



Australian Government

Department of Health, Disability and Ageing

Parents and children who are separated by forced adoption or removal

Specialisation Verification Application Form

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Parents and children who are separated by forced adoption or removal

How to apply

To complete this application:

1. Enter details of the outlet the application relates to.
2. Select the criteria you wish to apply for.
3. Provide required information for each selected criterion, including any necessary attachments.
4. Remove individual names from the responses and attachments unless specifically requested.
5. Leave sections for unselected criteria blank.
6. Submit the completed form and all attachments to MAC Specialisation inbox, MACspecialisation@health.gov.au

Purpose of the Form

The purpose of this application form is to demonstrate how an individual outlet meets the criteria under the [Specialisation Verification Framework](#). It provides opportunity for an aged care provider to demonstrate how their outlet tailors their service delivery for parents and children who are separated by forced adoption or removal. Strong, practical evidence in both operational service delivery and outlet governance and administration practices will be required to substantiate the delivery of specialised services.

An outlet refers to a specific service location or site where aged care services are delivered under the governance of the registered aged care provider.

Identification details

The Department of Health, Disability and Ageing will use the contact information provided below as the primary means of communication for all future updates, requests, and notifications related to this application.

Outlet ID

Found on your Service and Support Portal

Outlet name

Organisation ID

Found on your Service and Support Portal – this is not your NAPS ID

Organisation name

Contact details provided in this application will be used by the department for all future communications related to this application.

Please ensure details are accurate and keep them up to date by notifying us of any changes via email to MACspecialisation@health.gov.au.

Primary point of contact

Phone number

Email address

Secondary point of contact

Phone number

Email address

Criteria selection and completion checklist

For this specialisation, you must meet **4 of the Tier 2 criteria** listed below.

Please indicate the criteria you intend to address in this application. Complete the corresponding section for each selected criterion.

Tier 2 (you must meet a minimum of 4 criteria)

Criterion P2.1

One or more staff members are resourced and supported by management to act as 'champions' within the provider outlet to support care recipients and other staff.

Criterion P2.2

There are established connections and regular engagement between the provider outlet and a forced adoption/removal support service or community organisation.

Criterion 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.

Criterion P2.4

There are established connections between the outlet and local dental and medical facilities so that support can be provided to aged care recipients who are triggered by accessing these services.

Criterion 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.

Criterion P2.6

An active and resourced forced adoption or removal advisory group contributes to the development, delivery and evaluation of specialised services.

Criterion 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.

Disclaimer and Privacy Completed (p13)

Signature Given (p13)

Criterion evidence

Tier 2 *(you must meet a minimum of 4 criteria)*

Criterion P2.1

One or more staff members are resourced and supported by management to act as ‘champions’ within the provider outlet to support care recipients and other staff.

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).

Title of attachment(s) you are submitting as evidence for this criterion.

Criterion P2.2

There are established connections and regular engagement between the provider outlet and a forced adoption/removal support service or community organisation.

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 provider 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.

Title of attachment(s) you are submitting as evidence for this criterion.

Criterion 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.

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 (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.).

Title of attachment(s) you are submitting as evidence for this criterion.

Criterion P2.4

There are established connections between the outlet and local dental and medical facilities so that support can be provided to aged care recipients who are triggered by accessing these services.

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

Title of attachment(s) you are submitting as evidence for this criterion.

Criterion 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.

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.

Title of attachment(s) you are submitting as evidence for this criterion.

Criterion P2.6

An active and resourced forced adoption or removal advisory group contributes to the development, delivery and evaluation of specialised services.

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).

Title of attachment(s) you are submitting as evidence for this criterion.

Criterion 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.

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.

Title of attachment(s) you are submitting as evidence for this criterion.

Disclaimer and privacy

Privacy Obligation and Consent for Collection of Information

Your personal information is protected by law, including the *Privacy Act 1988* and the Australian Privacy Principles. It is being collected by the Department of Health, Disability and Ageing (the department) for the primary purpose of verifying the eligibility of aged care providers against the criteria set out in the [Specialisation Verification Framework](#). This ensures 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 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 will manage your personal information, including our privacy policy found in the [Specialisation Verification Framework](#).

I accept and consent to all privacy requirements and information that needs to be collected.

I confirm that the information provided is accurate to the best of my knowledge.

I declare that the information provided as part of this application is true and correct to the best of my knowledge.

I understand that once the claims to specialisation in the delivery of care made in this form have been verified by the assessor my organisation will make best efforts to maintain the specialisations through adherence to the requirements set out by the [Specialisation Verification Framework](#).

I understand that if my organisation is not able to produce the required evidence, my organisation will not be able to claim to provide specialised services on its My Aged Care provider profile.

In the event that this specialisation cannot be maintained, a representative of my organisation will inform the department (via email to MACspecialisation@health.gov.au) to remove the specialisation from My Aged Care. I understand that if I wish to reinstate this specialisation, I will need to re-apply for verification by the assessor.

I understand that representative contact information may be used by the department where further evidence or clarifications are required to progress the application.

Signature - The Department accepts digital signatures

Full Name

Date

Submission

Instructions on how to submit this form via email

1. The subject for the email must be as follows:
Outlet Name – Outlet ID – Specialisation Type
2. This form **must** be attached to the email.
3. All attachments listed in this form **must** be attached individually to the email.
4. Email to MACspecialisation@health.gov.au

Please note, emails received missing relevant attachments cannot be assessed. You will be informed of this and asked to resubmit the required information.

Need help?

For queries about the framework or the application process, please contact the Specialisation Verification assessment team.

Email: MACspecialisation@health.gov.au