AYA CANCER NETWORK AOTEAROA
ADVANCING CANCER CARE FOR 12-24 YEAR OLDS

AYA Adolescent and Young Adult Cancer Services

AYA CANCER SERVICES FRAMEWORK FOR PSYCHOSOCIAL SUPPORT

Attach the patient label or complete the fields below

Last Name	First Name
NHI	Date of Birth

All AYAs with a confirmed cancer diagnosis must be referred to the regional AYA Cancer Keyworker, who will determine next steps. Initial AYA contact should occur as early as possible following diagnosis and referral.

Initial prioritisation

DOES THE AYA MEET ANY OF THE FOLLOWING PRIORITISED CRITERIA?:

- ☐ Māori
- ☐ Pasifika
- ☐ Living rurally
- ☐ A high suspicion of factors likely to significantly impact engagement with health services

NO → ☐ Keyworker to have completed/ coordinated the AYA Psychosocial Assessment within 21 days of referral.

YES → ☐ Keyworker to have completed the AYA Psychosocial Assessment within 7 days of referral.

Before use, scan the QR code to review the User Guide and AYA Cancer Service Eligibility Criteria. Those rangatahi receiving 'Level 1: Early AYA Support' do not proceed through this framework.

Screen for disease and treatment factors

Tick for each of the following:

- ☐ Guarded or poor prognosis
- ☐ Cancer and/or treatment likely to have long-term irreversible impact on health (e.g. amputation)
- ☐ Expected long-term hospitalisation (2 months+) or treatment duration (1 year+)
- ☐ Significant co-morbidities or disabilities – existing ongoing involvement with other health or support services
- ☐ Will be undergoing some or all of their ongoing treatment outside of their usual residence
- ☐ Multiple specialties / centres will be involved in cancer care

Assess for psychosocial factors

- ☐ 0 or 1 disease/treatment factors (REFER ABOVE)
- ☐ Little to no psychological distress
- ☐ Good social supports in place
- ☐ Good whānau & community connectedness
- ☐ Good health literacy and self-management skills

- ☐ 2 or 3 disease/treatment factors (REFER ABOVE)
- ☐ Moderate psychological distress
- ☐ Unmet work & education needs
- ☐ Unmet cultural needs
- ☐ Limited social support
- ☐ Moderate support needs for neurodivergence or disability

- ☐ 4+ disease/treatment factors (REFER ABOVE)
- ☐ High psychological distress
- ☐ Significant access or transport barriers
- ☐ History of mental health issues
- ☐ High-risk behaviours and/or safety concerns
- ☐ Not engaged in education/ employment
- ☐ Complex whānau challenges
- ☐ Low health literacy or language needs
- ☐ Significant support needs for neurodivergence or disability

Document needs and level of psychosocial support required

☐ LEVEL 2: KEYWORKER OVERSIGHT

Targeted support & oversight from a Keyworker or AYA Champion

Initial support requirements (must be completed & documented for all AYAs, regardless of provider)

- ☐ Physical copy or link to the AYA Network Info Sheet provided as legally required
- ☐ New Patient Checklist completed & documented
- ☐ Psychosocial Assessment completed & documented
- ☐ Concerns & Worries Checklist completed & documented
- ☐ Key contact details provided
- ☐ Signposting & navigation to support services & resources
- ☐ Referral to relevant NGOs

☐ LEVEL 3: KEYWORKER CARE CO-ORDINATION

Active coordination across needs and services by **a Keyworker**

All of Level 2 Plus:

- Keyworker attendance at key hospital appointments
- Referral to psychologist / counsellor if appropriate
- Youth worker support for lifestyle changes
- Financial & practical barriers identified & support facilitated
- Work and educational support
- Access to peer/whānau-based support & targeted programmes as appropriate
- Referral to allied health, cultural supports, and palliative care as appropriate

☐ LEVEL 4: KEYWORKER MANAGEMENT

Individualised & intensive support from a Keyworker with MDT / multi-agency involvement

All of Level 2 & 3 Plus:

- Intensive case management
- Youth development approach
- 1:1 youth work & whānau support
- Coordinated multiagency/MDM involvement
- Whenever possible, Keyworker accompanies to appointments
- Flexible service delivery model

Assign level based on the highest level of need identified (only one higher-level factor is required)

Date Completed: _____

Completed by: _____

Designated Keyworker/Champion: _____

Upload this onto the patient's clinical notes.

Reassess psychosocial needs regularly. If any new concerns arise, **contact the Keyworker.**

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