service (including after-hours fees)*

*The benefits and process for enrolling with the service*

*The benefits of continuity of care*

*The routine practice of seeing young people on their own for part of the consultation*

*The availability of the service to young people without the involvement of family/whaanau*

*The limitations of confidentiality*

*How the service is linked to other services*

*How to make comments, compliments or complaints about the service*



Comments:

### 5. The physical environment is accessible to all young people.

*Where there is a choice about service location, it is accessible by public transport*

*There are a variety of options for clinical review (e.g. face to face, phone, text, or skype)*

*Where possible, other relevant services for young people are co-located*

*The facilities meet the New Zealand Standard of Design for Access and Mobility (NZS4121:2001) for adolescents with physical disabilities (standard AS 1428.3)*

*Gender neutral toilet facilities are available*



Comments:

### 6. Outreach services are provided to address identified needs in the local community (e.g. School Based Services).

*Outreach services provide:*

*Standing orders issued by a medical practitioner in accordance with the Guidelines so that registered nurses can administer and/or supply relevant medicines*

*Provision of MPSO supplies*

*Telephone consultation and/or case review*

*Prioritised booking for in-house clinic appointments*

*Appropriate communication with young people's healthcare home (e.g. care updates)*

*Appropriate contribution to multidisciplinary team meetings*



Comments:

## Acceptable (Adolescents are willing to obtain the health services that are available)

### 7. Processes are in place to ensure that young people's views are included in service design and development.

*The practice has a 'Youth Champion'*

*The practice has access to a 'Youth Governance Group'*

*The practice has links with local youth advisory groups*

*Young people are routinely included in patient satisfaction surveys, consulted in relation to current services, and relevant new developments*

*Feedback from young people is reviewed and acted on as appropriate*



Comments:

### 8. There is a written policy on confidentiality and consent to treatment, the policy is up to date and consistent with current legislation and guidance.

*Members of staff routinely receive inter-disciplinary training on confidentiality and consent, and issues pertaining to seeing young people without a parent/carer present*

*Young people are not asked any potentially sensitive questions where they may be overheard for example in the reception, waiting areas, or ward environment*

*Staff routinely explain the confidentiality policy to young people and to their family/whaanau in order to enable them to understand young people's right to confidentiality*



Comments:

### 9. Administration processes allow flexibility for young people.

*Young people can use the service at times convenient to them including afternoons, evening, weekends, and by drop in*

*Waiting times for young people are kept to a minimum, and longer consultation times are provided when necessary*

*Young people have independent and confidential access to 'patient portals'*

*When making and attending appointments, young people may express a preference about: who they are seen by; attending with a support person; who is present during discussion, examination, and treatment; the gender of the health professional they see*



Comments:

## Appropriate (The right health services (i.e. the ones young people need) are provided)

### 10. Young people receive developmentally appropriate care that is responsive to their psychosocial health needs.

*Young people's emotional wellbeing is assessed at each practice visit*

*Young people's engagement with education, training or employment is assessed at each practice visit*

*Young people receive a broad psychosocial assessment (e.g. HEeADSSS assessment) at least annually*

*Young people are routinely offered the opportunity to be seen in private without the presence of a parent or carer*

*Young people are offered appropriate information and advice to help them understand what can be achieved without parental or family involvement wherever this is considered to be therapeutically beneficial.*

*Refusal of consent to family involvement is accepted unless there is serious risk to the young person's welfare/wellbeing*

*The service provides information about other local youth services, and arrangements for referral*

*Information is provided explaining the roles of staff young people might encounter in secondary and tertiary services including mental health services*



Comments:

### 11. Young people receive care that promotes healthy lifestyles.

*Smoking status is assessed as appropriate*

*Smoking ABC approach is provided*

*Healthy eating and weight management is assessed as appropriate*

*BMI monitoring; Appropriate health screening for high risk patients; Appropriate referral to community based services, and secondary care*

*Long term health needs are assessed as appropriate*

*Regular review; Liaison with secondary care as appropriate; Transition support as appropriate*

*Substance misuse including alcohol is assessed as appropriate*

*Evidence based screening (e.g. SACS); Alcohol ABC approach is provided; Appropriate referral*

*Mental health or emotional health and psychological wellbeing concerns are assessed as appropriate*

*Evidence based screening (e.g. PHQ-9) and risk assessment; Negotiated involvement of parent or caregiver of the young persons' choice; If eligible, advised about CCM Depression Programme;*

*Treatment within General Practice if Appropriate; Clear pathway for specialist mental health liaison and/or referral; Regular review*

*Sexual and reproductive health is assessed as appropriate*

*Education to support informed choices and decision making; Opportunistic sexual health screening and treatment; Accurate information about the full range of contraception, including reversible long-acting methods; Free condoms, with information and guidance on correct use; Emergency contraception;*

*Confidential pregnancy testing; Accurate and unbiased information about pregnancy options and non-directive support; Referral for termination services; Referral for antenatal care*

*Abuse and neglect is assessed as appropriate*

*Screening for child protection concerns and intimate partner violence; Clear pathway for liaison and/or referral*



Comments:

## Effective (The right health services are provided in the right way, and make a positive contribution to health)

### 12. All staff use a friendly and non-judgmental communication style with adolescent patients.

*All staff who come into contact with youth have received training to work appropriately with young people*



Comments:

### 13. Practice staff have received specific youth health training (e.g. Centre for Youth Health: HEeADSSS), and receive on-going training, supervision and support to work appropriately with young people.

*Practice staff are competent to:*

*Talk to young people about youth health issues (including mental health and sexual health)*

*Assess psychosocial health needs*

*Explain and access the range of support and treatment options that are available*

*Understand what they can and cannot do to help young people*

*Recognise and respond to different therapeutic needs such as those relating to gender, gender identity, sexual orientation, ethnicity and age, disability, religion or belief*

*Recognise and facilitate informed consent*

*Work within Fraser guidelines and the Contraception, Sterilisation, and Abortion Act*

*Manage difficult consultations*



Comments:

### 14. Planning care and involving family/waananau is negotiated in partnership with young people.

*E-shared care plans are developed for young people as appropriate*

*Young people are encouraged to set their own goals and contribute to treatment plans*

*Family/waananau are encouraged to set goals and contribute to treatment plans as appropriate*

*In order for family/waananau to discuss health issues with young people, they are provided with relevant information and support, in ways that are sensitive to different cultures and religions*



Comments:







# Youth Friendly Primary Care (PDSA Cycle Form)

<b>Practice Name:</b>	
<b>Practice Sponsor:</b>	
<b>Planned Start Date:</b>	<b>Planned Finish Date:</b>
<b>PDSA #</b>	<b>PDSA Title:</b>
<b>Date of Initial Assessment:</b>	
<b>Objective for this PDSA Cycle</b>	
<b>This test will be used to # Develop # Prototype # Implement a Change</b>	

**Plan:** *fill the sections below as part of planning*

<b>Change Idea</b> (briefly describe the change you plan to test)
<b>Questions</b> (what question do we want to answer on this PDSA cycle?)
<b>Prediction</b> (what do you think will happen?)
<b>Prediction on Change:</b>
<b>Prediction on Question:</b>
<b>Data</b> (what data will you need to test your prediction? how will you collect it?)

Task to be completed for test	Who	When	Where and How

**Do:** Carry out the change or test; collect data and begin analysis

<b>What problems or unexpected events did you encounter?</b>
<b>Feedback and observations from the participants?</b>

**Study:** complete analysis of data

<b>What do the data show?</b>
<b>Was your prediction confirmed? If not what did you learn?</b>
<b>Compare the data to your predictions and summarize the learning</b>

**Act:** decide the next step

<b>Following this test, you will #Adopt #Adapt # Abandon this change?</b>
<b>What is your plan for the next cycle?</b>