



Specialisation Verification Framework

This version of the Specialisation Verification Framework is published for awareness and preparation only. It will come into effect on 1 November 2025.

Until this date, the current framework remains in effect. Please continue to apply under the current process via the [My Aged Care Service and Support Portal](#).

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About Specialisation Verification

Specialisation Verification aims to help older people with diverse backgrounds and life experiences, along with their families and their carers to find aged care providers who are verified as providing specialised services. Providers are assessed for Specialisation Verification at outlet level; this recognises that each outlet is unique in its service provision to aged care recipients. An outlet is the location or site where that provider is based or delivers services.

The Specialisation Verification Framework (the framework) outlines the criteria an outlet must meet to verify that it delivers specialised services. Outlets can apply for specialisation in one or more of the nine following community groups:

- people who are Aboriginal or Torres Strait Islander, including Stolen Generations
- people who are veterans or war widows
- people from culturally, ethnically and linguistically diverse backgrounds
- people who are financially or socially disadvantaged
- people who are homelessness or at risk of experiencing homelessness
- parents and children who are separated by forced adoption or removal
- people who are care leavers, including Forgotten Australians and former child migrants placed in out of home care
- people who are lesbian, gay, bisexual, trans/transgender or intersex or other sexual orientations or are gender diverse or bodily diverse
- people who live in rural, remote or very remote areas.

To be verified as providing specialised services, outlets must apply and demonstrate that they meet the relevant criteria and evidence requirements under the framework in their service delivery. Specialisation Verification is assessed at the outlet level.

The framework has been updated to align with the *Aged Care Act 2024*. The Act outlines the rights that older people in the aged care system should expect when seeking or accessing government-funded aged care services.

Application process

Outlets can apply for more than one specialisation per outlet. Each specialisation requires its own specific application.

How to apply

1. Carefully consider the criteria and evidence requirements for the specialisation category.
2. Download and complete the relevant specialisation application form on the [Specialisation Verification web page](#). The form is an editable PDF. Ensure you save a copy of the editable PDF form on your device before filling out your details.
3. While completing your application, make a list of all the required evidence listed in the application form.
4. Compile the evidence listed and get it ready to submit it with your application. It is important to present your evidence as clearly and thoroughly as possible and include detailed descriptions to support your evidence. This will help to avoid any delays or the need for the department to request further information after your application is submitted.
5. Submit your completed application form and any supporting evidence by email to MACspecialisation@Health.gov.au.
6. Once your application has been submitted, you will be sent confirmation that your application has been received and will be assessed. You may be contacted by the assessment team during the process.
7. Outlets will receive a notification of application outcome by email. For outlets that are successful and verified, the specialisation category will be displayed on the My Aged Care website. It is valid for 3 years from the date of issue. If your application is unsuccessful, you are welcome to re-apply for the same specialisation after 3 months.

Important information for providers considering Specialisation Verification

Specialisation Verification is for aged care providers already delivering targeted services to a specific cohort or community group. It is not intended for providers in the process of developing or planning to deliver specialised care.

This means aged care providers seeking Specialisation Verification in a category must:

- be able to demonstrate their existing service is tailored, embedded and aligned with their target specialisation category as a core aspect of their service offering.
- have strong, practical evidence to substantiate their specialisation in both operational service delivery and outlet governance and administration practices.
- A Specialisation Verification readiness checklist is provided at page 52 to help providers decide if they are ready to apply for Specialisation Verification.

What does 'outlet' mean?

An outlet refers to a specific service location or site where aged care services are delivered under the governance of the approved provider organisation. Each outlet may have its own staff, service model, and client base. This means that each outlet within that approved provider organisation must apply for specialisation. This recognises that each outlet is unique in its service provision to aged care recipients.

Aboriginal and Torres Strait Islander persons, including Stolen Generations

The Specialisation Verification Framework presents a two-tiered approach to evidence requirements in providing specialised care to aged care recipients who identify as Aboriginal and/or Torres Strait Islander.

If your outlet meets a Tier One criterion, no further criteria need to be met to attain verification. If your outlet does not meet Tier One criterion, you are required to meet 4 Tier Two criteria. These criteria are listed in Table 1:

Table 1: Aboriginal and Torres Strait Islander Specialisation Verification Criteria, Guidance and Required Evidence

Criterion	Tier	Guidance and required evidence
[A1.1] The outlet is an Aboriginal and/or Torres Strait Islander community-controlled organisation.	1	An Aboriginal and/or Torres Strait Islander community-controlled organisation (ACCO) is an act of self-determination. To be recognised as an ACCO you must deliver services, including land and resource management, which builds the strength and empowerment of Aboriginal and Torres Strait Islander communities and people and is: a. incorporated under relevant legislation and not-for-profit b. controlled and operated by Aboriginal and/or Torres Strait Islander people c. connected to the community, or communities, in which they deliver the services d. governed by a majority Aboriginal and/or Torres Strait Islander governing body. Attach a letter from the CEO, Executive Officer or Chairperson stating the outlet is an ACCO.
[A1.2] Provider is funded by the National Aboriginal and Torres Strait Islander Flexible Aged Care Program.	1	Evidence not required. This criterion will be verified using data held by the Department of Health, Disability and Ageing.
[A2.3] At least 50% of aged care recipients identify as Aboriginal and/or Torres Strait Islander people.	2	Evidence not required. This criterion will be verified using data held by the Department of Health, Disability and Ageing.

[A2.4] One or more staff members has an Aboriginal and/or Torres Strait Islander background and are resourced and supported by management to act as 'champions' within the outlet to support care recipients and other staff.	2	A champion is an individual with cultural competence from an Aboriginal and/or Torres Strait Islander background within the outlet, who actively promotes and supports culturally safe, inclusive, and responsive practices for the Aboriginal and/or Torres Strait Islander community. They serve as internal leaders, advocates, and change agents, helping to embed cultural competence into all levels of care and services. Provide the following: • How many staff are in the champion role, and list their names and organisation positions • Evidence of their involvement and influence, including how they lead activities and support staff to improve care delivered to that community • How the outlet recognises, supports and documents the champion role (e.g. policies, role description, training, hours dedicated to the role) • Attach evidence to support the above (e.g. meeting minutes, training records, planning documents, photos, policies, role descriptions).
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[A2.5] There are established connections and regular engagement between the outlet and local Aboriginal and Torres Strait Islander community, including leaders and organisations.	2	Provide a description of the established connection and regular engagement with a local Aboriginal and/or Torres Strait Islander leader(s) and/or community organisation(s) that is Aboriginal and Torres Strait Islander-led or focused, and works to support the health, wellbeing, cultural, or social needs of the target community. Examples of community organisations/leaders could include: • Aboriginal Community-Controlled Organisations (ACCOs) • land councils • cultural centres • health services • community based groups with local connection and trust. Provide the following: • Attach evidence from an external community organisation(s), leader(s) or chair/leading organisation of a community of practice confirming the established connection. Evidence can include but is not limited to, a letter on official letterhead or Memorandum of Understanding. If providing a letter, it must include: ○ name of representative ○ name of service provider or community organisation ○ name of outlet seeking specialisation ○ nature of the connection and confirmation of regular engagement. • Details of activities conducted in the past 12 months and/or planned for the next 12 months with the community organisation(s) or leader(s). Note that involvement in a relevant community of practice meets this criterion.
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[A2.6] At least 90% of staff complete annual training on providing culturally appropriate, trauma-aware and healing informed care for Aboriginal and Torres Strait Islander peoples, including understanding the ongoing impacts of the Stolen Generations.	2	Culturally appropriate care refers to the provision of services that respect and are responsive to the cultural identity, values, beliefs, practices, language, and needs of the older person and their community. This means delivering care that is person-centred, inclusive, and informed by the cultural background of the individual – this can include their language, generational experiences and cultural traditions. Specify the training in culturally appropriate, trauma-aware and healing informed aged care delivery that has been provided to staff in the last 12 months. Training may be internal or external and may include online training modules, the training must be specific to the cultural needs of your aged care recipients: Provide the following: • Describe external training (include summary of content, name of training provider, date, training product title and attach communications with the training provider e.g. training records, attendance records, invoices etc.) • Describe internal training (include summary of content, name of training, training records, attendance lists) • Indicate what proportion of all staff (minimum 90% required) 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.).
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[A2.7] The outlet offers services in Aboriginal and Torres Strait Islander language(s).	2	Provide details of the services conducted and/or planned in local Aboriginal or Torres Strait Islander language(s). You must demonstrate that each identified language is relevant to your current or prospective Aboriginal and Torres Strait Islander aged care recipients and is actively used in care delivery. Provide the following: • What languages care services are delivered in. • Describe the type of services delivered in those languages (e.g. personal care, clinical care, social groups/events/outings, hotel services, catering/dietary, etc.) • Describe how the services are adapted to meet the needs of that individual (e.g. verbal communication, interpreter services, written material i.e. care plans, consent forms, and informational brochures etc.) • What proportion of staff are bilingual/bicultural and provide services in these languages. Provide at least one form of supporting evidence for each claimed language demonstrating that care and services have been adapted to reflect the needs of care recipients, any evidence provided in language should include a short description in English to support the evidence provided. Examples include: • bilingual/bicultural staff register including languages spoken, roles and frequency of language use with clients • interpreters use logs • translated materials • multilingual signage or posters at the outlet • feedback (must be clearly authored by care recipient and/or their representative(s)).
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[A2.8] The outlet works in partnership with a local Aboriginal and Torres Strait Islander community organisation or appropriate representative, including those representing or supporting Stolen Generation survivors, to ensure that services are culturally safe, trauma-aware and healing informed, and appropriate for the local Aboriginal and/or Torres Strait Islander community.	2	Describe the partnership with an external local Aboriginal and/or Torres Strait Islander community organisation, including those representing or supporting Stolen Generation survivors, and how this partnership informs the design or delivery of care in ways that directly benefit aged care recipients. Examples of this may include: • services are delivered at culturally appropriate locations i.e. community groups, councils • language of service delivery reflects that of the care recipients • culturally appropriate activities i.e. storytelling, arts, yarning circles etc. • assistance with care planning to incorporate culturally appropriate care • co-deliver services which are culturally appropriate, trauma-aware and healing informed • advertising material/website content in language. Provide the following: • Evidence from the external organisation or appropriate representative confirming the partnership and appropriateness of services as a letter on official letterhead. If providing a letter, it must include: ○ name of representative ○ name of outlet seeking specialisation ○ nature of the connection and confirmation of partnership.
[A2.9] At least one Aboriginal and/or Torres Strait Islander person sits on the governing body of the provider relevant to the outlet.	2	Provide details of involvement and attendance by an Aboriginal and/or Torres Strait Islander representative that reflects the cultural background of the target community. This can be at the outlet or provider level, and must outline how decisions, engagements and communication is understood and applied to the outlet. Provide the following: • Number of relevant target community representative(s) involved in the governing body relating to the outlet, (minimum one) • Confirmation that each relevant representative has attended at least 50% of meetings over the past 12 months • Attach a letter(s) from the member(s) confirming their role on the governing body in representing the perspectives of Aboriginal and Torres Strait Islander care recipients, including confirmation of their attendance at 50% of meetings over the past 12 months.

[A2.10] An active and resourced Aboriginal and Torres Strait Islander advisory group contributes to the development, delivery and evaluation of specialised services.	2	Please describe or attach evidence of an active and resourced Aboriginal and Torres Strait Islander advisory group which reflects the cultural diversity of the target community. Provide the following: • Membership of the group including details of relevant connections and characteristics (e.g. Aboriginal and Torres Strait Islander aged care recipients, representatives of relevant external organisations, management representatives) and affirm that this reflects the cultural diversity of your target community • Action items or plans from minutes of meetings held in the past 12 months OR describe the actions taken by the group in the past 12 months • Description of how the advisory group is supported/resourced • Description of how aged care recipients and staff can contact/interact with the advisory group (e.g. to seek support, provide feedback or raise concerns) • Description of how the group is linked to the provider's governance body and/or management • Details of how many times the advisory group has met in the past 12 months (minimum twice).
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[A2.11] The outlet regularly recognises and participates in local cultural celebrations and/or days/events of local cultural significance, including those that acknowledge and support Stolen Generations survivors (e.g. National Sorry Day or the Anniversary of the Apology).	2 Description of the recognition of/participation in/support for relevant and local cultural celebrations and/or days/events of cultural significance in the past 12 months, with supporting evidence. Provide the following: • Name and description of relevant local cultural celebrations and/or days/events of cultural significance, and description of your recognition/support/nature of participation over the past 12 months. • Number or proportion of care recipients who participated for each event. • Attach supporting evidence. Examples include: ○ event calendars or schedules ○ photos of events ○ flyers, invitations or posters advertising events ○ newsletters highlighting past or upcoming events ○ evidence of collaboration, co-hosting and/or support with community organisations ○ communications to care recipients regarding the events ○ care recipient (or care recipient representative) feedback regarding the celebrations and/or days/events (e.g. excerpts from feedback register). Feedback must be clearly authored by care recipient and/or their representative(s). Please ensure any evidence provided in language includes a short description in English to support the evidence provided.
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[A2.12] Policies and procedures are in place to support and promote the delivery of specialised aged care to Aboriginal and/or Torres Strait Islander aged care recipients, including support for Stolen Generations survivors through trauma-aware and healing informed care.

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Attach at least one policy and one procedure that the outlet has in place which details how specialised care for Aboriginal and Torres Strait Islander people is delivered or supported.

Examples of policies and procedures which promote the delivery of specialised care may include:

- Diversity, Equity and Inclusion Policy
- Culturally Responsive Care Procedure
- Language Services Policy
- Assessment and Care Planning Procedure
- Cultural events and Community Engagement Policy
- Staff Training and Development Procedure.

If it's not clear in the policy or procedure how it relates to the specialised care you provide at the outlet, include a short explanation for the policy and procedure describing how it helps you meet the needs of the target Aboriginal and Torres Strait Islander community.

People from culturally, ethnically and linguistically diverse (CALD) backgrounds

Your outlet is required to meet 4 Tier Two criteria to attain verification in providing specialised care to aged care recipients that identify as having a culturally, ethnically and linguistically diverse background. These criteria are listed in Table 2:

Table 2: CALD Specialisation Verification Criteria, Guidance and Required Evidence.

Criterion	Tier	Guidance and required evidence
[C2.1] Provider is run by a recognised CALD community organisation (if applicable).	2	Provide details of the CALD community organisation's historical and current involvement, engagement and services to the community. Provide the following: Attach at least one form of supporting evidence which demonstrates culturally specific material that clearly shows your organisation is run by a recognised CALD community organisation and identifies the specific cultural communities you serve. Examples of this could include: ○ website ○ flyer ○ poster ○ social media ○ advertising content ○ culturally inclusive service provision in the organisation's strategic plan.

Criterion	Tier	Guidance and required evidence
[C2.2] One or more staff members is from a CALD background (reflecting the cultural, ethnic and linguistic background of aged care recipients) and are resourced and supported by management to act as 'champions' within the outlet to support care recipients and other staff.	2	A champion is an individual with cultural competence from a relevant CALD background within the outlet, who actively promotes and supports culturally safe, inclusive, and responsive practices for the CALD community. They serve as internal leaders, advocates, and change agents, helping to embed cultural competence into all levels of care and services. Provide the following: • How many staff are in the champion role, and list their names and organisation positions • Evidence of their involvement and influence, including how they lead activities and support staff to improve care delivered to that community • How the outlet recognises, supports and documents the champion role (e.g. policies, role description, training, hours dedicated to the role) • Attach evidence to support the above (e.g. meeting minutes, training records, planning documents, photos, policies, role descriptions).

Criterion	Tier	Guidance and required evidence
[C2.3] There are established connections and regular engagement with a community organisation which best represents the cultural, ethnic and linguistic demographic of aged care recipients.	2	Provide a description of the established connection and regular engagement with a community organisation which is led by, works with, or advocates for ethnically, culturally and linguistically diverse communities. Examples of community organisations could include: • multicultural councils • multicultural service providers • ethno-specific associations • migrant recourse centres • faith-based organisations • refugee and settlement support services • language interpreting services. Provide the following: • Attach evidence from an external community organisation(s), leader(s) or chair/leading organisation of a community of practice confirming the established connection. Evidence can include but is not limited to, a letter on official letterhead or Memorandum of Understanding. If providing a letter, it must include: ○ name of representative ○ name of service provider or community organisation ○ name of outlet seeking specialisation ○ nature of the connection and confirmation of regular engagement. • Details of activities conducted in the past 12 months and/or planned for the next 12 months with the community organisation(s) or leader(s). Note that involvement in a relevant community of practice meets this criterion.

Criterion	Tier	Guidance and required evidence
[C2.4] At least 90% of staff have completed annual training in culturally appropriate, cultural capability and trauma-aware and healing informed aged care delivery.	2	Culturally appropriate care refers to the provision of services that respect and are responsive to the cultural identity, values, beliefs, practices, language, and needs of the older person and their community. This means delivering care that is person-centred, inclusive, and informed by the cultural background of the individual – including their ethnicity, language, religion, migration experience and cultural traditions. Specify the training in culturally appropriate, cultural capability and trauma-aware and healing informed aged care delivery that has been provided to staff in the last 12 months. Training may be internal or external and may include online training modules, the training must be specific to the cultural needs of your aged care recipients. Provide the following: • Describe external training (include summary of content, name of training provider, date, training product title and any communications with the training provider e.g. training records, attendance records, invoices etc.) • Describe internal training (include summary of content, name of training, training records, attendance lists) • Indicate what proportion of all staff at the outlet (minimum 90% required) 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.).

Criterion	Tier	Guidance and required evidence
[C2.5] The outlet offers services in languages other than English.	2	Provide details of the services conducted and/or planned in languages other than English. You must demonstrate that each identified language is relevant to your current or prospective CALD aged care recipients and is actively used in care delivery. Provide the following: • What languages care services are delivered in • Describe the type of services delivered in those languages (e.g. personal care, clinical care, social groups/events/outings, hotel services, catering/dietary, etc.) • Describe how the services are adapted to meet the needs of that individual (e.g. verbal communication, interpreter services, written material i.e. care plans, consent forms, and informational brochures etc.) • What proportion of staff are bilingual/bicultural and provide services in these languages (please connect the proportion of staff with the care service delivered). • Provide at least one form of supporting evidence for each claimed language demonstrating that care and services have been adapted to reflect the ethnic, cultural and linguistic needs of care recipients, any evidence provided in language should include a short description in English to support the evidence provided. Examples include: ○ bilingual/bicultural staff register including languages spoken, roles and frequency of language use with clients ○ interpreters use logs ○ translated materials ○ multilingual signage or posters at the outlet ○ feedback register excerpts. Feedback must be clearly authored by care recipient and/or their representative(s).

Criterion	Tier	Guidance and required evidence
[C2.6] The outlet offers services which are culturally appropriate for the target CALD community.	2	Provide details of how services are provided for or adapted to meet the needs of the target CALD community at this outlet. Examples of this may include: • services are delivered at culturally appropriate locations i.e. social club, community group or society • language of service delivery reflects that of the care recipients • culturally appropriate activities i.e. meals etc. • assistance with care planning to incorporate culturally appropriate care • co-deliver services which are culturally appropriate, trauma-aware and healing informed • advertising material/website content in language. Provide the following: ○ Attach evidence from an external CALD organisation(s) or aged care recipient(s) confirming the appropriateness of services: ○ feedback must be clearly authored by the care recipient and/or their representative(s) ○ supporting documentation from a relevant CALD community organisation can be a letter or statement on an official letterhead.
[C2.7] At least one person from the ethnic, cultural and linguistic background of the target community sits on the governing body of the provider relevant to the outlet.	2	Provide details of involvement and attendance by a CALD representative that reflects the ethnic, cultural and linguistic background of the target community. This can be at the outlet or provider level, and must outline how decisions, engagements and communication is understood and applied to the outlet. Provide the following: • Number of relevant target community representative(s) involved in the governing body relating to the outlet, (minimum one) • Confirmation that each relevant representative has attended at least 50% of meetings over the past 12 months • Attach a letter(s) from the member(s) confirming their role on the governing body in representing the perspectives of CALD care recipients, including confirmation of their attendance at 50% of meetings over the past 12 months.

Criterion	Tier	Guidance and required evidence
[C2.8] An active and resourced cultural diversity advisory group (which reflects the cultural diversity of the provider's target community) contributes to the development, delivery and evaluation of specialised services.	2	Please describe or attach evidence of an active and resourced cultural diversity advisory group which reflects the cultural diversity of the target CALD community. Provide the following: • Membership of the group including details of relevant connections and characteristics (e.g. CALD aged care recipients, representatives of relevant external organisations, management representatives) and affirm that this reflects the cultural diversity of your target community • Action items or plans from minutes of meetings held in the past 12 months OR describe the actions taken by the group in the past 12 months • Description of how the advisory group is supported/resourced • Description of how aged care recipients and staff can contact/interact with the advisory group (e.g. to seek support, provide feedback or raise concerns) • Description of how the group is linked to the provider's governance body and/or management • Details of how many times the advisory group has met in the past 12 months (minimum twice).

Criterion	Tier	Guidance and required evidence
[C2.9] The outlet regularly recognises and supports participation in relevant local cultural celebrations and/or days/events of cultural significance.	2	Description of the recognition of/participation in/support for relevant and local cultural celebrations and/or days/events of cultural significance in the past 12 months, with supporting evidence. Provide the following: • Name and description of relevant local cultural celebrations and/or days/events of cultural significance, and description of your recognition/support/nature of participation over the past 12 months • Number or proportion of care recipients who participated for each event. • Attach supporting evidence. Examples include: ○ event calendars or schedules ○ photos of events ○ flyers, invitations or posters advertising events ○ newsletters highlighting past or upcoming events ○ evidence of collaboration, co-hosting and/or support with community organisations, faith groups or multicultural councils ○ communications to care recipients regarding the events ○ care recipient (or care recipient representative) feedback regarding the celebrations and/or days/events (e.g. excerpts from feedback register). Feedback must be clearly authored by care recipient and/or their representative(s).

Criterion	Tier	Guidance and required evidence
[C2.10] Policies and procedures are in place to support and promote the delivery of specialised aged care to CALD aged care recipients.	2	Attach at least one policy and one procedure that the outlet has in place which details how specialised care for people from CALD backgrounds is delivered or supported, such as adherence to the Aged Care Diversity Framework and Action Plan for people from culturally, ethnically and linguistically diverse communities. Examples of policies and procedures which promote the delivery of specialised care may include: • Trauma Aware and Healing Informed Care Policy and Procedure • Diversity, Equity and Inclusion Policy • Culturally Responsive Care Procedure • Language Services Policy • Assessment and Care Planning Procedure • Cultural events and Community Engagement Policy • Staff Training and Development Procedure. If it's not clear in the policy or procedure how it relates to the specialised care you provide at the outlet, include a short explanation about the policy and procedure describing how it helps you meet the needs of the target CALD community.

People who are financially or socially disadvantaged

Your outlet is required to meet 3 Tier Two criteria to attain verification in providing specialised care to aged care recipients that identify as financially or socially disadvantaged. These criteria are listed in Table 3:

Table 3: Financially or Socially Disadvantaged Specialisation Verification Criteria, Guidance and Required Evidence

Criterion	Tier	Guidance and required evidence
[F2.1] Provider supports residents to access the same activities as those residents who are able to pay. Applies to residential aged care only.	2	Describe how you approach supporting and enabling residents who are financially or socially disadvantaged to access the same activities as those residents who are able to pay (this applies to residential aged care recipients only). This may include: • waivers • subsidies • inclusive planning strategies. Further, provide general information on how activity-related costs are managed, and how cost does not become a barrier to participation for residents.
[F2.2] Provider has policies and procedures in place to support and promote the delivery of specialised aged care to financially or socially disadvantaged aged care recipients.	2	Attach at least one policy and one procedure that the outlet has in place which details how specialised care for financially or socially disadvantaged individuals is delivered or supported. Examples of policies and procedures which promote the delivery of specialised care may include: • Trauma Aware and Healing Informed Care Policy and Procedure • Access and Equity Policy • Fee Management and Financial Hardship Procedure • Assessment and Care Planning Procedure • Staff Training and Development Procedure. If it's not clear in the policy or procedure how it relates to the specialised care you provide at the outlet, include a short explanation about the policy and procedure describing how it helps you meet the needs of financially or socially disadvantaged people.

Criterion	Tier	Guidance and required evidence
[F2.3] Provider offers services which are specifically targeted towards financially or socially disadvantaged people.	2	Describe the services offered which are specifically targeted towards financially or socially disadvantaged people by the outlet. Examples of this may include: • connecting care recipients with other service providers (e.g. mental health supports) • being a point of contact for a care recipient during a crisis • providing welfare checks • offering technology packages. Provide the following: • Attach evidence from an external organisation(s) or aged care recipient(s) confirming the appropriateness of services: ○ feedback must be clearly authored by the care recipient and/or their representative(s) supporting documentation from a relevant community organisation, this can be a letter or statement on an official letterhead.

Veterans or war widows

Your outlet is required to meet 4 Tier Two criteria to attain verification in providing specialised care to aged care recipients that identify as veterans or war widows.

These criteria are listed in Table 4:

Table 4: Veteran or War Widows Specialisation Criteria, Guidance and Required Evidence

Criterion	Tier	Guidance and evidence required
[V2.1] The outlet is or is supported by a not-for-profit veteran community organisation.	2	A not-for-profit veteran community organisation is a formally established, non-government organisation that is focused on supporting veterans, and/or their families, including war widows. They may provide services in areas such as: • health and wellbeing, including mental health supports • housing, aged care, and social support • advocacy and representation • employment and transition services • commemoration and peer connection. • Attach a letter from the CEO or Executive Officer confirming that the outlet operates as or is supported by a not-for-profit veteran community organisation. The letter must be on official letterhead and include: ○ name of CEO or Executive Officer ○ name of outlet seeking specialisation ○ name of non-for-profit veteran community organisation.

Criterion	Tier	Guidance and evidence required
[V2.2] One or more staff members are resourced and supported by management to act as 'champions' within the outlet to support care recipients and other staff.	2	A champion is an individual at the outlet who is competent in the military experience and actively promotes and supports trauma-aware and healing informed care, access to and awareness of entitlements, inclusivity for war widows, and responsive practices for the veteran community. They serve as internal leaders, advocates, and change agents. The champion role may be held by any suitably competent staff member and does not have to have lived experience. Provide the following: • How many staff are in the champion role, and list their names and organisation positions • Evidence of their involvement and influence, including how they lead activities and support staff to improve care delivered to that community • How the outlet recognises, supports and documents the champion role (e.g. policies, role description, training, hours dedicated to the role) • Attach evidence to support the above (e.g. meeting minutes, training records, planning documents, photos, policies, role descriptions).
[V2.3] One or more staff members understand and make aged care recipients aware of the services they and their families, including war widows, can continue to access through the Department of Veterans' Affairs. Outlet maintains contemporary knowledge of support services unique to the aged care recipients they support through DVA.	2	Provide a description of how staff members maintain awareness and engagement with the veteran support services available to aged care recipients through the Department of Veteran's Affairs (DVA). Provide the following: • Number of staff that are aware and engaged with services that veterans, war widows and their families can access through DVA and how the role is managed and resourced • Details of the staff member(s) experience, training, job description, relationship with DVA • Evidence of recent activities or examples of information provision.

Criterion	Tier	Guidance and evidence required
[V2.4] At least 90% of staff complete annual training in the aged care needs of veterans and war widows, the military experience and trauma-aware and healing informed care delivery.	2	Specify the training in the aged care needs of veterans and war widows, trauma-aware and healing informed care and the military experience that has been provided to staff in the last 12 months. Training may be internal or external and may include online training modules, the training must be specific to the needs of your veteran or war widow aged care recipients: Provide the following: • Describe external training (include summary of content, name of training provider, date, training product title and any communications with the training provider e.g. training records, attendance records, invoices etc.) • Describe internal training (include summary of content, name of training, training records, attendance lists) • Indicate what proportion of all staff (minimum 90% required) 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.).
[V2.5] The outlet organises commemoration ceremonies or helps aged care recipients attend local community commemoration events.	2	Description of the recognition of/participation in/support for relevant and local commemoration activities or events/days of significance to the veteran community in the past 12 months, at the outlet, with supporting evidence. Provide the following: • Name and description of relevant local commemoration activities or events/days significant to the veteran community, and description of your recognition/support/nature of participation over the past 12 months. • Number or proportion of care recipients who participated for each event. • Attach supporting evidence. Examples include: ○ event calendars or schedules ○ photos of events ○ flyers, invitations or posters advertising events ○ newsletters highlighting past or upcoming events ○ evidence of collaboration, co-hosting and/or support with community organisations ○ communications to care recipients regarding the events ○ care recipient (or care recipient representative) feedback regarding the days/events (e.g. excerpts from feedback register). Feedback must be clearly authored by care recipient and/or their representative(s).

Criterion	Tier	Guidance and evidence required
[V2.6] There are established connections and regular engagement between the outlet and local Ex-service Organisation (ESO) e.g. Returned & Services League of Australia (RSL), Legacy or other organisations etc.	2	Provide a description of the established connection and regular engagement with a community organisation which is led by, works with, or advocates for veterans and their families, including war widows. Provide the following: • Attach evidence from an external community organisation(s), leader(s) or chair/leading organisation of a community of practice confirming the established connection. Evidence can include but is not limited to,, a letter on official letterhead or Memorandum of Understanding. If providing a letter, it must include: ○ name of representative ○ name of service provider or community organisation ○ name of outlet seeking specialisation ○ nature of the connection and confirmation of regular engagement. • Details of activities conducted in the past 12 months and/or planned for the next 12 months with the community organisation(s) or leader(s). Note that established and ongoing involvement in a relevant ex-service community organisation meets this criterion.
[V2.7] At least one person sits on the governing body who represents veterans or war widows relevant to the outlet.	2	Provide details of involvement and attendance by a person(s) representing the veteran/war widow community on the governing board. This can be at the outlet or provider level, and must outline how decisions, engagements and communication is understood and applied to the outlet. Provide the following: • Number of relevant target community representative(s) involved in the governing body relating to the outlet (minimum one) • Confirmation that each relevant representative has attended at least 50% of meetings over the past 12 months • Attach a letter(s) from the member(s) confirming their role on the governing body in representing the perspectives of veteran/war widow care recipients, including confirmation of their attendance at 50% of meetings over the past 12 months.

Criterion	Tier	Guidance and evidence required
[V2.8] An active and resourced ex-service advisory group contributes to the development, delivery and evaluation of specialised services.	2	Please describe or attach evidence of an active and resourced veteran advisory group which reflects the military experience of the target veteran community. Provide the following: • Membership of the group including details of relevant connections and characteristics (e.g. veteran aged care recipients, representatives of relevant external organisations, management representatives) and affirm that this reflects your target community • Action items or plans from minutes of meetings held in the past 12 months OR describe the actions taken by the group in the past 12 months • Description of how the advisory group is supported/resourced • Description of how aged care recipients and staff can contact/interact with the advisory group (e.g. to seek support, provide feedback or raise concerns) • Description of how the group is linked to the provider or outlet governance body and/or management • Details of how many times the advisory group has met in the past 12 months (minimum twice).
[V2.9] Policies and procedures are in place to support and promote the delivery of specialised aged care to veterans and war widows.	2	Attach at least one policy and one procedure that the outlet has in place which details how specialised care for veterans is delivered or supported. Examples of policies and procedures which promote the delivery of specialised care may include: • Trauma Aware and Healing Informed Care Policy and Procedure • Recognition and Commemoration Policy • Communication and Advocacy Procedure • Assessment and Care Planning Procedure • Cultural events and Community Engagement Policy • Staff Training and Development Procedure. If it's not clear in the policy or procedure how it relates to the specialised care you provide at the outlet, include a short explanation about the policy and procedure describing how it helps you meet the needs of the target veteran/war widow community.

People who are experiencing homelessness or at risk of experiencing homelessness

Your outlet is required to meet 3 Tier Two criteria to attain verification in providing specialised care to aged care recipients that identify as experiencing homelessness or at risk of experiencing homelessness. These criteria are listed in Table 5:

Table 5: Homelessness Specialisation Verification Criteria, Guidance and Required Evidence

Criterion	Tier	Guidance and evidence required
[H2.1] There are established connections and regular engagement between the provider and a local community organisation which assists individuals who are homeless or at risk of becoming homeless.	2	Provide a description of the established connection and regular engagement with a local community organisation that assists individuals who are experiencing homelessness or at risk of experiencing homelessness. Examples of community organisations could include: • emergency accommodation support • transitional housing services • community housing services • family and domestic violence support services • mental health and alcohol & other drug support services • financial counselling • faith-based charitable organisations. Provide the following: • Attach evidence from an external community organisation(s), leader(s) or chair/leading organisation of a community of practice confirming the established connection. Evidence can include but is not limited to,, a letter on official letterhead or Memorandum of Understanding. If providing a letter, it must include: ○ name of representative ○ name of service provider or community organisation ○ name of outlet seeking specialisation ○ nature of the connection and confirmation of regular engagement. • Details of activities conducted in the past 12 months and/or planned for the next 12 months with the community organisation(s) or leader(s). Note that involvement in a relevant community of practice meets this criterion.

Criterion	Tier	Guidance and evidence required
[H2.2] At least 90% of staff have completed annual training in the aged care needs of people who are experiencing homelessness or at risk of experiencing homelessness, including trauma-aware and healing informed care delivery.	2	Specify the training provided to in the last 12 months relating to the specific needs of aged care recipients who are experiencing homelessness or at risk of experiencing homelessness, including trauma-aware and healing informed care delivery. Training may be internal or external and may include online training modules. Provide the following: • Describe external training (include summary of content, name of training provider, date, training product title and any communications with the training provider e.g. training records, attendance records, invoices etc.) • Describe internal training (include summary of content, name of training, training records, attendance lists) • Indicate what proportion of all staff at the outlet (minimum 90% required) 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.).
[H2.3] The provider has specific policies and procedures to support and promote the aged care needs of people who are experiencing homelessness or at risk of experiencing homelessness.	2	Attach at least one policy and one procedure that the outlet has in place which details how specialised care for people who are experiencing homelessness or at risk of experiencing homelessness is delivered or supported. Examples of policies and procedures which promote the delivery of specialised care may include: • Trauma-Aware and Healing Informed Care Policy and Procedure • Safety and Inclusion Policy • Crisis Response or Emergency Management Procedure • Assessment and Care Planning Procedure • Community Engagement Policy • Staff Training and Development Procedure. If it's not clear in the policy or procedure how it relates to the specialised care you provide at the outlet, include a short explanation for the policy and procedure describing how it helps you meet the needs of people who are experiencing homelessness or at risk of experiencing homelessness.

Care leavers, including Forgotten Australians and former child migrants placed in out of home care

Your outlet is required to meet 4 Tier Two criteria to attain verification in providing specialised care to aged care recipients that identify as care leavers, including Forgotten Australians and former child migrants placed in out of home care.

These criteria are listed in Table 6:

Table 6: Care Leavers Specialisation Verification Criteria, Guidance and Required Evidence

Criterion	Tier	Guidance and evidence required
[L2.1] One or more staff members are resourced and supported by management to act as 'champions' within the outlet to support care recipients and other staff.	2	A champion is an individual at the outlet who is competent in the care leaver experience, who actively promotes and supports a safe, inclusive, and trauma-aware and healing informed environment for care leavers. They serve as internal leaders, advocates, and change agents. The champion role may be held by any suitably competent staff member and does not have to have lived experience. Provide the following: • How many staff are in the champion role, and list their names and organisation positions • Evidence of their involvement and influence, including how they lead activities and support staff to improve care delivered to that community • How the outlet recognises, supports and documents the champion role (e.g. policies, role description, training, hours dedicated to the role) • Attach evidence to support the above (e.g. meeting minutes, training records, planning documents, photos, policies, role descriptions).

Criterion	Tier	Guidance and evidence required
[L2.2] There are established connections and regular engagement between the outlet and a care leaver service or community organisation.	2	Provide a description of the established connection and regular engagement with a care leaver community organisation which is led by, works with, or advocates for care leavers. Examples of care leaver community organisations could include: • post-care support services • legal and advocacy services • education and training support programs • mental health and counselling services • peer support networks. Provide the following: • Attach evidence from an external community organisation(s), leader(s) or chair/leading organisation of a community of practice confirming the established connection. Evidence can include but is not limited to, a letter on official letterhead or Memorandum of Understanding. If providing a letter, it must include: ○ name of representative ○ name of service provider or community organisation ○ name of outlet seeking specialisation ○ nature of the connection and confirmation of regular engagement. • Details of activities conducted in the past 12 months and/or planned for the next 12 months with the community organisation(s) or leader(s).

Criterion	Tier	Guidance and evidence required
[L2.3] At least 90% of staff have completed annual training in the aged care needs of care leavers which includes the delivery of trauma-aware and healing informed care.	2	Specify the training provided in the last 12 months relating to the specific needs of aged care recipients who are care leavers, including trauma-aware and healing informed care delivery. Training may be internal or external and may include online training modules. Provide the following: • Describe external training (include summary of content, name of training provider, date, training product title and any communications with the training provider e.g. training records, attendance records, invoices etc.) • Describe internal training (include summary of content, name of training, training records, attendance lists) • Indicate what proportion of all staff at the outlet (minimum 90% required) 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.).
[L2.4] At least one person sits on the governing body who represents care leavers relevant to the outlet.	2	Provide details of involvement and attendance by a person(s) representing care leavers on the governing board. This can be at the outlet or provider level, and must outline how decisions, engagements and communication is understood and applied to the outlet. Provide the following: • Number of relevant target community representative(s) involved in the governing body relating to the outlet, (minimum one) • Confirmation that each relevant representative has attended at least 50% of meetings over the past 12 months • Attach a letter(s) from the member(s) confirming their role on the governing body in representing the perspectives of care leaver aged care recipients, including confirmation of their attendance at 50% of meetings over the past 12 months.

Criterion	Tier	Guidance and evidence required
[L2.5] An active and resourced care leaver advisory group contributes to the development, delivery and evaluation of specialised services.	2	Please describe or attach evidence of an active and resourced care leaver advisory group which reflects the experience of the target community. Provide the following: • Membership of the group including details of relevant connections and characteristics (e.g. care leaver aged care recipients, representatives of relevant external organisations, management representatives) and affirm that this reflects your target community • Action items or plans from minutes of meetings held in the past 12 months OR describe the actions taken by the group in the past 12 months • Description of how the advisory group is supported/resourced • Description of how aged care recipients and staff can contact/interact with the advisory group (e.g. to seek support, provide feedback or raise concerns) • Description of how the group is linked to the provider or outlet governance body and/or management • Details of how many times the advisory group has met in the past 12 months (minimum twice).
[L2.6] Policies and procedures are in place to support and promote the delivery of specialised aged care to care leavers.	2	Attach at least one policy and one procedure that the outlet has in place which details how specialised care for care leavers is delivered or supported. Examples of policies and procedures which promote the delivery of specialised care may include: • Trauma-Aware and Healing Informed Care Policy and Procedure • Safety and Inclusion Policy • Assessment and Care Planning Procedure • Staff Training and Development Procedure • Transition and Aftercare Support Procedure. If it's not clear in the policy or procedure how it relates to the specialised care you provide at the outlet, include a short explanation about the policy and procedure describing how it helps you meet the needs of the target care leaver community.

Parents and children who are separated by forced adoption or removal

Your outlet is required to meet 4 Tier Two criteria to attain verification in providing specialised care to aged care recipients that identify as a parent or child separated from children by forced adoption or removal. These criteria are listed in Table 7:

Table 7: Forced Adoption Specialisation Verification Criteria, Guidance and Required Evidence

Criterion	Tier	Guidance and evidence required
[P2.1] One or more staff members are resourced and supported by management to act as 'champions' within the outlet to support care recipients and other staff.	2	A champion is an individual at the outlet who is competent in the experience of parents and children who are separated by forced adoption or removal, who actively promotes and supports a safe, inclusive, and trauma-aware and healing informed environment. They serve as internal leaders, advocates, and change agents. The champion role may be held by any suitably competent staff member and does not have to have lived experience. Provide the following: • How many staff are in the champion role, and list their names and organisation positions • Evidence of their involvement and influence, including how they lead activities and support staff to improve care delivered to that community • How the outlet recognises, supports and documents the champion role (e.g. policies, role description, training, hours dedicated to the role) • Attach evidence to support the above (e.g. meeting minutes, training records, planning documents, photos, policies, role descriptions).

Criterion	Tier	Guidance and evidence required
[P2.2] There are established connections and regular engagement between the outlet and a forced adoption/removal support service or community organisation.	2	Provide a description of the established connection and regular engagement with a forced adoption/removal support service or community organisation, which is led by, works with, or advocates for parents and children of forced adoption/removal. Examples of support services or community organisations could include: • legal and advocacy services • mental health and counselling services • peer support networks • link-up services. Provide the following: • Attach evidence from an external support service(s), community organisation(s), leader(s) or chair/leading organisation of a community of practice confirming the established connection. Evidence can include but is not limited to,, a letter on official letterhead or Memorandum of Understanding. If providing a letter, it must include: ○ name of representative ○ name of service provider or community organisation ○ name of outlet seeking specialisation ○ nature of the connection and confirmation of regular engagement. • Details of activities conducted in the past 12 months and/or planned for the next 12 months with the support service(s) or community organisation(s). Note that involvement in a relevant community of practice meets this criterion.

Criterion	Tier	Guidance and evidence required
[P2.3] At least 90% of staff have completed annual training in the aged care needs of parents and children separated by forced adoption or removal, which includes the delivery of trauma-aware and healing informed care.	2	Specify the training provided in the last 12 months relating to the specific needs of parents and children separated by forced adoption or removal, including trauma-aware and healing informed care delivery. Training may be internal or external and may include online training modules. Provide the following: • Describe external training (include summary of content, name of training provider, date, training product title and any communications with the training provider e.g. training records, attendance records, invoices etc.) • Describe internal training (include summary of content, name of training, training records, attendance lists) • Indicate what proportion of all staff at the outlet (minimum 90% required) 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.).
[P2.4] 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.	2	Provide a description of an established connection with local dental and medical facilities. Provide the following: • Recent contact to support aged care recipients who may be triggered due to experiences of forced adoption or removal. • Attach external evidence from of a local medical facility and dental facility verifying the connection, the letter must be on official letterhead and include: ○ name of representative ○ name of service provider or community organisation ○ nature of established connection ○ confirmation of regular engagement ○ name of service provider or community organisation ○ nature of established connection ○ confirmation of regular engagement.

Criterion	Tier	Guidance and evidence required
[P2.5] At least one person sits on the governing body who represents parents and children separated by forced adoption or removal relevant to the outlet.	2	Provide details of involvement and attendance by a person(s) representing parents and children separated by forced adoption or removal on the governing board. This can be at the outlet or provider level, and must outline how decisions, engagements and communication is understood and applied to the outlet. Provide the following: • Number of relevant target community representative(s) involved in the governing body relating to the outlet, (minimum one) • Confirmation that each relevant representative has attended at least 50% of meetings over the past 12 months • Attach a letter(s) from the member(s) confirming their role on the governing body in representing the perspectives of aged care recipients who are parents and children separated by forced adoption or removal, including confirmation of their attendance at 50% of meetings over the past 12 months.
[P2.6] An active and resourced forced adoption or removal advisory group contributes to the development, delivery and evaluation of specialised services.	2	Please describe or attach evidence of an active and resourced advisory group which reflects the experience of parents and children separated by forced adoption or removal. Provide the following: • Membership of the group including details of relevant connections and characteristics (e.g. aged care recipients separated by forced adoption/removal, representatives of relevant external organisations, management representatives) and affirm that this reflects your target community • Action items or plans from minutes of meetings held in the past 12 months OR describe the actions taken by the group in the past 12 months • Description of how the advisory group is supported/resourced • Description of how aged care recipients and staff can contact/interact with the advisory group (e.g. to seek support, provide feedback or raise concerns) • Description of how the group is linked to the provider or outlet governance body and/or management • Details of how many times the advisory group has met in the past 12 months (minimum twice).

Criterion	Tier	Guidance and evidence required
[P2.7] Policies and procedures are in place to support and promote the delivery of specialised aged care to people who have experienced forced adoption or removal.	2	Attach at least one policy and one procedure that the outlet has in place which details how specialised care for parents and children who have experienced forced adoption or removal is delivered or supported. Examples of policies and procedures which promote the delivery of specialised care may include: • Trauma-Aware and Healing Informed Care Policy and Procedure • Safety and Inclusion Policy • Assessment and Care Planning Procedure • Staff Training and Development Procedure • Transition and Aftercare Support Procedure. If it's not clear in the policy or procedure how it relates to the specialised care you provide at the outlet, include a short explanation for the policy and procedure describing how it helps you meet the needs of the target community.

Lesbian, gay, bisexual, trans/transgender or intersex or other sexual orientations or are gender diverse or bodily diverse

The Specialisation Verification Framework presents a two-tiered approach to evidence requirements in providing specialised care to aged care recipients that identify as lesbian, gay, bisexual, trans/transgender or intersex or other sexual orientations or are gender diverse or bodily diverse.

If your outlet meets the Tier One criterion, no further evidence is needed to attain verification. If your outlet does not meet that criterion, you are required to meet 4 Tier Two criteria. These criteria are listed in Table 8:

Table 8: LGBTI Specialisation Verification Criteria, Guidance and Required Evidence

Criterion	Tier	Guidance and evidence required
[B1.1] The outlet is Rainbow Tick accredited.	1	Provide a copy of the Rainbow Tick accreditation certificate confirming outlet details.
[B2.2] One or more staff members are resourced and supported by management to act as 'champions' within the outlet to support care recipients and other staff.	2	A champion is an individual at the outlet who is competent in the LGBTI and other sexual orientations, gender diverse or bodily diverse experience, who actively promotes and supports a safe, inclusive, and trauma-aware and healing informed environment. They serve as internal leaders, advocates, and change agents. The champion role may be held by any suitably competent staff member and does not have to have lived experience. Provide the following: • How many staff are in the champion role, and list their names and organisation positions • Evidence of their involvement and influence, including how they lead activities and support staff to improve care delivered to that community • How the outlet recognises, supports and documents the champion role (e.g. policies, role description, training, hours dedicated to the role) • Attach evidence to support the above (e.g. meeting minutes, training records, planning documents, photos, policies, role descriptions).

Criterion	Tier	Guidance and evidence required
[B2.3] There is an established connection and regular engagement between the outlet and a local LGBTI community organisation.	2	Provide a description of the established connection and regular engagement between the outlet and a LGBTI community organisation which is led by, works with, or advocates for LGBTI. Examples of community organisations could include: • advocacy and rights organisations • peer support networks • mental health and counselling services • community and cultural organisations • support and social services. Provide the following: • Attach evidence from an external community organisation(s), leader(s) or chair/leading organisation of a community of practice confirming the established connection. Evidence can include but is not limited to,, a letter on official letterhead or Memorandum of Understanding. If providing a letter, it must include: ○ name of representative ○ name of service provider or community organisation ○ name of outlet seeking specialisation ○ nature of the connection and confirmation of regular engagement. • Details of activities conducted in the past 12 months and/or planned for the next 12 months with the community organisation(s) or leader(s).
[B2.4] At least 90% of staff have completed annual training in the aged care needs of LGBTI and other sexual orientations, gender diverse or bodily diverse people which includes the delivery of trauma-aware and healing informed care.	2	Specify the training provided in the last 12 months relating to the specific needs of aged care recipients who are LGBTI and other sexual orientations, gender diverse or bodily diverse, including trauma-aware and healing informed care delivery. Training may be internal or external and may include online training modules. Provide the following: • Describe external training (include summary of content, name of training provider, date, training product title and any communications with the training provider e.g. training records, attendance records, invoices etc.) • Describe internal training (include summary of content, name of training, training records, attendance lists) • Indicate what proportion of all staff at the outlet (minimum 90% required) 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.).

Criterion	Tier	Guidance and evidence required
[B2.5] At least one LGBTI person sits on the governing body of the provider relevant to the outlet level.	2	Provide details of involvement and attendance by an LGBTI representative on the governing board. This can be at the outlet or provider level, and must outline how decisions, engagements and communication is understood and applied to the outlet. Provide the following: • Number of relevant target community representative(s) involved in the governing body relating to the outlet, (minimum one) • Confirmation that each relevant representative has attended at least 50% of meetings over the past 12 months • Attach a letter(s) from the member(s) confirming their role on the governing body in representing the perspectives of LGBTI and other sexual orientations, gender diverse or bodily diverse aged care recipients, including confirmation of their attendance at 50% of meetings over the past 12 months.
[B2.6] An active and resourced LGBTI advisory group contributes to the development, delivery and evaluation of specialised services.	2	Please describe or attach evidence of an active and resourced LGBTI advisory group which reflects the experience of the target community. Provide the following: • Membership of the group including details of relevant connections and characteristics (e.g. LGBTI and other sexual orientations, gender diverse or bodily diverse aged care recipients, representatives of relevant external organisations, management representatives) and affirm that this reflects your target community • Action items or plans from minutes of meetings held in the past 12 months OR describe the actions taken by the group in the past 12 months • Description of how the advisory group is supported/resourced • Description of how aged care recipients and staff can contact/interact with the advisory group (e.g. to seek support, provide feedback or raise concerns) • Description of how the group is linked to the provider or outlet governance body and/or management • Details of how many times the advisory group has met in the past 12 months (minimum twice).

Criterion	Tier	Guidance and evidence required
[B2.7] The outlet recognises and participates in local LGBTI celebrations and events.	2	Description of the recognition of/participation in/support for relevant and local LGBTI activities or events/days of significance to the LGBTI community in the past 12 months, with supporting evidence. Provide the following: • Name and description of relevant local LGBTI activities or events/days significant to the LGBTI community, and description of your recognition/support/nature of participation over the past 12 months • Number or proportion of care recipients who participated for each event. • Attach supporting evidence. Examples include: ○ event calendars or schedules ○ photos of events ○ flyers, invitations or posters advertising events ○ newsletters highlighting past or upcoming events ○ evidence of collaboration, co-hosting and/or support with community organisations ○ communications to care recipients regarding the events ○ care recipient (or care recipient representative) feedback regarding the days/events (e.g. excerpts from feedback register). Feedback must be clearly authored by care recipient and/or their representative(s).
[B2.8] Policies and procedures are in place to support and promote the delivery of specialised aged care to LGBTI and other sexual orientations, gender diverse or bodily diverse aged care recipients.	2	Attach at least one policy and one procedure that the outlet has in place which details how specialised care for LGBTI and other sexual orientations, gender diverse or bodily diverse aged care recipients is delivered or supported. Examples of policies and procedures which promote the delivery of specialised care may include: • Trauma-Aware and Healing Informed Care Policy and Procedure • Safety and Inclusion Policy • Assessment and Care Planning Procedure • Staff Training and Development Procedure. If it's not clear in the policy or procedure how it relates to the specialised care you provide at the outlet, include a short explanation about the policy and procedure describing how it helps you meet the needs of the target care leaver community.

Criterion	Tier	Guidance and evidence required
[B2.9] Policies and procedures are in place to support and promote the delivery of specialised aged care to people living with HIV/AIDS.	2	Attach at least one policy and one procedure that the outlet has in place which details how specialised care for LGBTI and other sexual orientations, gender diverse or bodily diverse aged care recipients is delivered or supported. Examples of policies and procedures which promote the delivery of specialised care may include: • Trauma-Aware and Healing Informed Care Policy and Procedure • Safety and Inclusion Policy • Confidentiality and Privacy Policy • Assessment and Care Planning Procedure • Staff Training and Development Procedure. If it's not clear in the policy or procedure how it relates to the specialised care you provide at the outlet, include a short explanation about the policy and procedure describing how it helps you meet the needs of the target care leaver community.
[B2.10] The outlet displays evidence of its public commitment to supporting LGBTI and other sexual orientations, gender diverse or bodily diverse aged care recipients.	2	Please describe how you commit to ensuring your support of LGBTI people is publicised. Examples of this may include: • displaying the rainbow flag symbol • displaying a copy of the Darlington statement onsite in Residential Aged Care (RAC) • wording/imagery on website or social media • advertising materials for Home Care Package (HCP) and Commonwealth Home Support Programme (CHSP) providers). Provide the following: • Attach a minimum of two forms of supporting evidence (e.g. photographs, website links, advertising materials).

People who live in rural, remote or very remote areas

The Specialisation Verification Framework presents a two-tiered approach to evidence requirements in providing specialised care to aged care recipients living in rural, remote or very remote areas.

If your outlet meets the Tier One criterion, no further evidence is needed to attain verification. If your outlet does not meet that criterion, you are required to meet all 2 Tier Two criteria in the framework. These criteria are listed in Table 9:

Table 9: Rural, Remote or Very remote Specialisation Verification Criteria, Guidance and Required Evidence

Criterion	Tier	Guidance and evidence required
[R1.1] The outlet is located in or provides services to aged care recipients in a rural (MM3 to MM5) or remote (MM6 or MM7) area, under the Modified Monash Model .	1	The Department of Health, Disability and Ageing will use department held data to verify that you are located in a rural (MM3 to MM5) or remote (MM6 or MM7) location. For providers of home care services please submit the following: • Attach a letter from the CEO or Executive Officer confirming that the outlet provides care and services to aged care recipients in rural or remote locations. The letter must be on official letterhead and include: ○ name of CEO or Executive Officer ○ name of outlet seeking specialisation.
[R2.2] There are established connections and regular engagement between the provider and local government, local health service(s) or other local organisation(s) which assists people who live in rural and remote areas.	2	Provide a description of the established connection and regular engagement with a local government, local health service or other local organisation which assists with the support and/or delivery of aged care services for your aged care recipients living in rural or remote areas. Provide the following: • Attach evidence from a local government, local health service or other local organisation confirming the established connection. Evidence can include but is not limited to, a letter on official letterhead or Memorandum of Understanding. If providing a letter, it must include: ○ name of representative ○ name of service provider or community organisation ○ name of outlet seeking specialisation ○ nature of the connection and confirmation of regular engagement. • Details of activities conducted in the past 12 months and/or planned for the next 12 months with the local organisation. Note that involvement in a relevant community of practice meets this criterion.

Criterion	Tier	Guidance and evidence required
[R2.3] At least half of outlet staff live in a rural or remote area (MM3 to MM7) under the Modified Monash Model .	2	Provide the following: • Affirmation that 50% of all outlet staff live in rural or remote area (MM3 to MM7) according to the Modified Monash Model. • Description and/or example(s) of how these staff use their rural/remote experience to inform the provision of specialised services for people who live in rural/remove areas. Examples of this may include: ○ an understanding of community dynamics ○ insight into transport and access challenges ○ strong relationships with local services.

About the new Aged Care Act and the updated Specialisation Verification Framework

The new Aged Care Act starts on 1 November 2025. The Act aims to improve the ways in which care and services are provided to older people in their homes, the community and through residential aged care.

The updated Specialisation Verification Framework reflects:

- Terminology consistent with the *Aged Care Act 2024*, such as:
 - people from the Stolen Generations are included in the Aboriginal and Torres Strait Islander specialisation category
 - people from ethnically diverse backgrounds are included in the Culturally and Linguistically Diverse specialisation category
 - War widows are included in the veteran's category
 - an emphasis on providers being trauma-aware and healing informed when delivering care and services to older people.
- Revised guidance, such as:
 - clearer guidance and consolidated manual provided in a single document with the updated Specialisation Verification Framework
 - new Specialisation Verification readiness checklist to help prospective applicants decide if they are ready to apply for Specialisation Verification
 - a new pre-submission checklist which helps outlets check they have got all the information they need to in the application before they lodge it.

More information about the Act is available at health.gov.au/our-work/aged-care-act/about

Outlet readiness checklist

Outlets can use this checklist to self-assess whether they are ready to apply for a specialisation category. Because each specialisation category is assessed individually, we recommend reviewing the readiness checklist for each potential application to a specialisation category.

Organisational commitment ☐ Policies and procedures: do you have documented policies and procedures that support delivery of specialised care as a core aspect of your service offering? ☐ Staff training: have your staff received training relevant to the specialised care needs of the group(s) you specialise in? ☐ Community engagement: is your outlet actively engaged with the communities relevant to the specialisation group(s) you specialise in?	Evidence and documentation ☐ Supporting evidence: can you provide evidence of your specialisation in both operational service delivery, outlet governance and administration practices. For example: • policies, procedures, meeting minutes • partnership agreements or memoranda of understanding • letters of support or testimonials • promotional and informational material such as brochures, websites, advertisements, and service guides.
Service delivery ☐ Tailored services: are your services adapted to meet the unique needs of the aged care recipients within the specialisation category, going beyond standard care requirements? ☐ Feedback mechanisms: do you have systems in place to collect and act upon feedback from aged care recipients within the specialisation category?	Application preparedness ☐ Understanding of the framework: have you reviewed the Specialisation Verification Framework and understand the criteria for verification? ☐ Application process: are you familiar with the application process?
Assessment • If you answered 'yes' to all the above: your outlet may be ready to apply for Specialisation Verification. • If you answered 'no' to any of the above: consider addressing these areas before applying to strengthen your application. Check out the detailed guidance and criteria on pages 7-49 or email MACspecialisation@Health.gov.au if you have further questions. Note: this is a tool to assist in self-assessing readiness to apply for Specialisation Verification and does not guarantee application approval.	

Outlet pre-submission checklist

Use this checklist to help you prepare submitting your application. This will ensure your application meets the requirements for assessment and reduces the need for assessors to contact you for more information.

Evidence and documentation

- ☐ Clear description of specialisation: have you clearly described which specialisation category you are applying for?
- ☐ Tailored service delivery: have you provided examples of how services are adjusted or tailored to meet the specific needs of the identified group(s)?
- ☐ Policies and procedures: are your internal policies and procedures attached, showing how the service is governed to ensure ongoing delivery of specialised care?
- ☐ Staff training evidence: have you attached documentation or a summary of relevant staff training or qualifications?
- ☐ Cultural competency/community partnerships: have you included examples of collaboration with communities or organisations relevant to the group(s) and are those organisations able to verify your ongoing engagement?
- ☐ Service feedback: have you included client testimonials or outcomes that demonstrate the impact and appropriateness of the services delivered, where appropriate?

Your application

- ☐ Language: have you avoided marketing language and used clear, factual descriptions?
- ☐ Evidence types: have you checked formal internal or external documentation exists before considering promotional material?
- ☐ Attachment quality: are all attachments correctly labelled and described, up-to-date, and clearly referenced in your application?
- ☐ Specialisation category/criteria selection: have you selected only the specialisation category and criteria you are truly equipped to support—ensuring your application is targeted and credible?

Final review

- ☐ Cross-check with the framework: have you reviewed the Specialisation Verification Framework detailed at pages 7-49 to confirm all relevant criteria are addressed?
- ☐ Application previewed: have you reviewed the application in full before submission to ensure clarity, completeness and consistency?
- ☐ Authorised submission: is the application being submitted by an authorised person on behalf of your outlet?

Submission

If you have answered yes to every question in this checklist, your outlet is well-positioned to submit a confident, complete application for Specialisation Verification.

How to request a review of your application outcome

If your specialisation application is not successful, you have two options:

1. You can re-apply after 3 months, or
2. You can request a review within 20 business days from the date verification status is issued.

If you applied for more than one specialisation category and want a review, you will need to submit a separate review request for each application you want reviewed.

To lodge a request to review the decision, you must:

- provide additional evidence not included in your original application, and/or
- explain why you believe the assessment process was inadequate.

Appeal Process

1. Email us with details

Write a letter stating that you are lodging a request to review the outcome decision and outline the reasons for the appeal including any reasons why you believe the process of assessment was inadequate. Email your letter and any additional supporting evidence to MACspecialisation@Health.gov.au.

2. We assess your request

An assessor who did not review the original assessment will review your request and notify you of the outcome within 20 business days, where feasible.

3. Escalate your concerns to the department, if required

If you are unsatisfied with the result of your request, you may contact the department by emailing the delegate of the Secretary at ageing.and.diversity@Health.gov.au.

Complaints policy

The Specialisation Verification Team values all feedback, we aim to acknowledge complaints within 2 business days and resolve them within 7 business days, where possible.

Complaints

Submit complaints to:

- email: MACspecialisation@Health.gov.au
- mail: My Aged Care Provider Specialisation Verification, PO BOX 9848, Canberra ACT 2601
- phone appointment: request by emailing MACspecialisation@Health.gov.au.

Escalating a Complaint

If you are still unsatisfied with the response provided you can escalate your complaint to ageing.and.diversity@health.gov.au.

Need Help?

For any queries about the framework or the application process, please contact the Specialisation Verification Team at MACspecialisation@Health.gov.au.

Privacy policy

Who is collecting your personal information?

Your personal information is being collected by the Department of Health, Disability and Ageing.

Why does the department collect your personal information?

We collect your personal information to verify aged care providers' eligibility against the criteria outlined in the Specialisation Verification Framework. This helps ensure that provider profiles on My Aged Care display accurate and relevant information, supporting informed decision-making by aged care recipients and their representatives when seeking specialised services.

Your personal information may also be used for other purposes such as delivering and evaluating the Program and for statistical, performance, policy development and research purposes.

What would happen if the department did not collect your personal information?

If you do not or are unable to provide your personal information the department may be unable to verify the eligibility of an application against the criteria set out in the Specialisation Verification Framework.

Who will the department disclose your personal information to?

We disclose your personal information to contractors engaged by the department.

Access to and correction of your personal information

The department's privacy policy contains information about how you may access and seek correction of your personal information.

Privacy complaints

The department's privacy policy contains information about how you may complain about a breach of the Australian Privacy Principles (APP) or the *Australian Government Agencies Privacy Code* and how the department will deal with complaints.

Overseas disclosure of your personal information

We may disclose your personal information to overseas recipients if you provide consent.

Further information

You can read the department's privacy policy [here](#). You can obtain a copy of the APP privacy policy by contacting the department using the contact details set out at the end of this notice.

Consent

If you wish to contact the department about a privacy-related matter, including questions about this notice, please contact the department's Privacy Officer by one of the following methods:

Post

Privacy Officer
Department of Health, Disability and Ageing
23 Furzer Street
WODEN ACT 2606

Email

privacy@health.gov.au

Telephone

02 6289 15