



## Original article

## Validation of You're Welcome Quality Criteria for Adolescent Health Services Using Data From National Inpatient Surveys in England

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## A B S T R A C T

**Purpose:** Revised You're Welcome (YW) quality criteria for adolescent health services were published by the English Department of Health in 2011. These are the first national standards to include inpatient services and the first of their kind to be endorsed by the World Health Organization. This article investigates the relationship between the YW criteria and young people's overall satisfaction in national inpatient surveys.

**Methods:** We identified the most recent national surveys that contain adolescent data: the Inpatient Survey (IS) 2009 (ages 16–19 years) and the Young Patient Survey (YPS) 2004 (ages 12–17 years). Logistic regression was used to calculate the odds of increased overall satisfaction when YW criteria were met, adjusting for sex and use of health services. Spearman rank correlation coefficients were used to identify the 10 questions in each survey that best correlated with overall satisfaction. We assessed the degree to which these 10 items were included in the YW criteria.

**Results:** In all, 7,657 (12–17 years old) and 988 (16–19 years old) adolescents completed the YPS and the IS, respectively. Twenty-eight of 29 questions that mapped to YW criteria were significantly associated with overall satisfaction (IS = 14/15; YPS = 25/25; all  $p < .01$ ). Of the 10 questions that best correlated with overall care rating, 9 mapped directly to YW criteria in the YPS, as did all 10 in the IS. Provider characteristics were the strongest correlates of the overall care rating.

**Conclusion:** Although limited by lack of data relating to access, publicity, and confidentiality, our study provides strong support for the face validity and content validity of the remaining YW quality criteria in inpatient settings.

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IMPLICATIONS AND  
CONTRIBUTION

The You're Welcome quality criteria, published by the English Department of Health, are the first comprehensive national guidelines for adolescent friendly healthcare and are endorsed by the World Health Organization. This study uses national survey data to validate You're Welcome as a measure of quality for adolescent inpatient services.

The World Health Organization (WHO) has declared the health of young people a global health priority [1], concerned both by the growing burden of adolescent morbidity and mortal-

ity [2,3] and the importance of adolescence for lifetime health [4,5]. The past decade has seen increasing international focus on adolescent-friendly health care [6–8], which is now championed by WHO Africa as an important part of the response to HIV/AIDS [9] and by the Pan American Health Organization as important in tackling social inequalities in health [10].

In common with some other European countries, young adults in England report the poorest health care experience of any age-group [11,12]. Informed by the WHO literature, the English Department of Health worked with young people to develop criteria for adolescent-friendly services. Designed primarily for 11- to 19-year-old individuals, the original You're

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D.H. was a clinical adviser at the English Department of Health 2009–2011 and was the clinical lead for the project to revise the You're Welcome criteria. This article was written as part of an MD (Res) degree, which was partially funded by the Department of Health. The Department of Health had no influence on the study design, data analysis, drafting or submission of this article.

Welcome (YW) criteria were published in 2005 and were targeted at primary care and community services, although they were also used by some hospital services [13]. Revised in 2007 [14], they have been promoted by 81% of English health care commissioners and are currently in use by approximately one-quarter of child health services [1], as well as some services for young adults [15]. They are also increasingly used in other European countries, such as Denmark.

In 2009–2010, 14 hospital and 2 hospice sites across England took part in a project to pilot the YW criteria in inpatient and specialist settings, with a mixture of pediatric, adolescent, and adult services [16]. The project resulted in the publication of revised YW standards and a self-assessment tool by the English Department of Health in May 2011 [17]. A comprehensive, unified guide for all services seeing young people, YW criteria are the first national standards to include inpatient services and the first of their kind to be endorsed by the WHO. They were refined and endorsed through a detailed consultation process in partnership with many groups of professionals and young volunteers [16]. This included surveys, mystery shopping, and focus group discussions with young people at project sites and a presentation by young people at a national workshop. However, the criteria have not been validated against other measures of quality and patient experience assessed in National Health Service (NHS) patient surveys.

## Aims

1. To study the relationship between individual elements of the YW criteria and overall adolescent rating of care in national inpatient surveys.
2. To investigate whether there are other factors strongly related to young people's satisfaction in the national surveys that are not included in the YW criteria.

## Methods

### Sources of data

The most recent English national surveys for which data were available in the 11–19 age-group were identified: the IS 2009 (ages 16–19 years) and the Young Patient Survey (YPS) 2004 (ages 12–17 years). Both surveys were carried out by the Picker Institute Europe [18] on behalf of the Department of Health.

*IS (2009).* The data set with five standard age bands was initially accessed via the UK Data Archive [19] (study number 6503). A data set with subdivided lower age bands, including 16–19 years, was provided to the authors by the Picker Institute Europe.

Participants were recruited from all 162 eligible NHS hospitals in England that provided adult inpatient services. In all, 3,472 young people aged 16–19 years were invited to take part, of whom 988 (28.5%) returned usable questionnaires. The number of patients by sex, frequency of previous admissions, and the number of valid responses to each questions are presented in the [Appendix](#). Further details of the survey methodology are available at <http://www.nhssurveys.org/survey/1021> (accessed 9/3/12).

*YPS (2004).* Data were accessed via the UK Data Archive (study number 5168). Patients were sampled from all 150 eligible NHS hospitals in England that delivered inpatient services for children and young people at that time. In all, 125,482 patients were

contacted, of whom 62,276 (49.6%) returned usable questionnaires. A total of 16,706 were aged 12–17 (12–14: 8,288; 15–17: 8,418) years, among whom the questionnaire was completed by the young person themselves in 7,671 cases. The number of patients by sex, the presence of a long-term condition, and the number of valid responses to each questions are presented in the [Appendix](#). Full details of methodology are available at <http://www.nhssurveys.org/survey/656> (accessed March 12, 2012). The publicly available data set uses age bands 9–11, 12–14, 15–17, and 18–19 years. Only the 12–17 age-group was analyzed, as the majority of the 9–11 age band were too young. The few 18- to 19-year-old participants were excluded, as the survey was designed for patients aged 0–17 years. Only responses by the young person themselves were analyzed, excluding responses by a parent/guardian or jointly between the young person and parent/guardian.

### Question selection and analysis

We first reviewed 89 questionnaire items from the YPS and 86 from the IS to select those that clearly matched the content of specific YW subcriteria (i.e., those with face validity). Twenty-nine questions were selected, which are shown in [Table 1](#).

We then investigated the association between responses to these 29 questions and the overall rating of care by the young person. For each question, the category response or Likert scale was converted into a binary or three-way response, as appropriate. Details of these responses are listed in [Tables 2–4](#). A dichotomous outcome for satisfaction was also created (overall rating of excellent, very good, or good vs. overall rating of fair or poor). Logistic regression was then used to calculate the odds ratio of overall satisfaction in each group, 95% confidence intervals, and *p* values. Following previous analyses of the YPS data, odds ratios were adjusted for sex and for the number of admissions within the past 6 months as a proxy for previous experience of the health service [20]. In the IS, no question about the number of previous admissions is included. Odds ratios were, therefore, adjusted for the presence of a long-term condition instead as an alternative proxy for experience of the health service.

For the final stage, Spearman rank correlation coefficients were used to calculate the correlation between the overall care rating (using the 5-point Likert scale) and responses to all other questionnaire items (88 in the YPS, 85 in the Adult Inpatient Survey). Following the Picker Institute Europe–published methodology [21], the 10 individual questions that best correlated with overall satisfaction in each survey were identified.

Consistent with previously published analyses of these data sets [12,21], individual-level data were used for both the logistic regression and correlation analyses. Analyses were undertaken using SPSS, version 18 (PASW Statistics 18, release version 18.0.0, 2009; SPSS, Inc., Chicago, IL).

### Ethics

No institutional review board approvals were necessary for these secondary analyses of publicly available anonymized data.

## Results

[Table 1](#) shows the 29 questions that best matched individual YW criteria. Eleven questions were common to both surveys, 14 were included in the YPS only, and four were in the IS only.

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