My Aged Care provider specialisation application

People from culturally and linguistically diverse backgrounds

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 claim form have been verified by the assessor my specialisations through adherence to the reconspecialisation verification framework. In the representative of my organisation will inform macspecialisation@health.gov.au) to remove if I wish to reinstate this specialisation, I will understand that if my organisation is not about the able to claim to provide specialised second	e the specialisation from My Aged Care. I understand that need to re-apply for verification by the assessor. I le to produce the required evidence, my organisation will ervices on its My Aged Care provider profile. I understand to 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)

CALD community.

☐ Criterion 1 : Provider is run by a recognised culturally and linguistically diverse (CALD) community organisation.	☐ Criterion 7 : At least one person from the cultural and linguistic background of the target community sits on the governing
☐ Criterion 2 : One or more staff members is from a CALD background (reflecting the	body (e.g. board) of the provider at the outlet level.
cultural and linguistic background of aged care recipients) 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 are established	☐ Criterion 8 : An active and resourced cultural diversity advisory group (which reflects the cultural mix of the provider's target community) contributes to the development, delivery and evaluation of specialised services.
connections and regular engagement between the provider and a community organisation which best represents the cultural and linguistic demographic of	☐ Criterion 9 : Provider regularly recognises and supports participation in relevant cultural celebrations and/or days/events of cultural significance.
target aged care recipients. Criterion 4: At least 90% of staff have completed annual training in culturally appropriate aged care delivery and cultural	□ Criterion 10: Policies and procedures are in place to support and promote the delivery of specialised aged care to CALD aged care recipients.
capability. Criterion 5: Provider offers services in languages other than English.	Criterion 11: CALD aged care recipients report the care received is appropriate and meets their unique needs.
☐ Criterion 6 : Provider offers services which are culturally appropriate for the target	

Section 3. Evidence

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

☐ Criterion 1: Provider is run by a recognised CALD community organisation.	
Please provide details of the CALD community organisation's historical and current involvement, engagement and services to the community.	
Supporting evidence	
☐ Please check this box to confirm you have attached at least one form of supporting evidence, such as website or advertising content, or the inclusion of culturally-inclusive service provision in your organisation's strategic plan.	

☐ Criterion 2: One or more staff members is from a CALD background (reflecting the cultural and linguistic background of aged care recipients) 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 su champion(s) – e.g. policy, job title, traini	pport or demonstrate the dedicated role of the ing etc? If so, please describe.
-	n(s) in promoting specialised aged care for ng 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).			
Televant de	avity).		
D			
Please desc	cribe now the champion(s) a	re resourced and supported.	

☐ Criterion 3: There are established connections and regular engagement between the provider and a community organisation which best represents the cultural and linguistic demographic of target aged care recipients.
Please describe the established connection and engagement with a CALD community organisation.
Include the name of the organisations (e.g. Chung Wah Association or Co.As.It.), 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
culturally appropriate aged care delivery and cultural capability.
Please specify the training in culturally appropriate aged care delivery and cultural capability that has been provided to staff in the last 12 months.
Training may be internal or external and may include online training modules.
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: Provider offers services in languages other than English.
Please provide details of the services conducted and/or planned in languages other than English. For example, personal care, clinical care, social groups/events/outings, hotel services or catering.
To example, personal care, clinical care, social groups, events, outlings, noter services or catering.
What languages are these services provided in?
What proportion of staff are bilingual/bicultural and provide services in these languages (for each service type)?
☐ Please check this box to affirm this/these language(s) and culture(s) reflect the cultural and linguistic background of your aged care recipients.
Supporting evidence
☐ Please check this box to confirm you have attached at least one form of supporting evidence –
for example advertising material, website content, feedback register excerpts.

☐ Criterion 6: Provider offers services which are culturally appropriat for the target CALD community.
Please provide details of how services are provided for or adapted to the target CAL community.
For example, new location of service delivery, language of service delivery reflects that of the care recipients.
Supporting evidence
□ Please check this box to confirm you have attached supporting evidence of cultural
appropriateness, e.g. evidence from an external CALD organisation (i.e. letter on official letterhead) or aged care recipients confirming the cultural appropriateness of services.

☐ Criterion 7: At least one person from the cultural and linguistic background of the target community 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 CALD people 	
 attendance at a minimum of 50% of meetings over the past 12 months. 	

☐ Criterion 8: An active and resourced cultural diversity advisory group (which reflects the cultural mix of the provider's target community) 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. CALD 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/ir advisory group (e.g. to seek support, provide feedback or raise c	
advisory group (e.g. to seek support, provide recuback or ruise e	oncerns).
Please describe how the group is linked to the provider's government.	ance body and/or
How many times has the advisory group met in the past 12 monthsize	ths? Note: minimum
Supporting evidence (required if actions taken in the last 12 described above)	months are not
☐ Please check this box if you have attached meeting minutes, action ite the group's activity.	ms or plans to describe

in r	Criterion 9: Provider regularly recognises and supports participation relevant cultural celebrations and/or days/events of cultural nificance.
Please provide details of your recognition of, participation in and/or support for relevant celebration and events in the past 12 months.	
	ude a description of the events, nature of recognition/participation/support, and the number or portion of care recipients participating.
Su	pporting evidence
Please check the relevant box(es) to confirm you have attached one or more of the following:	
	Communications to aged care recipients regarding the events (either pre-event promotions or invitations, or post-event information such as newsletter articles)
	Acknowledgement of support or participation by an external organiser/organisation
	Care recipient (or care recipient representative) feedback regarding the event (e.g. excerpts from feedback register).

☐ Criterion 10: Policies and procedures are in place to support and promote the delivery of specialised aged care to CALD aged care recipients.
Please name at least one policy and one procedure that explicitly supports the delivery of specialised aged care to people from CALD backgrounds. These might relate, for example, to staff recruitment and retention, intake, provision of care, training, or other matters consistent with Actions to support older CALD people: a guide for aged care providers.
Please provide at least one example of how <i>each</i> policy and procedure supports the delivery of specialised care.
Supporting evidence □ Please check the box to confirm you have attached a copy of each of the policies and procedures noted above.

☐ **Criterion 11:** CALD aged care recipients 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.	