My Aged Care provider specialisation application

Parents separated from children by forced adoption or removal

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	
knowledge. I understand that once the claims form have been verified by the assessor my of specialisations through adherence to the requisive specialisation verification framework. In the expression of my organisation will inform macspecialisation@health.gov.au) to remove if I wish to reinstate this specialisation, I will not understand that if my organisation is not able to claim to provide specialised seems	the specialisation from My Aged Care. I understand that need to re-apply for verification by the assessor. I to produce the required evidence, my organisation will rvices on its My Aged Care provider profile. I understand be used by the department where further evidence or
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 **four** of the **Tier 2** criteria listed below. Please indicate on this page which criteria you wish to demonstrate.

Tier 2 (select 4)

☐ Criterion 1 : One or more staff members is a parent separated from a child by forced adoption/removal, and are well resourced and supported by management to act as 'champions' within the organisation to support care recipients and other staff.	☐ Criterion 5 : There are established connections between the provider and local dental and medical facilities so that support can be provided to aged care recipients who are triggered by accessing these services.
☐ Criterion 2 : There are established connections and regular engagement between the provider and a forced adoption support service or community	☐ Criterion 6 : At least one parent separated from a child by forced adoption or removal sits on the governance body (e.g. board) of the provider at the outlet level.
organisation. Criterion 3: At least 90% of staff have completed annual training in the aged care needs of parents separated from their	☐ Criterion 7 : An active and resourced forced adoption advisory group contributes to the development, delivery and evaluation of specialised services.
children by forced adoption or removal and trauma-informed care delivery. Criterion 4: A safe and appropriate physical environment is created for parents	☐ Criterion 8 : Policies and procedures are in place to support and promote the delivery of specialised aged care to people who have experienced forced adoption.
separated from children by forced adoption or removal.	☐ Criterion 9 : Aged care recipients who are parents separated from their children by forced adoption or removal 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 criteria you selected in Section 2 above.

☐ Criterion 1: One or more staff m child by forced adoption/removal, a supported by management to act as organisation to support care recipie	s 'champions' within the					
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 supports that is a support of the support of	ort or demonstrate the dedicated role of the etc? If so, please describe.					
<u> </u>						
Please describe the role of the champion(s) in promoting specialised aged care for who are parents separated from children by forced adoption/removal (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.			

engagement between the provider and a forced adoption support service or community organisation.
Please describe the established connection and regular engagement with a forced adoption support service or community organisation.
Include the name of the service or organisation (e.g. Forced Adoption Support Service), 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.

the aged care needs of parents separated from their children by forced adoption or removal and trauma-informed care delivery.
Please specify the training in the aged care needs of parents separated from their children by forced adoption or removal, that has been provided to staff in the last 12 months.
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.

	at proportion of all staff (with the exception of agency staff) undertook this ning in the past 12 months?
	w is annual training of 90% of staff ensured (e.g. part of induction policy, annual ning plans etc.)?
Su	pporting 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	d/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).

lease i	provide deta	ils of how t	he physica	l environme	nt is set un <i>(</i>	or adapted fo	or parer
	ted from chil					or adapted it	or parci
uppe	orting evide	nce					

☐ Criterion 5: There are established connections between the provider and local dental and medical facilities so that support can be provided to aged care recipients who are triggered by accessing these services.
Please provide details of at least one local medical and one local dental service with which you have an established connection to support care of parents separated from their children by forced adoption/removal.
Please describe any formal/regular arrangements and examples of recent contact to support care recipients.
Supporting evidence
Please check this box to confirm that you have attached a letter of confirmation of the connection from each service identified above (i.e. one medical and one dental service).

ado	Criterion 6: At least one parent separated from a child by forced ption or removal sits on the governance body (e.g. board) of the vider at the outlet level.
Num	ber of relevant governance body members
	lease check this box to affirm that the number above relates to a governing body e outlet level.
	lease check this box to affirm that each relevant representative has attended at 50% of meetings over the past 12 months.
Sup	porting evidence
	Please check this box to confirm you have attached letters from the relevant governance body member(s) confirming their:
	 role on the governance body in representing the perspectives of parents separated from a child by forced adoption or removal
,	• attendance at a minimum of 50% of meetings over the past 12 months

☐ Criterion 7: An active and resourced forced adoption 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. aged care recipients with lived
experience, 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.
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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 8: Policies and procedures are in place to support and
promote the delivery of specialised aged care to people who have
experienced forced adoption.
Please name at least one policy and one procedure that explicitly supports the delivery of specialised aged care to people who have experienced forced adoption. These might relate, for example, to staff recruitment and retention, intake, provision of care, training, etc.
Please provide at least one example of how <i>each</i> 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:** Aged care recipients who are parents separated from their children by forced adoption or removal report the care received is appropriate and meets their unique needs.

If you wish to provide evidence for this criterion, please see the <u>provider guidance manual</u> for full details of the process.

If you have selected this criterion, you will have to download the <u>aged care recipient feedback form</u> 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 <i>all</i> 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.