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Appendix A: Focus Group Discussion with Adolescents Guide (FGD)

Title	Paving the path to accessible health care for Aboriginal and Torres Strait Islander adolescents
Project Number	
Principal Investigator	A/Prof Peter Azzopardi
Location	Cairns, Victoria
Survey method	Focus Group Discussion

Thank you very much for agreeing to participate in this group discussion.

Today we invite you to share your ideas about the health needs of young people and what keeps young people healthy. We would also like to hear your ideas about why some young people don't want to attend health services in the community.

Everyone's views are important so it will be good for everyone to have a say and share ideas. It is important for everyone in the group to respect each other's privacy so things discussed in the group should not be discussed outside the group, but we can't make sure that this happens. However, the information that the researchers record will be kept confidential. During the discussion, if the names of individuals, places and dates are used, the research team will remove the information and use false/gammon names and dates.

With your permission we will be taking notes and recording today's session on a tape recorder to make sure we gather everyone's ideas, The only time we may need to break this confidentiality, is if one of the research team are worried that is a risk of harm to you or others.

The session today will take approximately two hours. Participating in this project is voluntary and you may leave the session at any time. Any information shared during the session prior to leaving will be used in this study. If you decide not to participate in the study or leave the study, you can do this without having to give a reason or feel that you will be judged about your decision and your care or treatment as a patients at the health clinic will not be affected.



Before commencing the facilitator will check consent forms are complete and the recorder is working.

Ice breaker activity – TO BE ADVISED BY ADVISORY GROUP

Introductions and acknowledgement

- Facilitator and participants to introduce themselves.

Health strengths & challenges

We would like to learn a bit more about the health strengths and challenges of young people in your community

- What keeps young people feeling strong and healthy?
 - *Prompts: culture, connections with family/friends, active lifestyle, nutritious food*
- Activity: Body mapping
 - One of the participants will be invited to draw around another participant to create a human outline. Participants will then be invited to draw pictures, symbols or words to reflect their opinions on what keeps young people healthy.
- In your community, what are the main health concerns/problems for young people?
 - *Prompts: being away/disconnected from culture, family or friends, social and emotional wellbeing, sexual and reproductive health, smoking, use of alcohol or drugs*
- Activity: Body mapping (continued)
 - On the same picture, but using a different colour marker, participants will be encouraged to share their opinions on health concerns that are encountered by young people in their community.

Enablers and barriers to accessing primary health care services

Next, we would like to ask about what makes it easier for young people to use health services and barriers to health care that young people may experience.

- How do young people learn about health, and where from?
 - *Prompts: health clinic, school, pharmacy, family, friends, school, internet, youth centre*
- What services can young people use to stay healthy?
 - *Prompts: Community controlled health clinic, mainstream clinic, school, pharmacy, friends/family*
 - Are any of these health services especially for young people?
 - Are these health service used by young people?



- What do you

like/not like about these health services?

Now I want you to think specifically about your local Community Controlled health service

- Is this health service used by young people?
- What do you like/not like about this health services?
- What supports/helps young people to use this health service in the community?

Prompts: family/friends, Elders, community support, cultural safety, friendly health care staff, reassurance of confidentiality, diverse services provided, opening times, cost, transport

- What are the challenges/barriers for young people to access this service?

Prompts: health care staff, opening times, cost, transport, lack of services provided, confidentiality, family/friends, cultural safety, age, gender

- Activity: Modified priority ranking

- From the barriers described above, the group will be invited to nominate (up to) 10 of the most important factors for young people accessing primary health care. The characteristics will be listed on a piece of paper. Each participant will be provided with three dots, numbered either 1, 2 or 3. The participants will be encouraged to identify the three barriers that they feel are the most important by place a dot next to issue. A dot with a number 3 will be assigned to the barrier that is most important, a 2 to the second most important issue and a 1 to the third most important issue.

Youth friendly primary health service

In this section we would like you to image what a perfect health service for young people could look like. In particular, the key factors that are important to ensure young people are able to access health care service and to ensure health services meet the needs of young people.

- What does a perfect health service look like?
- Now, let's think about what is important within this perfect health service?
 - What services should be offered for young people?
 - Who should be providing these health services to young people?
 - What are the important skills and attitudes of health care staff?
 - Can you describe what confidentiality and privacy should look like?
- Finally, let's think outside of the health service and within the community. What would enable/support young people to access the service?

- Activity: Modified community mapping

- The participants will be invited to draw pictures, symbols or words to reflect their opinions on what a perfect youth friendly service looks like. The group will be encouraged to consider the model of health service delivery. They will then be asked



to



describe what is important with the health service, in particular, services offered and characteristics of staff. Finally, the group will be invited to think about important enablers in the community that can support young people to access health care.

Encourage the group to explain what they have done and why at the end of each step in the activity.

- Now, we will explore which the characteristics of this ideal health service are most important.
- Activity: Modified priority ranking
 - From the characteristics described above, the group will be invited to nominate (up to) 10 of the most important factors for youth friendly primary health care. The characteristics will be listed on a piece of paper. Each participant will be provided with three dots, numbered either 1, 2 or 3. The participants will be encouraged to identify the three characteristics that they feel are the most important by place a dot next to issue. A dot with a number 3 will be assigned to the characteristic that is most important, a 2 to the second most important issue and a 1 to the third most important issue.

Encourage the group to explain what they have done and why at the end of each step in the activity.

- What is the best thing about being a young person in your community?
- Lastly, if you could share one message about (health / young people) what would it be?

Thank all participants for their time and their contributions to the discussion.



Appendix B: Adolescent In-depth Interview Guide (IDI_adol)

Title	Paving the path to accessible health care for Aboriginal and Torres Strait Islander adolescents
Project Number	
Principal Investigator	A/Prof Peter Azzopardi
Location	Cairns, Victoria
Survey method	In depth interviews

Thank you very much for agreeing to participate in this interview.

Today we invite you to share your ideas about the health needs of young people and reasons why some young people may not want to attend health services in the community.

With your permission we will be taking notes and recording today's interview on a tape recorder to make sure we gather all your ideas, but everything you say today will remain confidential and we won't be recordings anyone's name. The only time we may need to break this confidentiality, is if one of the research team are worried that is a risk of harm to you or others.

During the discussion, if the names of individuals, places and dates are used, the research team will replace these with a false/gammon name in the field notes.

The session today will take approximately one hour. Participating in this project is voluntary and you may leave the session at any time without having to give a reason or feel judged about your decision to leave. If you wish to withdraw from the study, please contact the interviewer directly and the information that you shared will be destroyed at your request. If you don't wish to participate in the study or decide to leave the study your care and treatment at the health clinic will not be affected.

The findings from the research will be provided to services to help them improve services for young people. The findings will also be used in journal and conference presentations and for use in other research proposals.



Before commencing the facilitator will check if the consent form is complete and the recorder is working.

Introductions and acknowledgement

- Facilitator and participant to introduce themselves.
- Please tell me about yourself.
 - *Prompts: interests, hobbies, sports, siblings*

Health strengths & challenges

We would like to learn a bit more about your health strengths and challenges.

- Can you tell me about your diabetes/rheumatic heart disease (RHD) story?
 - *Prompts: diagnosis, duration, treatment, follow up care, supports, worries, shame*
- What do you do to look after your diabetes/RHD?
- Do you talk to anyone about your diabetes/RHD? Who and Why?
- How has diabetes/RHD impacted other areas of your health?
 - *Prompts: mental health, physical activity, eye health, at risk behaviours,*
- How has diabetes/RHD impacted other areas of your life?
 - *Prompts: home, school, work, sports/social*
- What keeps you feeling strong and healthy?
 - *Prompts: connections with family/friends/teachers, active lifestyle, sports/social nutritious food, medications*

Experience at primary health care service

Next, we would like to ask about your experience that last time you attended a health service.

- What type of health service did you go to and who did you see?
- Broadly, can you share why you went to the health service?
- Were there any challenges getting to the health service?
- How did you feel whilst you were at the health service?
 - *Prompts: welcome, belong, embarrassed, worried/anxious*
- How did you feel the staff and the health service treated you?
 - *Prompts: friendly, respectful, caring*
- Tell me about the confidentiality and privacy you experienced at the health service.



- *Prompts: seen in a private space (not seen or overheard), provider explained confidentiality, offered an opportunity to speak to provider alone without parent or guardian*
- Overall, were you satisfied with the care you received?
 - *Prompts: Feel like your needs were adequately addressed, felt listened to, had an opportunity to ask questions*
- What do you think could be done to improve health care for young people living with diabetes /RHD?

Enablers and barriers to accessing primary health care services

Now, we would like to ask about any barriers to health care and anything that makes it easier for you to access care.

- In your community, what are the challenges/barriers for young people when accessing health care?
 - *Prompts: health care staff available, opening times, cost, transport, lack of services provided, confidentiality, family/friends, cultural safety*
 - Do you think you may experience different (or more) barriers that other young people that may not have diabetes/RHD? Why do you say that / can you explain more?
- What supports/helps you to be able to use health services?
 - *Prompts: family/friends, Elders, community support, cultural safety, friendly health care staff, reassurance of confidentiality, diverse services provided, opening times, cost, transport*
- What do you think could be done to improve access to health service for young people living with diabetes / RHD?

Youth friendly primary health service

In this section we would like you to image what a perfect health service for young people could look like. In particular, the key factors that are important to ensure young people are able to access health care service and to ensure health services meet the needs of young people.

- What does a perfect health service look like? Is it a building or is it something else?
- Next, what do you think is important within this perfect health service?
 - What services should be offered for young people?
 - Who should be providing these health services to young people?
 - What are the important skills and attitudes of health care staff?
 - Can you describe what confidentiality and privacy should look like?



- Finally, let's think outside of the health service and within the community. What would enable/support young people to access the service?
- Are these factors different or the same for a young people with diabetes/RHD?
- Lastly, what is the best thing about being a young person in your community?

To conclude, is there anything that we have not covered that you would like to discuss?



Appendix C: Key Informant Interview Guide (KII)

Title	Paving the path to accessible health care for Aboriginal and Torres Strait Islander adolescents
Project Number	
Principal Investigator	A/Prof Peter Azzopardi
Location	Cairns, Victoria
Survey method	Key Informant Interviews

Thank you very much for agreeing to participate in this interview.

Today we invite you to share your opinions and reflections on what the health needs of young people are, what keeps them healthy and explore barriers to attending primary health services.

We will be taking notes and recording today's interview to make sure we gather all your ideas, but everything you say today will remain confidential and we won't be recordings anyone's name. The only time we may need to break this confidentiality, is if one of the research team are worried that is a risk of harm to a young person.

During the discussion, if the names of individuals, places and dates are used, the research team will replace these with a pseudonym/false name in the field notes.

The session today will take approximately one hour. Participating in this project is voluntary and you may leave the session at any time. If you wish to withdraw from the study, please contact the interviewer directly and the information that you shared will be destroyed at your request.



Before commencing the facilitator will check if the consent form is complete and the recorder is working.

Introductions and acknowledgement

- Facilitator and participant to introduce themselves.

Health strengths & challenges

We would like to learn a bit more about the health strengths and challenges of young people in your community

- In your opinion, what keeps young people feeling strong and healthy?
 - *Prompts: connections with family/friends/teachers, active lifestyle, sports/social nutritious food,*
- What are the main health concerns/problems facing young people in your community?
 - *Prompts: being away/disconnected from culture, family or friends, social and emotional wellbeing, sexual and reproductive health, smoking, use of alcohol or drugs*

Primary health care service for young people

Now, we would like to ask about primary health care services for young people

- Do you think young people are interested in their health? Why?
- Do you think it is important to provide services for young people? Why?
- What health services should be provided to young people?
 - *Prompts: mental health, alcohol and drug services, management of STIs/BBVs, contraception, condoms, termination of pregnancy, nutrition services*
- Are there any health services should not be provided to young people?
 - *Prompts: mental health, alcohol and drug services, management of STIs/BBVs, contraception, condoms, termination of pregnancy, nutrition services*
- Where do young people in your community go for health care? Who provides this?
 - *Prompts: health clinic, school, pharmacy, friends/family*
- Do you think young people feel comfortable accessing these services? Why/Why not?
- Are there any other places where young people in your community go to learn about or get information about their health?
 - *Prompts: family, friends, internet, youth centre, schools*

Enablers and barriers to accessing primary health care services



Lastly, we would like to ask about any barriers that may prevent young people from receiving health care and anything that makes it easier for young people to access care.

- What are the challenges/barriers that prevent young people from using the health service?
 - *Prompts: health care staff, opening times, cost, transport, lack of services provided, confidentiality, family/friends, cultural safety*
- What supports/helps young people to be able to use the health services?
 - *Prompts: family/friends, cultural safety, friendly health care staff, reassures confidentiality, diverse services provided, opening times, cost, transport*
- What do you think could be done to improve access to health service for young people living in your community?
- What would encourage young people to use health services?

Lastly, what do you think the strengths of young people in your community are?

To conclude, is there anything that we have not covered that you would like to discuss?



Appendix D: Facility Checklist

1. Is there a signboard that mentions the facility operating hours?

☐ Yes ☐ No

(If "no" skip to question 4)

2. Is it clearly visible?

☐ Yes ☐ No

3. Does it mention hours for adolescent health clinics?

☐ Yes ☐ No

4. Does the waiting area?

- | | |
|--|--|
| a) Have adequate and comfortable seating? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Have information, education and communication materials specifically developed for adolescents? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) Have drinking water? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d) Seem welcoming overall? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e) Seem clean overall? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f) Include posters and materials that include or portray Indigenous young people in them? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

5. Check for basic amenities:

- | | |
|---|--|
| a) Is there a functional toilet? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Does the toilet have a lockable door and is private? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) Does the toilet have functioning hand hygiene facilities? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d) Is the toilet clean? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e) Does the toilet have a disposal bin? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f) Does the facility have permanent electricity during working hours? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g) Does the facility have a general waste disposal? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h) Does the facility have safe storage and disposal of clinical waste and potentially infectious waste that requires special disposal - such as disposal of equipment that may have come in contact with body fluids? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| i) Does the facility have safe storage and disposal of sharps? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| j) Does the facility have adequate hand hygiene facilities that are located in or adjacent to the office/examination room? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

6. Does the facility furniture seem adequate?

- | | |
|-------------------------------|--|
| a) Regarding quantity? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Regarding state of repair? | <input type="checkbox"/> Yes <input type="checkbox"/> No |



7. Does the waiting

room have age appropriate information, decorations, representation, health promotion specifically to young people? e.g. sexual health promotion

☐ Yes ☐ No

8. Does the facility have the following equipment/material/supplies?

- | | |
|---|--|
| a) Blood pressure measurement machine | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Binaural adult stethoscope | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) Monaural foetal stethoscope | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d) Pregnancy test strips | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e) Clinical thermometer | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f) Adult weighing scales | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g) Measuring tape | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h) Light source, for example a torch | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| i) Refrigerator | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| j) Pathology service (ability to test haemoglobin hba1c at point of care) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| k) Test strips for urine (10 parameters) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| l) BMI growth charts for adolescents | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| m) Height meter | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| n) Ophthalmoscope set | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| o) Otoscope set | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| p) Gloves | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| q) Single-use standard disposable or auto-disposable syringes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| r) Soap or alcohol-based hand rub for hand hygiene | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| s) Communication equipment (phone or short-wave radio) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| t) Computer with email/internet access | |

9. Check the minimum levels of stock for the following medicines and supplies in the facility:

- | | |
|----------------------------------|--|
| a) Condoms | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Oral contraceptive pills | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) Emergency contraceptive pills | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d) Injectable contraceptives | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e) Contraceptive implants | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f) Intravenous fluids | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g) Paracetamol | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h) Amoxicillin | <input type="checkbox"/> Yes <input type="checkbox"/> No |



- | | |
|-----------------------------|--|
| i) Atenolol | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| j) Ceftriaxone | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| k) Ciprofloxacin | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| l) Cotrimoxazole suspension | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| m) Diclofenac | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| n) Insulin | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| o) Azithromycin | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| p) Salbutamol | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| q) Diazepam | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| r) Magnesium sulphate | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| s) Vaccines | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| t) HPV | <input type="checkbox"/> Yes <input type="checkbox"/> No |

10. Check for visual and auditory privacy features:

- | | |
|---|--|
| a) There are curtains on the doors and windows | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Communication between reception staff and visitors is private and cannot be overheard, including from the waiting room | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) In the offices/examining rooms, there is a screen to separate the examination area | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d) No one can see or hear an adolescent client from the outside during the consultation or counselling | <input type="checkbox"/> Yes <input type="checkbox"/> No |

11. Check to see the following registers, tools and records:

- | | |
|--|--|
| a) The register on service utilisation has a data disaggregated by age and sex | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) The reporting forms have a format that allows the presentation of data disaggregated by age and sex | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) Stock and medicines and supplies register | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d) Referral register | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e) Register/records of accomplished outreach activities to inform adolescents in community settings and services available? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f) Register/records of accomplished outreach activities to inform youth and other community organisations about the value of providing health services to adolescents | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g) Register/records of accomplished outreach activities to inform parents/guardians and teachers during school meetings about the value or providing health services to adolescents | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h) Record(s) of formal agreements/partnerships with community organisations to develop health education and behaviour-oriented communications strategies and materials, and plan service provision | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| i) Tools for facility self-assessment of the quality of adolescent health care | <input type="checkbox"/> Yes <input type="checkbox"/> No |



- j) Tools for supportive supervision in adolescent health care ☐ Yes ☐ No
- k) Records/reports on accomplished self-assessments of the quality of adolescent health care ☐ Yes ☐ No
- l) Records of accomplished supportive supervision visits focused on adolescent health care ☐ Yes ☐ No
- m) Reports to the district on cause-specific service utilisation by adolescents that include data disaggregated by age and sex ☐ Yes ☐ No
- n) Reports to the district on quality of care that have a focus on adolescents ☐ Yes ☐ No

12. Check for confidentiality procedures and their application in practice:

- a) Information on the identity of the adolescent and the presenting issue are gathered in confidence during registration ☐ Yes ☐ No
- b) Adolescent clients are offered anonymous registration if they wish ☐ Yes ☐ No
- c) The registration register has the name and code, but the service register has only the code (if anonymous registration is asked for) ☐ Yes ☐ No
- d) The information in laboratory registers (if applicable) is registered using codes ☐ Yes ☐ No
- e) Case records are kept in a secure place, accessible only to authorised personnel ☐ Yes ☐ No
- f) The registers are kept under lock and key outside of operating hours ☐ Yes ☐ No
- g) For electronically stored information, measures are applied to prevent unauthorised access ☐ Yes ☐ No

13. Check for guidelines and other decision support tools (e.g. job aids, algorithms) for information, counselling and clinical management in the following areas:

- | | Information | Counselling | Clinical management |
|--|--|--|--|
| a) Growth and pubertal development | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Pubertal delay | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) Precocious puberty | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d) Mental health and mental health problems | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e) Nutrition | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f) Physical activity | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g) Adolescent-specific immunisation | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h) Menstrual hygiene and health | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| i) Family planning and contraception-oral contraceptive pills, IUDs, condoms, emergency contraceptive pills, implants, injectable contraceptives | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| j) Safe abortion and post-abortion care | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| k) Antenatal care and emergency preparedness, delivery and postnatal care | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |



l) Reproductive tract infections/sexually transmitted infections	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
m) HIV screening and counselling	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
n) Sexual violence	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
o) Family violence	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
p) Bullying and school violence	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
q) Substance use and substance use disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
r) Injuries	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
s) Skin problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
t) Chronic conditions and disabilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
u) Endemic diseases	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
v) fatigue, abdominal pain, diarrhoea, headache	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
w) Overweight	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
x) Underweight	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
y) Micronutrient (anaemia)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

14. Check if the following information items are displayed in the facility:

a) The rights of adolescents to information, non-judgemental attitude and respectful care	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) The policy commitment of the health facility to provide health services to all adolescents without discrimination and to take remedial actions if necessary	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) The policy on confidentiality and privacy	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) The policy on free and affordable service provision for adolescents	<input type="checkbox"/> Yes <input type="checkbox"/> No

15. Check to see training records/reports for the following topics:

a) Communication skills to talk to adolescents	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Communication skills to talk to adult visitors and community members	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) The policy on privacy and confidentiality	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Clinical case management of adolescent health conditions	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) Orientation on the importance of respecting the rights of adolescents to information and health care that is provided in a respectful, non-judgemental and non-discriminatory manner	<input type="checkbox"/> Yes <input type="checkbox"/> No
f) Policies and procedures to ensure free or affordable service provision	<input type="checkbox"/> Yes <input type="checkbox"/> No
g) Data collection, analysis and use for quality improvement in adolescent health care	<input type="checkbox"/> Yes <input type="checkbox"/> No
h) Training of outreach workers in adolescent health care	<input type="checkbox"/> Yes <input type="checkbox"/> No



- i) Training of adolescents in providing certain services (for example, health education for peers, counselling) ☐ Yes ☐ No
- a) Is there a cultural safety training package? ☐ Yes ☐ No

16. Check to see if there are the following guidelines/SOPs:

- a) SOPs for which services should be provided in the facility and which in the community ☐ Yes ☐ No
- b) Referral guidelines ☐ Yes ☐ No
- c) Policy/SOPs for planned transition from paediatric to adult care ☐ Yes ☐ No
- d) Guidelines/SOPs on protecting the privacy and confidentiality of adolescents ☐ Yes ☐ No
- e) Guidelines/SOPs on informed consent ☐ Yes ☐ No
- f) Guidelines/SOPs including staff responsibilities for making the health facility welcoming, convenient and clean ☐ Yes ☐ No
- g) SOPs on how to minimise waiting times ☐ Yes ☐ No
- h) SOPs on how to provide services to adolescents with or without and appointment ☐ Yes ☐ No
- i) Guidelines/SOPs on applying policies for free, or affordable, service provision to adolescents ☐ Yes ☐ No
- j) Guidelines/SOPs on equitable service provision to all adolescents irrespective of their ability to pay, age, sex, marital status or other characteristics ☐ Yes ☐ No
- k) Guidelines/SOPs for self-monitoring of the quality of care provided to adolescents ☐ Yes ☐ No
- l) SOPs on how to involve adolescents in the planning, monitoring and evaluation of health services and service provision ☐ Yes ☐ No
- m) SOPs on how to involve vulnerable groups of adolescents in the planning, monitoring and evaluation of health services and service provision ☐ Yes ☐ No
- n) Guidelines/SOPs on the reward for and recognition of highly performing staff ☐ Yes ☐ No
- o) Guidelines/SOPs on supportive supervision in adolescent health care ☐ Yes ☐ No
- p) Tools for supportive supervision in adolescent health care ☐ Yes ☐ No

17. Check the availability of the following lists:

- a) Updated list of agencies and organisations with which the facility partners to increase community support for adolescent use of services ☐ Yes ☐ No
- b) Organisations from the health and other sectors (social, recreational, legal, etc.) providing services to adolescents in the catchment area ☐ Yes ☐ No
- c) Medicines, supplies and necessary equipment ☐ Yes ☐ No
- d) Services included in the package of information, counselling, treatment and care services to be provided to adolescents ☐ Yes ☐ No

**18. Check if the job**

description of the following personnel is available and has a focus on adolescent health care:

- | | |
|--|--|
| a) Doctor | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Nurse | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) Midwife | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d) Outreach worker | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e) Counsellor | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f) Aboriginal health work and Aboriginal health practitioner | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g) Allied health e.g. OTs, Physios, Podiatrists etc. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h) Other (please specify) | <input type="checkbox"/> Yes <input type="checkbox"/> No |






19. Are there Aboriginal and Torres Islander people:

- | | |
|--|--|
| a) Involved in the design and delivery of the service? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) In leadership positions? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) Working in both clinical and nonclinical roles? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d) Are young people consulted and involved in decisions? | <input type="checkbox"/> Yes <input type="checkbox"/> No |



Appendix E: Anonymous Client feedback form

1. What is your age? _____
2. What is your gender? ☐ Male ☐ Female ☐ Other _____
(please identify if comfortable)
3. Do you identify as: ☐ Aboriginal ☐ Torres Strait Islander ☐ Both
4. Is this your first visit to this facility? ☐ First ☐ Repeat
5. Overall, how happy/satisfied were you with the service provided? On a scale from 0 to 5?

<input type="checkbox"/> 1.	<input type="checkbox"/> 2.	<input type="checkbox"/> 3.	<input type="checkbox"/> 4.	<input type="checkbox"/> 5.
Extremely Unsatisfied	Unsatisfied	Neutral	Satisfied	Extremely Satisfied
				
6. If you came with another person, did you have some time alone with the health-care provider? ☐ Yes ☐ No ☐ Came alone
7. For what health issue did you come to this facility for?

8. Today, during your consultation or counselling session:

a) Did you get the services that you came for?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Did the service provider inform you about the services available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Did the service provider ask you questions about your home and your relationships with adults?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Did the service provider ask you questions about school and/or work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) Did the service provider ask you questions about your eating habits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f) Did the service provider ask you questions about sports or other physical activities or hobbies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g) Did the service provider ask you questions about sexual relationships? (only if age appropriate.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
h) Did the service provider ask you questions about smoking, alcohol or other substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
i) Did the service provider ask you questions about how happy you feel, or other questions about your mood or mental health?	<input type="checkbox"/> Yes <input type="checkbox"/> No



- j) Did the service provider treat you in a friendly manner? ☐ Yes ☐ No
- k) Was the service provider respectful of your needs? ☐ Yes ☐ No
- l) Did anyone else enter the room during your consultation? ☐ Yes ☐ No
- m) Did the service provider assure you at the beginning of the consultation that your information will not be shared with anyone without your consent? ☐ Yes ☐ No
- n) Do you feel confident that the information you shared with service provider today will not be disclosed to anyone else without your consent? ☐ Yes ☐ No
- o) Do you feel that the health information provided during the consultation was clear and that you understood it well? ☐ Yes ☐ No
- p) Did the provider ask you if you agree with the treatment/procedure/solution that was proposed? ☐ Yes ☐ No
- q) Overall, do you feel like you have been provided a culturally safe service? ☐ Yes ☐ No
- r) Overall, did you feel that you were involved in the decisions regarding your care? For example, you had a chance to express your opinion or preference for the care provided, and your opinion was listened to, and heard? ☐ Yes ☐ No

9. Did you feel that support staff (receptionist, cleaning staff, or security staff)? were friendly and treated you with respect? ☐ Yes ☐ No

10. Did the health care provider provide you a script for any medicines? ☐ Yes ☐ No

11. Do you know where or how to get them? ☐ Yes ☐ No

12. Is there anything else you would like to tell us, about the care that was provide to you?

13. Is there anything else you would like to tell us, about what makes it easy to access your health care?



14. Is there anything else you would like to tell us, about what makes it hard to access your health care?

15. If you could make one recommendation to improve care based on your experience today what would it be?

End of survey. Thank you.



Appendix F: Health Professional & Provider Survey

We are inviting Health providers including Doctors, Nurses, Aboriginal Health Workers and Allied Health professionals, to participate in a confidential online survey to identify:

- What services are currently provided to adolescents
- What training you may have received around adolescent health
- What guidelines and clinical tools you may use to provide care
- What areas of training you would value to improve care provided; and
- How else providers could be supported to provide the best care possible.

The survey has been based on global standards as defined by WHO for adolescent health.

*Adolescents is defined as 10 – 24 years of age

Demographics

1. What is your current position(s) _____
2. What type of work do you mostly do? Community based ☐ FIFO ☐ Outreach ☐
Clinic based ☐ Mixed ☐
3. For how long have you been working in your current role?
_____Months _____Years
4. How many days a week do you work in this role? _____
5. Do you identify as;

a) Aboriginal	<input type="checkbox"/>
b) Torres Strait Islander	<input type="checkbox"/>
c) Aboriginal and Torres Strait Islander	<input type="checkbox"/>
d) Neither Aboriginal and/or Torres Strait Islander	<input type="checkbox"/>

Current Role and Practice

6. From your perspective, what are the major social emotional wellbeing issues facing adolescents today?

7. What percentage of your role involves or includes seeing adolescent clients?
_____ %



8. How often do you work with/see adolescent clients?

☐ Daily ☐ Weekly ☐ Once a week ☐ Monthly ☐ Rarely ☐ Never

9. In the last month, which of the following issues have you addressed with adolescent clients? Tick all that apply.

a) Growth and puberty development

☐

b) Mental health

Mental health conditions (eg: Depression, anxiety)

☐

Suicide and Self-Harm

☐

Substance use and substance use disorders

☐

c) Sexual & Reproductive health

Safe sexual practices

☐

Reproductive tract infections/Sexually transmitted infections

☐

Sexual violence

☐

Safe abortion and post-abortion care

☐

Antenatal care and emergency preparedness, delivery, and postnatal care

☐

Blood borne viruses and counselling

☐

Menstrual hygiene and health

☐

Contraception

☐

Long acting reversible contraception

☐

d) Specific diseases & symptoms

Diabetes care

☐

Cardiovascular conditions

☐

Respiratory conditions

☐

Chronic conditions and disabilities

☐

Musculo-skeletal injuries and conditions

☐

Fatigue

☐

Abdominal pain and other gastronomical symptoms

☐

Headaches and migraines

☐

Skin conditions

☐

e) Immunisation

Influenza

☐



HPV

☐

Meningococcal ACWY

☐

Diphtheria-tetanus-pertussis

☐

Pneumococcal

☐

Other catch up vaccines

☐

Vaccine misinformation

☐**f) Nutrition & Physical activity**

Diet related conditions

☐

Physical activity

☐

Overweight and Obesity

☐

Eating disorders (eg: Anorexia, bulimia)

☐

Micronutrient deficiencies (eg: anaemia)

☐**g) Psychosocial Wellbeing**

Employment and Income

☐

Housing

☐

Education

☐

Family relationships

☐

Child protection

☐

School Issues (eg: Bullying, Violence)

☐

Youth Justice

☐

Racism

☐

Other _____

10a. Are you aware of other adolescent services you can refer clients too? Please list☐ Yes ☐ No

10b. Do you make referrals for adolescent clients to other services regularly?☐ Yes ☐ No

Why/Why not? _____

10c. Are referrals straightforward/easy to make?

Why/Why not? _____

☐ Yes ☐ No



11. Do you inform adolescents about the availability of other health and social services that are available?

☐ Yes ☐ No

12. What practices or measures do you undertake to protect the confidentiality (consult information) of adolescent clients?

13. What practices or measures do you undertake to protect the privacy (physical space) of adolescent clients?

14. When you see an adolescent client for services or counselling do you?

- a) Introduce yourself first to the adolescent? ☐ Yes ☐ No
- b) Ask the adolescent if they would like to see a same-sex clinician/provider? ☐ Yes ☐ No
- c) Ask the adolescent what they would like to be called? ☐ Yes ☐ No
- d) Ask the adolescent who they have may have brought with them for the consultation? ☐ Yes ☐ No
- e) Offering if they would like an Aboriginal Health Worker present ☐ Yes ☐ No
- f) Ask the adolescent if they would like a translator present? ☐ Yes ☐ No
- g) Explain to the adolescents that are accompanied that you routinely spend some time alone with the adolescent towards the end of the consultation? ☐ Yes ☐ No
- h) Ask the adolescent permission to ask the accompanying person(s) their opinions/observations? ☐ Yes ☐ No
- i) Obtain, in cases when an informed consent from a third party is required, the adolescent's assent to the service/procedure? ☐ Yes ☐ No
- j) Ensure that no one can see or hear the adolescent client from outside during the consultation or counselling? ☐ Yes ☐ No
- k) Ensure that there is there adequate privacy between the consultation and examination area? eg. a screen ☐ Yes ☐ No
- l) Assure the adolescent client that no information will be disclosed to anyone (parents/other) without his/her/their permission? ☐ Yes ☐ No
- m) Explain to the adolescent client conditions when you might need to disclose information, such as mandatory reporting? ☐ Yes ☐ No
- n) Involve the adolescent in decision making and care planning? ☐ Yes ☐ No

15. During a routine consultation with an adolescent client, do you explore or screen for the following?

- a) Asking the adolescent questions about home and relationships with adults? ☐ Yes ☐ No



- b) Asking the adolescent questions about school and/or work? ☐ Yes ☐ No
- c) Asking the adolescent questions about his/her/their eating habits? ☐ Yes ☐ No
- d) Asking the adolescent about sports or other physical activities/social activities/hobbies? ☐ Yes ☐ No
- e) Asking the adolescent questions about sexual relationships? (Only adolescents of an appropriate age.) ☐ Yes ☐ No
- f) Asking the adolescent questions about smoking, alcohol, or other substance use? ☐ Yes ☐ No
- g) Asking the adolescent questions about how happy he/she/they feel(s), or other questions about his/her mood or mental health? ☐ Yes ☐ No
- h) Asking the adolescent about his/her/their involvement in cultural events or activities? ☐ Yes ☐ No

16. From what age would you provide the following advices or services for adolescents?

- a) Healthy relationships _____ Comment _____
- b) Sexual health _____
- c) Hormonal contraceptives _____
- d) Condoms _____
- e) STI treatment _____
- f) Blood borne virus and counselling _____
- g) Medical termination of pregnancy/abortion _____
- h) Medicare _____

17. Has any adolescent you have provided support for been denied services within the last 12 months? If yes, why?

☐ Yes ☐ No

Why? _____

Guidelines and Tools

18. Do you regularly use guidelines or decision support tools (such as clinical guidelines) for information, counselling, and clinical management in the following areas? Tick all that apply.

- a) Growth and puberty development ☐
- b) Mental health
- Mental health conditions (eg: Depression, anxiety) ☐
- Suicide and Self-Harm ☐



Substance use and substance use disorders ☐

c) Sexual and reproductive health

Safe sexual practices ☐

Reproductive tract infections/sexually transmitted infections ☐

Sexual violence ☐

Safe abortion and post-abortion care ☐

Antenatal care and emergency preparedness, delivery and postnatal care ☐

Blood borne viruses and counselling ☐

Menstrual hygiene and health ☐

Contraception ☐

Long acting reversible contraception ☐

d) Specific diseases and symptoms

Diabetes care ☐

Cardiovascular Conditions ☐

Respiratory Conditions ☐

Chronic conditions and disabilities ☐

Musculo-skeletal injuries and conditions ☐

Fatigue ☐

abdominal pain and other gastronomical symptoms ☐

headache ☐

Skin conditions ☐

e) Immunisation

Influenza ☐

HPV ☐

Meningococcal ACWY ☐

Diphtheria-tetanus-pertussis ☐

Pneumococcal ☐

Other catch up vaccines ☐

Vaccine misinformation ☐

f) Nutrition & Physical activity

Diet related conditions ☐

Physical activity ☐

Overweight/Obesity ☐



Eating disorders (eg: Anorexia/Bulimia) ☐

Micronutrient deficiencies (eg: anaemia) ☐

g) Psychosocial Wellbeing ☐

Employment/Income ☐

Housing ☐

Education ☐

Family relationships ☐

School issues (eg: Bullying, Violence) ☐

Child protection ☐

Youth Justice ☐

Racism ☐

Other _____

19. Are you aware of adolescent health guidelines in your service in the following areas?

Guidelines on:

a) Which services should be provided in the facility ☐ Yes ☐ No

b) Referrals ☐ Yes ☐ No

c) Planned transition from paediatric to adult care ☐ Yes ☐ No

d) Informed consent ☐ Yes ☐ No

e) At what age adolescents can access services independently ☐ Yes ☐ No

e) Providing free, or affordable, services to adolescents ☐ Yes ☐ No

f) Measures to protect privacy and confidentiality of adolescents ☐ Yes ☐ No

20. From what age can you legally see an adolescent by themselves? _____

21. At what age can an adolescent legally have their own Medicare card?

Education and Training

22. Have you received any of the following training in adolescent health?

a) Communication skills to talk to adolescents ☐ Yes Satisfied ☐ Yes want more ☐ No but need ☐ No don't need

b) Communication skills to talk to adult escorts/visitors ☐ Yes Satisfied ☐ Yes want more ☐ No but need ☐ No don't need



- c) Providing care that respects the privacy of adolescents ☐ Yes Satisfied ☐ Yes want more ☐ No but need ☐ No don't need
- d) Providing confidential health care? ☐ Yes Satisfied ☐ Yes want more ☐ No but need ☐ No don't need
- e) Providing culturally safe health care? ☐ Yes Satisfied ☐ Yes want more ☐ No but need ☐ No don't need
- f) Clinical management of common adolescent health issues:
- ☐ Mental Health ☐ Yes Satisfied ☐ Yes want more ☐ No but need ☐ No don't need
- ☐ Sexual Health ☐ Yes Satisfied ☐ Yes want more ☐ No but need ☐ No don't need
- ☐ Child protection ☐ Yes Satisfied ☐ Yes want more ☐ No but need ☐ No don't need
- g) How to access social supports for adolescents ☐ Yes Satisfied ☐ Yes want more ☐ No but need ☐ No don't need
- h) How to access the NDIS ☐ Yes Satisfied ☐ Yes want more ☐ No but need ☐ No don't need
- i) Entering information into patient management systems ☐ Yes Satisfied ☐ Yes want more ☐ No but need ☐ No don't need
- j) Reviewing or analysing data for quality improvement ☐ Yes Satisfied ☐ Yes want more ☐ No but need ☐ No don't need

23. Do you feel you would benefit from additional training in adolescent health? If yes, what are your training needs?

- a) Cultural safety ☐ High ☐ Medium ☐ Low ☐ Not needed
- b) Normal adolescent development ☐ High ☐ Medium ☐ Low ☐ Not needed
- c) How to engage with adolescents ☐ High ☐ Medium ☐ Low ☐ Not needed
- d) How to assess competence ☐ High ☐ Medium ☐ Low ☐ Not needed
- e) How to provide confidential health care ☐ High ☐ Medium ☐ Low ☐ Not needed
- f) How to respond to mental health ☐ High ☐ Medium ☐ Low ☐ Not needed
- g) Sexual health ☐ High ☐ Medium ☐ Low ☐ Not needed
- h) Injury ☐ High ☐ Medium ☐ Low ☐ Not needed
- i) Unplanned pregnancy ☐ High ☐ Medium ☐ Low ☐ Not needed
- j) Issues with justice ☐ High ☐ Medium ☐ Low ☐ Not needed
- k) Child protection ☐ High ☐ Medium ☐ Low ☐ Not needed
- l) Other _____ ☐ High ☐ Medium ☐ Low ☐ Not needed



24. Are there opportunities for you to regularly (at least once every 5 years) attend continuous professional education training in adolescent health care??

☐ Yes ☐ No

25. Has your manager/supervisor ever observed a consultation by you with an adolescent client?

☐ Yes ☐ No

Health Service

26. Have you ever discussed with you manager and/or colleagues, actions to improve services for adolescents? If Yes, Please list

☐ Yes ☐ No

27a. Has your workplace ever participated in an adolescent health quality of care self-assessment?

☐ Yes ☐ No ☐ Don't know

27b. If yes, have you ever participated in facility meetings to discuss the results of the self-assessments and to plan actions for improvements?

☐ Yes ☐ No

28. Do you think the working hours in your workplace are convenient for adolescents?

☐ Yes ☐ No ☐ Don't know

29. Can adolescents have a consultation without an appointment?

☐ Yes ☐ No ☐ Don't know

30. Has your workplace ever involved?

- | | |
|--|--|
| a) Adolescents in the planning, monitoring and evaluation of health services | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Adolescents in any aspects of service provision | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) Vulnerable groups of adolescents in the planning, monitoring and evaluation of health services and service provision eg: LGBTQI adolescents | <input type="checkbox"/> Yes <input type="checkbox"/> No |



31. Has your workplace formed any relationships/partnerships with other agencies and organisations in the community to:

- a) Develop education materials, communication strategies and place service provision for adolescents ☐ Yes ☐ No
- b) Establish referral networks for adolescents ☐ Yes ☐ No

c) Other _____

32. What do you think are some other ways your service could engage or support adolescent clients?

Additional Training & Support

33 a. Do you feel you have enough support from your supervisor to improve the quality of care for adolescents?

☐ Yes ☐ No

34 b. If no, what additional support(s) would you like to receive?

35a. Do you feel you have the time, training, and resources available to improve the quality of care for adolescents, and to comply with quality standards?

☐ Yes ☐ No

35b. Why/Why not?

36. How confident do you feel about your knowledge of how to provide care to adolescents?

☐ Very confident ☐ Confident ☐ Unsure ☐ Not confident ☐ Very not confident

37. How comfortable do you feel in your ability to communicate with adolescents and address their questions?

☐ Very confident ☐ Confident ☐ Unsure ☐ Not confident ☐ Very not confident



38. Is there anything else you'd like to tell us, about the care you provide to adolescents?

39. Is there anything else you'd like to tell us, about the enablers and barriers to providing care?

40. Is there anything else you'd like to tell us, about what you need to provide the best care you can?

End of questionnaire. Thank you.



Appendix G: Health Providers/Professionals Interview Guide (IDI_hw)

Title	Paving the path to accessible health care for Indigenous adolescents
Project Number	
Principal Investigator	A/Prof Peter Azzopardi
Location	Cairns, Victoria
Survey method	In depth interviews with health providers

Thank you very much for agreeing to participate in this interview.

Today we invite you to share your opinions and reflections on what the health needs of young people are, what keeps them healthy and explore barriers to attending primary health services.

During the discussion we would like to encourage you to please not refer to individuals, places, and dates by name; if actual names are used, they will be replaced with a pseudonym in the field notes.

Introductions and acknowledgement

- Facilitator and participant to introduce themselves.
- Please tell me about yourself.

Health issues for young people

I would like to learn a bit about your perspective of the health issues facing young people.

- In your opinion, what are the key health issues for young people?
 - *Prompts: Being away/disconnected from culture, family or friends, social and emotional wellbeing, sexual and reproductive health, smoking, use of alcohol or drugs*
- How does this impact a young person's life?
 - *Prompts: Other areas of life or wellbeing e.g. mental, social and emotional, school, work, family, friends, engaging in healthy life choices*
- From your perspective, what are the major social emotional wellbeing issues facing adolescents today?
 - *Prompts: Being away/disconnected from culture, family or friends, racism and discrimination, bullying and online harassment, climate change etc*
- How can a young person remain healthy?



- *Prompts: Supportive network, friends, family, school, work, active lifestyle, nutritious food, taking medications*

Enablers and barriers

- In your opinion, what are the challenges and barriers to providing health care for young people?
 - *Prompts: knowledge of services, ability of services to cater for young people, suitable hours for young people, availability of services (ie limited mental health services)*
- What supports and enables good health care to young people?
 - *Prompts: allocated resources, friendly and welcoming services, collaborative approaches*
- What do you think could be done to improve access to health service for young people?
 - *Prompts: tailored service, welcoming environment, respect, young people included in the decision-making process*

Service delivery

- How you think that health care to young people can be improved?
 - *Prompts: training, finding out from young people, including young people in the service design or structure*
- What would help you strengthen/enhance the health care you provide to young people?
 - *Prompts: training, support, leadership, funding, resources*
- What areas of training would support you/would you like in health care provision for young people?
 - *Prompts: sexual health training, communication, rights, cultural safety*
- What would an ideal youth friendly service look like?
 - *Prompts: welcoming to young people, young people represented in the service structure, services that are specific to young people's needs*