# Aged Care Recipient Feedback Form

**Your provider wants to promote itself as a specialised aged care provider.**

Older Australians are a diverse group of people with a wide range of care needs. While all aged care providers must be respectful and responsive to the background and life experiences of the people they support, some aged care providers go beyond this and ‘specialise’ in caring for one or more groups that have special aged care needs.

People can search for providers with these specialisations by using the ‘Find a provider’ tool on the My Aged Care website.

Your feedback will be private, and you can choose to remain anonymous or use a pseudonym.

Your personal information is protected by law, including the Privacy Act 1988 and the Australian Privacy Principles, and is being collected by the Australian Government Department of Health and Aged Care for the primary purpose of verifying the eligibility of aged care providers against the criteria set out in the Specialisation Verification Framework to ensure that aged care provider profiles on My Aged Care reflect information, which is accurate and relevant, for the purposes of providing aged care recipients and their representatives with specialised healthcare services. Your personal information may also be used and disclosed for other purposes such as delivering and evaluating the initiative and for statistical, performance, policy development and research purposes.

The department will not disclose your personal information to any overseas recipients.

If you do not provide this information, the department will be unable to use your feedback to verify the eligibility of aged care providers against the criteria set out in the Specialisation Verification Framework.

You can get more information about the way in which the Department of Health and Aged Care will manage your personal information, including our privacy policy, at [Privacy Policy | My Aged Care](https://www.health.gov.au/resources/publications/privacy-policy).

By providing sensitive information to us, you consent to the Department of Health and Aged Care collecting this information which may include information about your racial or ethnic origin, political opinions or associations, religious or philosophical beliefs, trade union membership or associations, sexual orientation or practices, criminal record information for the purposes indicated above.

**Please note** that we will not share your feedback with your aged care provider. If you would like to give feedback to your provider, please contact them directly. You can also contact the Older Person’s Advocacy Network on 1800 700 600 to be connected with a local aged care advocate. If you want to make a complaint about your provider, contact the Aged Care Quality and Safety Commission, by visiting agedcarequality.gov.au or phoning 1800 951 822.

## Can you share some feedback with us?

Your aged care provider has submitted an application to nominate itself as a specialised aged care provider for Lesbian, gay, bisexual, transgender and intersex (LGBTI) people.

To support their application for specialisation, your provider wants to use feedback (opinions and reported experiences) from aged care recipients who identify as being part of this group.

If you belong to this group, the Department of Health and Aged Care (the department) invites you to share with us your experienced of receiving this specialised care from your provider.

### How to give your feedback

Choose the way to give your feedback that best suits you.

**If you have received this form as an email attachment, you can do any of the following:**

* Fill in the relevant fields on a computer and email your completed form to us at [macspecialisation@health.gov.au](mailto:macspecialisation@health.gov.au)
* Fill in the relevant fields on a computer, print your completed form and mail it to us at the address below.
* Print the document, fill in the relevant fields and email your completed form to us at [macspecialisation@health.gov.au](mailto:macspecialisation@health.gov.au)
* Print the document, fill in the relevant fields and mail it to us at the address below.

If you have received this form in hard copy, please fill in the relevant fields by hand and mail it to us at:

My Aged Care Provider Specialisation Verification, Mail Drop Point 765

Market and Workforce Division, Dementia, Diversity and Design Branch,

Diversity and Inclusion Section

PO BOX 9848

Canberra ACT 2601

If you prefer to give your feedback by phone, please let us know by emailing [macspecialistation@health.gov.au](mailto:macspecialistation@health.gov.au). One of our team members will be in touch to coordinate a suitable time to go through the questions with you and record your responses.

Do you need an interpreter?

If you need an interpreter, please email us to let us know your preferred language and a suitable time for us to call you. We will then arrange an interpreter at no cost to you and phone you back.

**Feedback questions – Lesbian, gay, bisexual, transgender and intersex (LGBTI) people**

|  |  |
| --- | --- |
| 1. Date |  |
| 2. Provider name | Outlet representative to enter provider name |
| 3. Outlet name | Outlet representative to enter outlet name |
| 4. Outlet ID | Outlet representative to enter outlet ID |
| 5. Type of aged care | residential aged care  home-based aged care  If you selected home-based care, what services do you receive from your provider? |
| 6. Name of respondent (optional) |  |
| 7. Respondent’s phone number (optional)  (We ask for this in case we need to clarify anything with you.) |  |
| 8. Are you: | an aged care recipient  a family member of an aged care recipient  a friend or other personal representative of an aged care recipient  an aged care advocate, navigator or member of a community organisation who is responding with or on behalf of an aged care recipient |
| 9a. If you are an aged care recipient, do you identify as (please select all that apply): | lesbian  gay  bisexual  transgender  intersex  none of these  prefer not to say  If ‘none of these’, or ‘prefer not to say’, please do not use this form to provide feedback, as you do not meet requirements for this criterion under the Specialisation Verification Framework. |
| 9b. If you are responding on behalf of an aged care recipient, does the recipient identify as (please select all that apply): | lesbian  gay  bisexual  transgender  intersex  none of these  prefer not to say  If ‘none of these’, or ‘prefer not to say’, please do not use this form to provide feedback, as you do not meet requirements for this criterion under the Specialisation Verification Framework. |

### Please answer the following questions.

(If you are a family member, friend or other representative of the aged care recipient, please answer these questions from their perspective/on their behalf)

|  |  |
| --- | --- |
| 10a. Do you feel comfortable talking to staff your provider about your specific aged care needs as a member of the group(s) selected in question 9a or 9b? | No  Unsure  Yes |
| 10b. If you identify with more than one group listed in question 9a or 9b, please comment on any differences you experience as a member of one group compared with another. |  |
| 10c. If you answered Yes to question 10a, do you feel that staff at your provider meet, or try to meet, those needs? | No  Unsure  Yes |
| 11a. Some aged care providers specialise in caring for LGBTI (lesbian, gay, bisexual, transgender and/or intersex) people. What do you think these aged care services should provide or consider when caring for LGBTI people?  Please describe what is important to you as a member of the group(s) indicated in question 9a or 9b. This could include, for example, being cared for by LGBTI staff, recognising family of choice, public displays of support for the LGBTI community (e.g. displaying the rainbow flag or the Darlington Statement), specific policies and procedures to support care for people living with HIV/AIDS. |  |
| 11b. Do you feel that your provider provides the specialised care that you have described in question 11a? | No  Unsure  Yes |
| 11c. In what ways does your provider do this or not do this? |  |
| 11d. Do you have any other comments about your provider’s ability to meet the aged care needs of LGBTI people? |  |