

My Aged Care provider specialisation application

Lesbian, gay, bisexual, transgender and/or intersex (LGBTI) people

To complete this application, you will need to:

- Provide details of the outlet the application relates to (Section 1).
- Indicate which criteria you wish to demonstrate to support your application (Section 2).
- Provide the required information for your selected criteria and confirm that you have included any attachments needed (Section 3). Please ensure you have removed any individuals' names from evidence provided, except where explicitly requested. Leave the sections relating to other criteria blank.
- Upload this form together with all required attachments to your application within the My Aged Care Service and Support portal.

Please refer to the [My Aged Care provider specialisation verification: aged care provider guidance manual](#) (provider guidance manual) for more detail about the application process.

Privacy

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 verify the eligibility of your application.

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](#).

Section 1. Applicant details

Name of outlet:

Outlet ID number:

Confirmation

- ☐ I declare that the information provided as part of this application is true and correct to the best of my knowledge. I understand that once the claims to specialisation in the delivery of care made in this form have been verified by the assessor my organisation will make best efforts to maintain the specialisations through adherence to the requirements set out by the My Aged Care provider specialisation verification framework. In the event that this specialisation cannot be maintained, a representative of my organisation will inform the department (by emailing macspecialisation@health.gov.au) to remove the specialisation from My Aged Care. I understand that if I wish to reinstate this specialisation, I will need to re-apply for verification by the assessor. I understand that if my organisation is not able to produce the required evidence, my organisation will not be able to claim to provide specialised services on its My Aged Care provider profile. I understand that representative contact information may be used by the department where further evidence or clarifications are required to progress the application.

Name of Primary Representative

Date

Primary Representative Ph. No.

Primary Representative Email

Name of Secondary Representative

Secondary Representative Ph. No.

Secondary Representative Email

Section 2. Criteria

For this specialisation, you must meet the **Tier 1** criterion – **OR** – **four** of the **Tier 2** criteria listed below.

Please indicate on this page which criterion or criteria you wish to demonstrate.

Tier 1

- ☐ **Criterion 1:** Provider is Rainbow Tick accredited.

Tier 2 (select 4)

- ☐ **Criterion 2:** One or more staff members identify as LGBTI, and are well resourced and supported by management to act as 'champions' within the organisation to support care recipients and other staff.
- ☐ **Criterion 3:** There is an established connection and regular engagement between the provider and a local LGBTI community organisation.
- ☐ **Criterion 4:** At least 90% of staff have completed annual training in the aged care needs of LGBTI people and trauma-informed care delivery.
- ☐ **Criterion 5:** At least one LGBTI person sits on the governing body (e.g. board) of the provider at the outlet level.
- ☐ **Criterion 6:** An active and resourced LGBTI advisory group contributes to the development, delivery and evaluation of specialised services.
- ☐ **Criterion 7:** Provider recognises and participates in local LGBTI celebrations and events.
- ☐ **Criterion 8:** Policies and procedures are in place to support and promote the delivery of specialised aged care to LGBTI people.
- ☐ **Criterion 9:** Policies and procedures are in place to support and promote the delivery of specialised aged care to people living with HIV/AIDS.
- ☐ **Criterion 10:** The provider displays evidence of its public commitment to supporting LGBTI people.
- ☐ **Criterion 11:** Aged care recipients who are LGBTI report the care received is appropriate and meets their unique needs.

Section 3. Evidence

In this section, please fill out all fields required for the criterion or criteria you selected in Section 2 above.

Tier 1 criterion

☐ **Criterion 1:** Provider is Rainbow Tick accredited.

Supporting evidence

- ☐ Check this box to confirm you have attached the Rainbow Tick accreditation certificate confirming outlet details.

Tier 2 criteria

☐ **Criterion 2:** One or more staff members identify as LGBTI, and are well resourced and supported by management to act as 'champions' within the organisation to support care recipients and other staff.

How many staff members undertake this champion role?

What is the (combined) FTE of the champion(s)? Note this should be at least 0.5 FTE.

Is there any formal documentation to support or demonstrate the dedicated role of the champion(s) – e.g. policy, job title, training etc? If so, please describe.

Please describe the role of the champion(s) in promoting specialised aged care for LGBTI people (including examples of recent relevant activities).

Please describe the role of the champion(s) in supporting other staff through professional development and learning opportunities (including examples of recent relevant activity).

Please describe how the champion(s) are resourced and supported.

☐ **Criterion 3:** There is an established connection and regular engagement between the provider and a local LGBTI community organisation

Please describe the established connection and regular engagement with a local LGBTI community organisation.

Include the name of the organisation (e.g. GRAI or Working It Out Tasmania), and details of any activities conducted in the past 12 months and/or planned for the next 12 months.

Note that involvement in a relevant community of practice meets this criterion.

Supporting evidence

Please check the relevant box below to confirm that you have attached the required evidence:

- ☐ A Memorandum of Understanding **or**
- ☐ A letter from a representative of the service, community organisation or chair/leading organisation of a community of practice.

The letter should be on official letterhead of the external organisation and include:

- name of representative
- name of service provider or community organisation
- name of provider outlet seeking specialisation
- nature of the connection and confirmation of regular engagement.

☐ **Criterion 4:** At least 90% of staff have completed annual training in the aged care needs of LGBTI people and trauma-informed care delivery

Please specify the training in the aged care needs of LGBTI care recipients that has been provided to staff in the last 12 months. For example, [Silver Rainbow LGBTIQ+ Aged Care Awareness Training](#) or [Rainbows Don't Fade With Age](#). Training may be internal or external, and may include online training modules.

Did this training include content on trauma-informed care?

☐ Yes ☐ No

If you selected 'no' above, please provide details on separate training provided in trauma-informed care.

What proportion of all staff (with the exception of agency staff) undertook this training in the past 12 months?

How is annual training of 90% of staff ensured (e.g. part of induction policy, annual training plans etc.)?

Supporting evidence

- ☐ Please check this box to confirm that you have attached evidence of **external** training.

Please provide documentation from the training provider (e.g. attendance records, invoices) detailing the training delivered to your staff in the last 12 months, including:

- name of training
- date(s) delivered
- number of staff trained.

and/or

- ☐ Please check this box to confirm that you have attached evidence of **internal** training.

Please provide staff training documentation that supports adherence to this criterion (for example, training records, attendance lists).

☐ **Criterion 5:** At least one LGBTI person sits on the governing body (e.g. board) of the provider at the outlet level

Number of relevant governing body members

☐ **Please check this box to affirm that the number above relates to a governing body at the outlet level.**

☐ **Please check this box to affirm that each relevant representative has attended at least 50% of meetings over the past 12 months.**

Supporting evidence

- ☐ Please check this box to confirm you have attached letters from the relevant governing body member(s) confirming their:
- role on the governing body in representing the perspectives of LGBTI people
 - attendance at a minimum of 50% of meetings over the past 12 months.

☐ **Criterion 6:** An active and resourced LGBTI advisory group contributes to the development, delivery and evaluation of specialised services.

Please describe the membership of the group. Include details of relevant connections and characteristics (e.g. LGBTI aged care recipients, representatives of relevant external organisations, management representatives).

Please describe here the actions taken by the group in the past 12 months OR attach action items or plans from minutes of meetings held in the past 12 months (see 'supporting evidence' below).

Please describe how the advisory group is supported/resourced.

Please describe how aged care recipients and staff can contact/interact with the advisory group (e.g. to seek support, provide feedback or raise concerns).

Please describe how the group is linked to the provider's governance body and/or management.

How many times has the advisory group met in the past 12 months?

Note: minimum twice.

Supporting evidence (required if actions taken in the last 12 months not described above)

- ☐ Please check this box if you have attached meeting minutes, action items or plans to describe the group's activity.

☐ **Criterion 7:** Provider recognises and participates in local LGBTI celebrations and events.

Please provide details of the celebrations and events.

Include a description of the events, nature of recognition/participation/support, and the number or proportion of care recipients participating.

Supporting evidence

☐ Please check this box to confirm you have provided evidence to support this criterion.

Examples of evidence include:

- communications to aged care recipients regarding the celebrations or events (either pre-event promotions/invitations, or post-event information, such as newsletter articles)
- acknowledgement of support or participation by external organiser/organisation
- care recipient (or care recipient representative) feedback regarding the celebration/event (e.g. excerpts from feedback register).

☐ **Criterion 8:** Policies and procedures are in place to support and promote the delivery of specialised aged care to LGBTI people.

Please name at least one policy and one procedure that explicitly supports the delivery of specialised aged care to LGBTI people.

Note that policies and procedures that support specialised care for lesbian, gay, bisexual, transgender, and intersex people should be detailed.

These might relate, for example, to staff recruitment and retention, intake, provision of care, training, communication between care recipients and their families of choice/case managers/advocates/trusted entities, or other matters consistent with [Actions to support LGBTI elders: a guide for aged care providers](#).

Please provide at least one example of how *each* policy and procedure supports the delivery of specialised care.

Supporting evidence

- ☐ Please check this box to confirm you have attached a copy of each of the policies and procedures named above.

☐ **Criterion 9:** Policies and procedures are in place to support and promote the delivery of specialised aged care to people living with HIV/AIDS.

Please list policies and procedures that explicitly support the delivery of specialised aged care to people living with HIV/AIDS.

These might relate, for example, to staff training or promoting and facilitating aged care recipients' access to health services.

Please provide at least one example of how these policies and procedures support and promote the delivery of specialised care to people living with HIV/AIDS.

Supporting evidence

- ☐ Please check this box to confirm you have attached a copy of each of the policies and procedures named above.

☐ **Criterion 10:** The provider displays evidence of its public commitment to supporting LGBTI people.

Please describe how your commitment to supporting LGBTI people is publicised.

For example, displaying the rainbow flag symbol and a copy of the Darlington statement onsite in residential aged care, wording/imagery on website and advertising materials for Home Care Package and Commonwealth Home Support Programme providers.

Supporting evidence

- ☐ Please check this box to confirm you have attached at least 2 forms of supporting evidenced (e.g. photographs, website links, advertising materials).

☐ **Criterion 11:** Aged care recipients who are LGBTI report the care received is appropriate and meets their unique needs.

If you wish to provide evidence for this criterion, please see the [provider guidance manual](#) for full details of the process.

If you have selected this criterion, you will have to download the [aged care recipient feedback form](#) from the department's website, pre-fill the highlighted outlet information and promote it with the aged care recipients or their representatives to provide written feedback. The aged care recipient feedback form will contain information about the process and provide instructions for aged care recipients who would prefer to give verbal feedback.

Feedback should be provided **directly to the assessor** using the process outlined in the provider guidance manual.

Feedback must be received within 20 business days of submitting your application. All feedback received within that timeframe will be considered to determine the extent to which care leavers consider the care to be appropriate for them and meeting their needs.

If you are using this criterion to support your specialisation

Please check the boxes below to confirm that you will adhere to the feedback process outlined in the provider guidance manual, in particular by:

- ☐ Downloading the feedback form and pre-filling it with the highlighted outlet information
- ☐ Promoting the feedback opportunity to aged care recipients and their representatives.
- ☐ Supporting aged care recipients (and/or their representatives) in contacting the assessor where required (e.g. if an interpreter is required, or aged care recipients would prefer to provide feedback in a group setting).
- ☐ Remaining otherwise independent of the feedback process. For example, aged care provider staff and representatives should:
 - promote the opportunity to *all* aged care recipients (i.e. not 'select' aged care recipients to participate)
 - not aim to influence the feedback given
 - not be present when aged care recipients give verbal or written feedback to the assessor.