



Adolescent & Young Adult Health Services Framework

Queensland Child and Youth Clinical Network

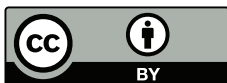
December 2025



**Queensland
Government**

Adolescent & Young Adult Health Services Framework

Published by the State of Queensland
(Queensland Health), December 2025



This document is licensed under a Creative Commons Attribution 3.0 Australia licence. To view a copy of this licence, visit creativecommons.org/licenses/by/3.0/au

© State of Queensland (Queensland Health) **2025**

You are free to copy, communicate and adapt the work, as long as you attribute the State of Queensland (Queensland Health).

For more information contact:

The Queensland Child and Youth Clinical Network, Department of Health, GPO Box 48, Brisbane QLD 4001, email QldChildandYouthNetwork@health.qld.gov.au, phone 07 3069 7117.

An electronic version of this document is available at

<https://www.childrens.health.qld.gov.au/chq/health-professionals/qcyc-network/>

Disclaimer:

The content presented in this publication is distributed by the Queensland Government as an information source only. The State of Queensland makes no statements, representations or warranties about the accuracy, completeness or reliability of any information contained in this publication. The State of Queensland disclaims all responsibility and all liability (including without limitation for liability in negligence for all expenses, losses, damages and costs you might incur as a result of the information being inaccurate or incomplete in any way, and for any reason reliance was placed on such information).

CONTENTS

1	Introduction	4
1.1	Vision for Adolescent and Young Adult Care	5
1.2	Evidence-based values of quality and safe AYA healthcare	6
1.2.1	Strengths-Based	6
1.2.2	Contextual	6
1.2.3	Relational	6
1.2.4	Participation	7
1.3	Principles of AYA Care	8
1.4	Benefits of an AYA Model of Care	9
1.4.1	Improvement opportunities for the Organisation	9
1.4.2	Improvement Opportunities for Young People and their families	10
1.5	System Governance	11
2	AYA Services and Models	12
2.1	AYA Clinical Framework	12
2.2	Key supporting services	18
2.3	Supporting documents	19
2.4	Monitoring and Evaluation Framework	20
	References	22
	Appendix A	23



1 Introduction

The Adolescent and Young Adult (AYA) Health Services Framework provides endorsed guidance for the development of services and Models of Care (MoC) tailored to AYA populations. Developed by Queensland Health clinical leads in collaboration with key clinical and non-clinical stakeholders, it is designed to support improvements in the quality and safety of care for adolescents and young adults.

The need to establish Queensland Health level system guidance for Adolescent and Young Adult (AYA) care was championed through key recommendations from system consultations ([Queensland Clinical Senate, 2020](#); [Queensland health, 2022](#)).

This framework is intended to be adapted to suit specific services or initiatives within AYA medical care. It serves as a reference tool to support health professionals in designing models of care that reflect their local context, speciality, service scope, and patient needs.

It should be used in conjunction with other relevant MoC documents and Clinical Services Capability Framework (CSCF) modules, including the Adult Medical CSCF, Children's Medical CSCF, and Children's Preamble. The Adolescent and Young Adult (AYA) Health Services Framework outlines recommendations for AYA healthcare that are in alignment with Department of Health Strategic Plan 2025–2029 ([doh-strategic-plan-2025-2029.pdf](#)) with particular connection to workforce and sustainability.

Guiding principles of the framework:

- Applicable across all health services for young people aged 12–25 years.
- Grounded in innovation and evidence, it promotes new ways of organising and delivering care to enhance consumer experience, workforce satisfaction, and provide high-value care, in alignment with Queensland Health's strategic goals.
- Supports sustainability through efficient use of all resources including workforce, capital, information and communication technology, operational funding, and equipment.
- Promotes integrated, coordinated, and safe care.
- Allows for local flexibility while supporting equitable access.

1.1 Vision for Adolescent and Young Adult Care

To achieve this vision, health services should establish models of care that recognise adolescents and young adults (aged 12-25 years) as a unique cohort. This requires investment in tailored approaches that protect their healthcare rights and promote optimal health outcomes. This is in line with national and global evidence for the provision of safe and quality adolescent care.

This guideline provides a pathway to achieve national healthcare standards specifically for the AYA patient population.

“Every young person aged 12-25 years should have access to developmentally appropriate, quality AYA care, regardless of where they live or receive physical health and/or mental health care. This includes public and private health facilities, in primary care, community care and educational settings. Quality AYA Care should be delivered by appropriately trained, multidisciplinary healthcare professionals. It should be designed, delivered, and evaluated in partnership with youth and family consumer experts.”

[Adolescent and Young Adult Care Position Statement - Queensland Child and Youth Clinical Network \(2021\)](#)



All Australians have the right to:

1. Access healthcare services and treatment that **meets their needs**.
2. Receive **safe and high-quality** healthcare that meets national standards, delivered in environments that are both physically and psychologically safe.
3. **Be treated with dignity and respect** as an individual, with their culture, identity, beliefs and choices recognised and honoured.
4. Be a **partner in their care**, including asking questions, participating in open and honest communication, making informed decisions in their healthcare, and involving others in their care planning.
5. Have **access to clear information** about their condition and health records, with assistance where needed to interpret this information and understand the risks and benefits of treatment options for informed consent.
6. Have **personal privacy respected** with personal and health information kept secure and confidential
7. **Provide feedback or make complaints** without fear of negative consequences, with concerns handled transparently, promptly, and with opportunities to share their experience and participate in improving the quality of health services.

All adolescents & young adults also have the right to healthcare:

- Based on their unique learning and communication styles inclusive of disability & neurodiversity and culture which may impact their ability to navigate the healthcare system independently, particularly through periods of vulnerability.
- In a culturally safe environment that is respectful, inclusive and free from racism and discrimination and where cultural identity is recognised and valued.

Population specific strategies for priority AYA populations are addressed in Appendix A.



1.2 Evidence-based values of quality and safe AYA healthcare

1.2.1 Strengths-Based

AYAs benefit from strengths-based healthcare to help develop positive self-image, resilience and coping skills ([Fogarty et al. 2018](#); Academy of Pediatrics, 2014). This means providing care with openness, hope, validation and encouragement in their diversity, abilities and the future (DSS, 2022). By engaging in this balanced way, clinicians can provide optimal care by offering solutions to both improve the health of the young person while promoting autonomy, empowerment and recognition of the young person's individual resilience and unique strengths.

1.2.2 Contextual

Providing quality health interventions for adolescents and young adults (AYAs) requires a holistic and proactive approach that accounts for cultural safety and social determinants influencing health outcomes (Viner et al. 2012, ACSQHC 2018). Care should be delivered in a manner which addresses the wellbeing of the young person through person-centred, psychologically safe and health-literacy informed discussions.

Care should be trauma informed, culturally sensitive and developmentally and contextually based, recognising that adolescents and young adults require a model of care which differs from paediatric or adult models of care.

1.2.3 Relational

Fostering strong connections with family, peers, community, and healthcare providers is essential to the wellbeing of adolescents and young adults (AYA). Trust and supportive relationships contribute to improved health outcomes and recovery (Birkhauer, 2017). Healthcare systems play a critical role in nurturing these bonds, helping to alleviate stress, safeguard mental health, and empower young people to make informed health decisions during this pivotal stage of development (Cruwys, 2021; Liu, 2017; Mitic, 2021).

1.2.4 Participation

The adolescent period involves significant brain development, making this a key period for learning through social experiences and skill-building (Balvin, 2017). This period presents a unique opportunity to foster autonomy and lifelong health literacy. These opportunities contribute to long-term wellbeing by promoting independence, resilience, and personal growth. Evidence indicates that investment at this life stage improves health and wellbeing outcomes immediately, over-time as young people progress to adulthood, and for future generations when young people become parents.

Health systems should actively partner with AYA in their care by creating environments that are not only safe and supportive but also developmentally appropriate. This includes offering structured opportunities for AYAs to build essential skills such as decision-making, self-management, and communication. According to the World Health Organization, every healthcare interaction should be seen as a chance to promote progressive autonomy, enabling young people to gain the confidence and competence to express their views and make informed choices about their health (World Health Organisation 2021).

Empowering young people in this way is not just about transferring responsibility—it's about equipping them with the tools and support they need to navigate complex health systems and life transitions. Young people engaged in their care are more likely to experience improved health outcomes, greater satisfaction with services, and a stronger sense of agency (Acuña Mora et al. 2020).

This empowerment process also prepares them for the transition to adult care, where self-advocacy and independent health management become increasingly important.



1.3 Principles of AYA Care

Holistic



Biopsychosocial care ensures appropriate preventative health:

- Screening
- Appropriate referral pathways
- brief intervention
- health and care planning

Cohorting



Co-locating of AYAs builds:

- peer connections
- validation of health experiences during formative developmental years
- critical mass of expertise
- social supports
- psychological safety

Comprehensive care



Managing complex medical conditions alongside sexual and gender health, substance use, family functioning and legal issues through a multidisciplinary team approach

Integrated



Collaborating with subspecialty and primary care services, allied health, and community services to ensure adolescents and young adults receive timely, appropriate, and equitable access to the care they need.

Flexible



Provide flexible services that accommodate the unique needs of AYAs and their families, recognizing that this group often faces barriers to engaging with health care—such as limited access to transport, finances, work flexibility, and health information—compared to adults.

Voluntary & Motivational



Collaborate with AYAs as active partners by enabling their health literacy and self-management skills and supporting engagement with services. Recognise that individuals have varying levels of ability to participate due to cognitive, mental health, or communication challenges.

Trauma Informed



Service delivery is designed to be sensitive to the impact of trauma in the lives and wellbeing of young people. Service delivery recognises that some AYAs may have experienced or be experiencing adverse childhood events (ACES), and be influenced by intergenerational trauma.

1.4 Benefits of an AYA Model of Care

1.4.1 Improvement opportunities for the Organisation:

Implementing an Adolescent and Young Adult (AYA) model of care offers numerous benefits to health service organizations. These advantages span clinical outcomes, system efficiency, and patient engagement.

- Services that meet the national standards in patient healthcare rights for this population.
- Early intervention and preventative care reduce the need for acute hospital-based services, as well as enhancing long term health outcomes.
- Improved patient flow through implementation of evidence-based Models of Care and clear inpatient progression pathways.
- Reduced failure-to-attend (FTA) rates in outpatient services.
- Improved patient reported outcomes in areas such as quality of life, wellbeing, mental health self-management and health literacy.
- Training clinicians in AYA care builds capacity, improves job satisfaction, and fosters leadership and mentoring opportunities.
- Interprofessional collaboration strengthens service delivery and supports integrated care models, resulting in increased patient and clinician satisfaction, increased efficiency and reduced service duplication.
- Strengthen partnerships and formalised care pathways with specialty services, such as mental health support, to ensure complimentary interventions and reduce service duplication, through inter-agency collaboration across government & non-government sectors.
- Position Queensland as a national leader in AYA health innovation, advancing research opportunities and facilitating the translation of research into evidence-based clinical practice.





1.4.2 Improvement Opportunities for Young People and their families:

1. Holistic healthcare that involves young people as active partners in their health care that recognises and respects the context of the patient.
2. Trauma-informed and youth-centred approaches support mental health and chronic condition management, especially for vulnerable populations
3. Focus on prevention and harm reduction through targeted health promotion and early intervention strategies tailored to young people.
4. Timely access to physically, psychologically, and culturally safe and appropriate health services with environments that are designed for and with young people, decreasing burden of disease and ill-health.
5. Improved clinical outcomes relating to physical health, mental health and social engagement.
6. Person-centred, integrated care and transition support for young people with ongoing health needs, including complex and chronic illness.
7. Opportunistic health screening with identification and management of comorbidities that are often missed in traditional service models.
8. Service models that respond to the needs of priority populations at higher risk of poor health outcomes.
9. Access to clinicians experienced in working with young people to ensure responsive, developmentally appropriate care that promotes safety and wellbeing.
10. Empower young people through genuine involvement in health system planning and service design
11. Enhance the health literacy and self-management skills of young people and their families, empowering them to navigate the health system and manage their health effectively.

1.5 System Governance

For optimal sustainability and embedding of AYA services into clinical healthcare delivery, our systems must champion innovative integrated healthcare models. Integrated care is essential to achieving excellent health and wellbeing outcomes, increasing staff wellbeing and fulfilment, improving sustainability, and reducing waste in the health care system (CEQ).

The CHQ Integrated Care Framework offers practical guidance to support the effective design and implementation of integrated service models. When developing models of care, it is essential to consider the broader system components necessary to apply this framework successfully and enhance patient outcomes



[Adapted from the CHQ Integrated care Strategy, 2023](#)

Integration with primary care services is critical to delivering coordinated, accessible care for AYAs. Shared Care Plans between GPs, specialists, and hospital teams help ensure continuity and reduce fragmentation. Telehealth and virtual case reviews provide additional support for GPs managing complex cases, while school-based and community health promotion programs strengthen early engagement and prevention. Key partners in this space include general practitioners, hospital and health service allied health teams, school health services, community youth-focused services, and youth health organisations.

The following specific health services for AYAs are considered outside the scope of the publication:

- AYAs primarily admitted for maternity or obstetric services
- AYAs primarily admitted to a mental health or alcohol and other drug (AOD) service for the management of severe mental illness or substance use (refer to the Mental Health and AOD CSCF modules)
- AYAs admitted for same day admissions (e.g. day procedures, infusions etc.)
- AYAs admitted for Cancer care (refer to the National Service Delivery Framework for Adolescents and Young Adults with Cancer)



2 AYA Services and Models

2.1 Medical Services Framework

This services framework applies to adolescents and young adults (AYAs) aged 12 to 25 years. All services are expected to recognise AYAs as a developmentally unique cohort by providing hospital environments that are both physically and psychologically safe across inpatient and outpatient care. Developmentally appropriate care should be delivered in line with established guidelines, including [safeguarding infants, children and young people in Queensland Health Facilities](#) and [Providing Safe and Quality Care to Young People: A Practice Guide to AYA Care](#). The following table outlines the levels of care within a medical framework and the mechanisms for integration across the continuum.

Tier of Care **AYA CARE**

CFCS equivalent	Children's Medical 3 Adult Medical 3
Description	A designated health professional portfolio model , where nominated trained professionals within existing teams take on responsibility.
Key Features	<ul style="list-style-type: none"> • Identifies young people and their specific health needs. • Deliver additional discrete goal directed services to adolescent and young adult patients and their families • Build workforce capability and a local networked collaborative approach to promote the principles of AYA care within their clinical areas • Provide expertise and build awareness to embed safe & quality AYA-appropriate practices across health systems • Comprise multidisciplinary/interprofessional or interdisciplinary professionals who are trained and skilled in providing developmentally appropriate AYA healthcare.
Key Features (cont.)	<ul style="list-style-type: none"> • Provide comprehensive holistic assessment of health and wellbeing needs to support acute medical intervention. • Equip health professionals with skills to provide developmentally appropriate AYA specific care. • Advocate for AYA-friendly environments, practices, and policies within their services.
Service Structure	<ul style="list-style-type: none"> • A flexible staff profile which may include Clinical Directors/Clinical Leads embedded across key departments, including emergency, paediatrics and chronic disease streams. Services are encouraged to consider identified positions to suit the local needs of the community. • Recognised as a strategic leader by their HHS through holding this portfolio. • Supported by the Specialist AYA Services
Practice Examples	<ul style="list-style-type: none"> • A nurse in a general ward training as an AYA Champion ensures patients receive age-appropriate communication, privacy and safety, holistic screening, referrals to support services. • Qld Health Example - Metro North AYA Kidney Clinic

Tier of Care **Enhanced AYA Services**

CFCS equivalent	Children's Medical 4 Adult Medical 4
Description	A dedicated AYA interprofessional team model embedded within existing paediatric or adult services , comprising healthcare professionals with specific training in adolescent and young adult care.
Key Features	<p>In addition to AYA Care Tier</p> <ul style="list-style-type: none"> • Targeted support for adolescent and young adult patients and their families & carers, including care coordination when needed. • Support for complex medical or psychosocial needs, with access to youth-appropriate care in hospital and pathways to care in community settings. • Model a structured approach to collecting, monitoring, and evaluating AYA-specific data to support ongoing service improvement and evidence-informed care • Liaise with Specialist AYA Services to access expertise for complex cases. • Provide care coordination and transition support for AYAs with complex and chronic conditions to support effective transitions between services. <p>Cohort AYA patients together in co-located inpatient and outpatient spaces to elevate peer connection, social support and capability building in the workforce. This could be AYAs placed together on an existing adult or paediatric ward or could be a specific inpatient space. Age-based cohorting may be adapted to best suit the models of care for the stream and service.</p>
Service Structure	<p>In addition to AYA Care Tier</p> <ul style="list-style-type: none"> • Dedicated AYA team embedded within existing services & governance lines. • Identified Senior Medical Officer lead within existing services & governance lines. • Interprofessional consultation team which may include nursing, allied health and other supporting workforce, delivering inpatient/outpatient consultations to provide comprehensive holistic assessment collaboratively with admitting/leading sub-specialist team. • Services are encouraged to employ or strongly link with Aboriginal and Torres Strait Islander Health Practitioners or support identified positions within their team. • Strong linkages with mental health, chronic disease, disability service and referral pathways to interdisciplinary support if not available within the team.
Practice Examples	<ul style="list-style-type: none"> • An interprofessional team including senior nursing, senior allied health and care coordination in a service providing an additional layer of care, specific assessments and interventions to support the young patient's health outcomes and holistic wellbeing needs during admissions and into outpatient care within tertiary services and into community.

Tier of Care **Dedicated AYA Services**

CFCS equivalent	Children's Medical 5 Adult Medical 5
Description	A dedicated interprofessional consultation team as a standalone AYA service , made up of healthcare professionals with specialised training and experience in adolescent and young adult care. This model extends beyond the scope of practitioners with AYA portfolios in general clinical services.
Key Features	<p>In addition to Enhanced Tier:</p> <ul style="list-style-type: none"> • An AYA specialist senior medical officer/s collaboratively providing consults as a standard of care for all referrals with the broader AYA interprofessional team. Where appropriate this work is supported by a team leader (advanced allied health or nursing) to ensure high level interprofessional service delivery. • Capacity to co-admits patients in partnership with admitting/leading sub-specialist team.
Service Structure	<p>In addition to Enhanced Tier:</p> <ul style="list-style-type: none"> • Inpatient and outpatient care delivered by an interprofessional team with clinical leadership from AYA specialist senior medical officers and advanced allied health and nursing professionals. • A dedicated role providing transition support for adolescents transitioning from paediatric to adult models of care • Build and maintain dedicated integrated service pathways that support referrals and follow up care to be youth-appropriate, comprehensive and equitable. • Provide training and mentorship for medical, nursing and allied health in Adolescent & Young Adult care
Practice Examples	<p>An interprofessional team with collaborative leadership (includes medical specialists, advanced allied health and senior nursing) to provide an interprofessional care coordination and consultation service allowing for an additional layer of specific assessments and interventions to support the subspecialty teams, the young patient's health outcomes and holistic wellbeing needs during admissions and into outpatient care within tertiary services and into community. Team could act as a 'roving service' to see AYAs where they are within the hospital service.</p> <p>Qld Health Example – Gold Coast AYA Service</p>

Tier of Care **Specialist AYA Services**

CFCS equivalent	Children's Medical 6 Adult Medical 6
Description	A dedicated AYA inpatient and outpatient service with a comprehensive interprofessional team led collaboratively by AYA medical specialists advanced allied health and nursing professionals with statewide clinical leadership.
Key Features	<p>In addition to Dedicated Tier</p> <ul style="list-style-type: none"> • Manages complex medical and psychosocial needs, including, but not limited to, eating disorders, functional somatic symptoms, developmental and rehabilitation services, with 24/7 access and crisis support. Ensures strong linkages to existing crisis intervention programs e.g. mental health/child and youth mental health (CYMHS). • Model statewide leaders in specialist AYA care with a 'no wrong door' approach – managing intervention to any concerns including mild to moderate mental health concerns, sexual health, gender health, legal concerns, family concerns, AOD use and suicidal ideation and provide timely linkages to the services best place to provide ongoing support. • Maintain capacity for case-coordination via an interprofessional team with a key worker model to support young people with complex psychosocial, physical and health vulnerabilities and for those AYAs with high support needs, such as cognitive-communication challenges, especially across the period of transition (18-25years). • Provide dedicated inpatient and outpatient environments designed to support peer connection, social support, co-regulation and tailored youth-appropriate care, with operational flexibility (e.g. flexible appointments, visiting options, overnight support, FTA thresholds). Age-based cohorting may be adapted to best suit the models of care for the stream and service. • Lead Statewide professional and clinical governance, including driving development and implementation of clinical guidelines, integrated service pathways, workforce training, and quality care standards across Queensland. • Act as a point of escalation and support for Queensland professionals and services through a networked approach. • Provide statewide leadership and build capability through formal education and training pathways. • Drive research and innovation to advance AYA health system improvements. • Model collaboration and clinical leadership in managing interface issues in health service delivery. <p>Access to on-site education and vocational support for admitted patients.</p>

Service Structure

In addition to Dedicated Tier

- Interprofessional expert team with AYA Specialists, AYA registrars, mental health professionals, nursing (including NUM, CNC, Nurse Practitioners), Advanced and Senior allied health (psychologists, occupational therapists, speech & language therapists, social workers, physiotherapists, dieticians and pharmacists), and health support staff including Advanced Indigenous Health workers and lived experience peer workers. In-team or strong linkages to Child & Adolescent Psychiatry, Nurse Navigator/Care Coordinator, Vocational Support Officer, Exercise Physiology, Leisure Therapy and Expressive Therapy (e.g. music, art, play or child life therapies).
- Specialist AYA services with its own governance line.
- Provide 24/7 On Call support for the state, including L4 & L3
- Recognised by the Queensland Department of Health as strategic statewide leaders in AYA medicine.
- Leaders in state and national research and leadership in AYA healthcare through allocated FTE within the service.

2.2 Key supporting services

The services required to support the Adolescent & Young Adult Service are summarised in Table 3.

Table 3 Key supporting Services

Services	Supported provided
Paediatric and Adult medical, surgical & critical care services	Specialist input for acute and ongoing medical/surgical needs; inpatient and outpatient service provision
Allied health support in paediatric and adult settings	Assessment and intervention (e.g., Dietetics, Physiotherapy, Occupational Therapy, Speech Pathology, Psychology and Social Work) to support functional and clinical outcomes
CYHMS (Child and Youth Mental Health Service)	Specialist assessment and treatment for mental health concerns in adolescents
Mental Health	Assessment, intervention, and referral for mental health concerns; collaboration in care planning
Nurse Navigators	Coordination of complex care across services and support for transitions between paediatric and adult care
Education Queensland	Support Educational needs of chronically admitted young people & links with other education providers
AOD Services	Consultation and support for substance use management, harm minimisation, and referrals
Child Protection	Advice and reporting for suspected abuse or neglect; liaison for safeguarding vulnerable young people
Interpreter Services	Language interpretation to support effective communication and informed consent
Aboriginal & Torres Strait Islander Liaison services	Cultural support, advocacy, and engagement for Aboriginal and Torres Strait Islander young people
SBYHN (School-Based Youth Health Nurse)	Preventive health education, early identification, and referral for health concerns in school settings
Sexual health services	Screening, treatment, education, and counselling for sexual and reproductive health needs
Housing & Youth Friendly NGOs	A range of community-based supports & linkages for young people with biopsychosocial complexity.
Medical imaging	Plain film x-ray and ultrasound as clinically indicated

2.3 Supporting documents

Supporting documents include references to research articles that describe a new innovation the MoC will adopt, benchmarking publications, position papers that support adoption of a particular care type or intervention, scope of practice policies, and regulatory or legislative requirements

The following documents support implementation of this MoC:

- [Adolescent and Young Adult Care Position Statement \(2021\)](#) - Queensland Child and Youth Clinical Network
- [Adolescent and Young Adult Transition of Care Position Statement \(2023\)](#) - Queensland Child and Youth Clinical Network
- [Amplifying the Youth Voice: Health Consumers Queensland Youth Engagement Framework \(2021\)](#) - Health Consumers Queensland
- [My Health Care Rights \(2019\)](#) - Australian Commission on Safety and Quality in Health Care
- [Child Protection Act 1999](#)
- [Children's Health Queensland Hospital and Health Service Integrated Care Strategy \(2023\)](#)
- [Department of Health Strategic Plan 2025–2029](#) - Queensland Health (2024)
- [Hospital and Health Boards Act 2011](#)
- [Information Privacy Act 2009](#) - State of Queensland
- [National Aboriginal and Torres Strait Islander Health Plan 2021–2031](#) - Department of Health (2021)
- [National Action Plan for the Health of Children and Young People 2020–2030](#) - Department of Health (2019)
- [Optimising Adolescent and Young Adult Care in Queensland: A statewide strategy 2022 - 2027](#) - Queensland Health (Clinical Excellence Queensland) (August 2022)
- [Providing Safe and Quality Care to Young People: A Practice Guide to AYA Care \(2023\)](#) - Queensland Child and Youth Clinical Network
- [Public Health Act 2005](#)
- [Queensland Clinical Senate Adolescent to Young Adult Care: doing better - meeting report \(2020\)](#) - Queensland Health
- [Safeguarding infants, children and young people in Queensland Health Facilities](#) - Department of Health
- [Transitioning to adulthood | Children's Health Queensland](#) - (2020) Children's Health Queensland
- [United Nations Convention on the Rights of the Child](#)
- [Young Queenslanders Strategy & Engage! \(2024-2026\)](#) - Office for Youth, Australian Government
- [Young Queenslanders Strategy Action Plan \(2024-2026\)](#) - State of Queensland

2.4 Monitoring and Evaluation Framework

The Monitoring and Evaluation Framework is embedded with eight Key Performance Indicators (KPIs) aligned to the goals of the Adolescent and Young Adult (AYA) Health Services Framework. It supports accountability, tracking of implementation progress, and continuous improvement in care quality.

KPI	Measure	Rationale
Service Access and Engagement	Percentage increase in AYA patients aged 12–25 accessing AYA-specific or developmentally appropriate services.	Measures improvement in service reach and awareness, especially for vulnerable and underserved AYA groups.
Confidential healthcare	AYA reporting confidentiality discussions occurring. Young people having time alone with healthcare professional.	Reflects legal right to confidential healthcare, capacity building for young person and increasing autonomy.
AYA Patient Experience and Satisfaction	Percentage of AYAs reporting positive experiences of care (respect, safety, communication, involvement in decision-making) via PREMs (Patient-Reported Experience Measures). Use of a standardised tool to receive feedback directly from young people.	Directly aligns with the framework's emphasis on person-centred, relational, and culturally safe care.
Transition of Care Success Rate	Percentage of AYAs who successfully transition from paediatric to adult services with documented care plans and follow-up in adult settings. Age of first transition discussion.	Captures the effectiveness of structured transition support, a key focus of the framework
Reduction in Failure to Attend (FTA) Rates	Reduction in outpatient appointment FTAs among the 12–25 age group over 12 months.	Reflects improved service design, engagement, and communication with young people
Workforce Capability	Proportion of relevant staff who have completed AYA-specific training (e.g. developmentally appropriate care, trauma-informed care, cultural safety).	Supports workforce development and confidence in providing AYA-appropriate care
Integrated Care and Pathway Utilisation	Number of AYAs supported by interprofessional case management or shared care pathways (including referrals (with subsequent engagement) to primary/community services).	Tracks effectiveness of integration across care settings and partnership development

KPI	Measure	Rationale
Health Outcomes for Chronic or Complex Conditions	Improvement in self-reported health status or condition management in AYAs with chronic illness, disability, or complex psychosocial needs (via PROMs – Patient-Reported Outcome Measures).	Demonstrates impact of tailored care on long-term health and empowerment.
Data and Continuous Improvement	Percentage of services collecting and analysing AYA-specific data to inform service planning, quality improvement, and reporting.	Ensures ongoing evaluation and data-driven improvement aligned with framework goals.

References

- Academy of Pediatrics, 2014. *Reaching teens: Strength-based communication strategies to build resilience and support healthy adolescent development*. Ginsburg, K.R. & Kinsman, S.B. (eds). American Academy of Pediatrics.
- Acuña Mora, M., Sparud-Lundin, C., Bratt, E.L. & Moons, P., 2020. [Empowering young persons during the transition to adulthood](#). In: Betz, C. & Coyne, I. (eds) *Transition from pediatric to adult healthcare services for adolescents and young adults with long-term conditions*. Cham: Springer.
- [Australian Commission on Safety and Quality in Health Care \(ACSQHC\) Annual Report 2018-19](#)
- Balvin, N., Banati, P., (2017). [The Adolescent Brain: A second window of opportunity – A compendium](#). UNICEF Office of Research – Innocenti, Florence.
- Birkhauer, J., Gabb, J., Kossowsky, J., Hasler, S, Krummenacher, P., Werner, C., Gerger, H. (2017) [Trust in the healthcare professional and healthcare outcome: A meta-analysis](#). *PloS one*, 12(2), e0170988.
- Cruwys T., Greenaway K., Ferris L. J., Rathbone J. A., Saeri A. K., Williams E., et al. . 2020. [When trust goes wrong: a social identity model of risk taking](#). *J. Pers. Soc. Psychol.* 120, 57–83
- Fogarty, W., Lovell, M., Langenberg, J. & Heron, M-J., 2018. [Deficit discourse and strengths-based approaches: Changing the narrative of Aboriginal and Torres Strait Islander health and wellbeing](#). Melbourne: Lowitja Institute.
- Liu, R. T., Hernandez, E. M., Trout, Z. M., Kleiman, E. M., & Bozzay, M. L. (2017). [Depression, social support, and long-term risk for coronary heart disease in a 13-year longitudinal epidemiological study](#). *Psychiatry research*, 251, 36–40.
- Mitic, M., Woodcock, K. A., Amering, M., Krammer, I., Stiehl, K. A., Zehetmayer, S., & Schrank, B. 2021. [Toward an integrated model of supportive peer relationships in early adolescence: A systematic review and exploratory meta-analysis](#). *Frontiers in Psychology*, 12, 589403
- Viner, R.M., Ozer, E.M. Denny, S., Marmot, M., Resnick, M., Fatusi, A., Currie, C. 2012. [Adolescence and the social determinants of health](#). *Lancet* 379(9826):1641–1652
- World Health Organisation, 2021. [Assessing and supporting adolescents' capacity for autonomous decision-making in health-care settings: A tool for health-care providers](#). Geneva: World Health Organisation.

Appendix A

Population specific strategies for priority AYA populations

Adolescents and young adults (AYAs) are a diverse group with varied needs shaped by culture, family, socioeconomic status, lived experiences, and health circumstances. To ensure equitable, effective, and person-centred care, it is essential to tailor strategies to priority populations who may face additional barriers in accessing and navigating the health system. The following strategies outline practical, evidence-informed approaches designed to improve engagement, safety, and outcomes for priority AYA populations. These recommendations recognise the importance of cultural respect, trauma-informed practice, flexible service delivery, and strong partnerships with community organisations.

Aboriginal and Torres Strait Islander AYAs

- Use of Indigenous Liaison Officers: Employ Aboriginal and Torres Strait Islander health workers to support navigation and advocacy.
- Cultural Safety Training specific to AYA: Mandatory for all staff, co-designed with Indigenous communities.
- Community Partnerships

Socioeconomically Disadvantaged AYAs

- Consideration of mobile outreach clinics for AYAs who are socioeconomically disadvantaged
- Outpatient care at satellite hospitals, shopping centres etc
- Social Work Integration: Embed social workers who have training in AYA.

Young Women with Families

- Onsite Childcare: Offer child-minding during appointments.
- Flexible Scheduling: Evening/weekend clinics and telehealth options.
- Parenting Support: Access to maternal health nurses, parenting groups, and mental health services.

AYAs Experiencing Violence or Abuse

- Confidential Disclosure Pathways: Safe, private spaces and trained staff for disclosure.
- Trauma-Informed Care: Staff trained in recognising and responding to trauma.
- Community partnerships with domestic violence shelters, legal aid, and crisis services.

AYAs in Out-of-Home Care

- Dedicated Case Coordinators/ Nurse navigators who understand the young person's journey

AYAs with Disability or Chronic/Life-Limiting Conditions

- Multidisciplinary Teams: Include allied health, specialists, and disability advocates.
- Conn Care nursing linking appointments to minimise multiple appointments
- Use of Julian's Key Passport to understand health journey
- Accessible Facilities: Physical access, communication aids, and sensory-friendly environments.
- Transition Planning: Structured handover from paediatric to adult services but needs to be dedicated General Medicine and NN receiving adult team for each patient.
- need information written down and short videos to support understanding of health condition
 - » health passport for young person that is on phone
 - » Nurse Navigator AYA to assist with reminders about appointment
 - » flexibility in appointment times
 - » discharge criteria re-considered for this population who may have poor memory, ability to multitask or confidence to reveal their brain injury health condition to their employer
- supports for key life goals: driving, romance, parties, travel and how to navigate these safely given health condition. AYA nurse?

LGBTIQA+ AYAs

- Gender-Affirming Care
- Safe Spaces: Visual cues, inclusive signage, and staff pronoun badges.
- Peer Support: area for older adolescents within the hospital which is inclusive

AYAs Experiencing Homelessness

- Mobile Health Units: Outreach to shelters, drop-in centres.
- Community Partnership linking to be able to provide food, hygiene, and clothing as well as clinical care.
- Housing Pathways: Partner with housing services for rapid rehousing and support. (This is significant challenge in QLD)

CALD AYAs

- Interpreter Services
- Health Literacy Programs: Multilingual resources and community health education.
- Trauma-Informed Mental Health: Culturally sensitive psychological support.

AYAs in Youth Detention

- Health Services Comprehensive Holistic health assessment and support to access diagnostic and treatment place-based pathways within compressed timeframes while in youth detention.
- Health Education: Programs on sexual health and parenting, substance use, and mental wellbeing.



**Queensland
Government**