Review and development of a specialisation verification framework for My Aged Care

Final report

Australian Government Department of Health

26 April 2021

AHA Australian Healthcare Associates
Australia's largest health & human services consulting firm

Suggested citation: Australian Healthcare Associates, 2021, *Review and development of a specialisation verification framework for My Aged Care: Final report*, Australian Government Department of Health, Canberra.

AHA Australian Healthcare Associates
Level 6, 140 Bourke St, Melbourne VIC 3000
Locked Bag 32005, Collins Street East, VIC 8006
1300 242 111
aha@ahaconsulting.com.au
www.ahaconsulting.com.au

Acknowledgement of Country

In the spirit of reconciliation, the authors acknowledge and pay respect to the traditional custodians of Country, the Aboriginal and Torres Strait Islander peoples, and their continuing connection to land, waters, sea, and community.

AHA is located on the lands of the Kulin Nation. We pay respect to Elders past and present.

Abbreviations

Term	Definition
ACQSC	Aged Care Quality and Safety Commission
AHA	Australian Healthcare Associates
AIHW	Australian Institute of Health and Welfare
BIDS	Bulk Information Distribution Service
CALD	culturally and linguistically diverse
CHSP	Commonwealth Home Support Programme
DVA	Department of Veterans Affairs
GEN	GEN Aged Care Data
HCP	Home Care Package
LGBTI	lesbian, gay, bisexual, transgender and intersex
MM	Modified Monash
MOU	memorandum of understanding
PICAC	Partners in Culturally Appropriate Care
Provider	aged care provider
RAC	Residential Aged Care
RSL	Returned & Services League of Australia
the Department	the Australian Government Department of Health
the Royal Commission	the Royal Commission into Aged Care Quality and Safety
the Quality Standards	the Aged Care Quality Standards

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1 Introduction

In October 2020 Australian Healthcare Associates (AHA) was engaged by the Australian Government Department of Health (the Department) to:

- Review current guidelines for aged care providers selecting Special Needs Group specialisations in the My Aged Care Find a Provider tool
- Research approaches to verifying specialisations
- Develop a verification framework the Department can use to verify specialisation claims.

The project considered all types and sizes of aged care providers listed in the My Aged Care Find a Provider tool. This included providers of Home Care Packages (HCPs), the Commonwealth Home Support Programme (CHSP), Residential Aged Care (RAC) and Short-Term Care across metropolitan, regional and remote areas of Australia.

1.1 Background

Australia's ageing population has diverse aged care needs brought about by a range of factors including culture, language, frailty, gender, religion, socioeconomic status, geographical location and associated lived experience. The Australian Government has identified 9 groups that have unique care needs as 'Special Needs Groups' in the *Aged Care Act 1997,* as listed below:

- People from Aboriginal and Torres Strait Islander communities
- People from culturally and linguistically diverse backgrounds
- People who live in rural or remote areas
- People who are financially or socially disadvantaged
- Veterans
- People who are homeless or at risk of becoming homeless
- Care leavers
- Parents separated from their children by forced adoption or removal
- Lesbian, gay, bisexual, transgender and intersex people.

The Aged Care Diversity Framework (Diversity Framework) (Australian Government Department of Health 2017) and associated action plans recognise that while people from particular Special Needs Groups may have some shared life experiences, there is 'diversity within diversity', and people who belong to more than one group (as considered within 'intersectional' analyses) have unique needs.

The Diversity Framework and action plans (along with the Charter of Aged Care Rights and Aged Care Quality Standards [Quality Standards]) describe the minimum requirements all providers must meet to cater for Australia's diverse older population. Providers that claim to *specialise* in the care of older Australians from the Special Needs Groups are required to go 'above and beyond' these baseline obligations.

My Aged Care is the starting point to access government-funded aged care services, facilitating consumer registration, assessment and referral to providers (Department of Health 2020). Currently, providers are able to nominate specialisations within the My Aged Care provider portal that in turn are

displayed in the Find a Provider tool, which consumers can use to search for providers that specialise in the care of people from the each of the 9 Special Needs Groups.

Guidance for providers on the requirements for selecting specialisations within the My Aged Care provider portal is currently available for only 3 of the 9 Special Needs Groups: people from Aboriginal and Torres Strait Islander communities, people from culturally and linguistically diverse (CALD) backgrounds, and lesbian, gay, bisexual, transgender and intersex (LGBTI) people.

The Royal Commission into Aged Care Quality and Safety (Royal Commission) was held from October 2018 to February 2021. Commissioners were critical of the accuracy of the information entered by aged care providers in the My Aged Care Find a Provider tool, commenting on the lack of processes to verify and monitor the information, including specialisations. In the final report, *Recommendation 30 – Designing for diversity, difference, complexity and individuality* stated there should be verification to ensure 'that the provider has proper grounds for making any representation of being able to provide specialised services for groups of people with diverse backgrounds and life experiences.' (Royal Commission into Aged Care Quality and Safety, 2021).

1.2 Key evaluation questions

The key evaluation questions for the project were:

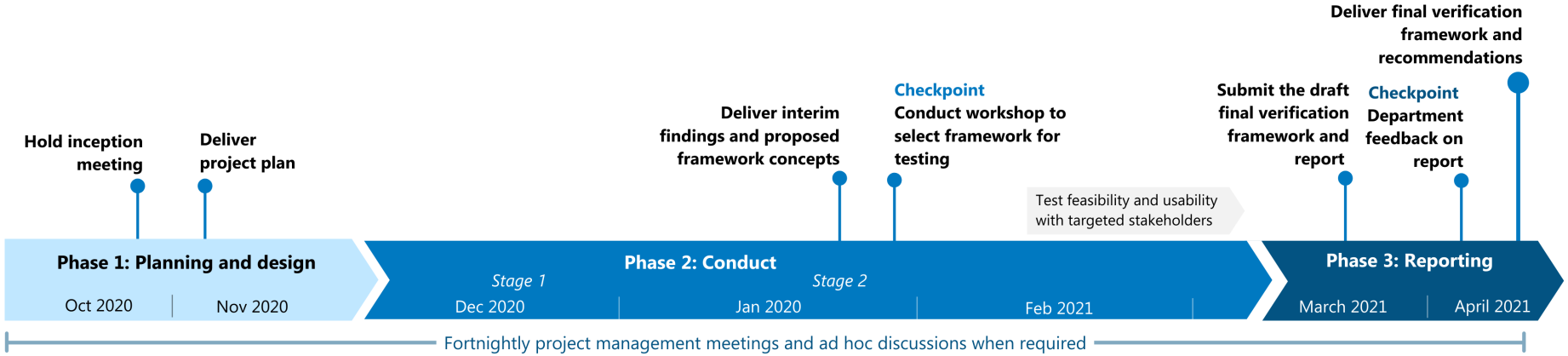
1. How effective are the current processes and guidelines in ensuring specialisations are accurate in My Aged Care?
2. How can the Department use a 'verification framework' that will not discourage providers from indicating their specialisation in the My Aged Care Find a Provider tool?
3. What evidence could the Department request from providers to verify their specialisation claims?
4. What options are there to implement a 'verification framework' the Department can use to better ensure accuracy of specialisations in the My Aged Care Find a Provider tool? How do each of the options compare in terms of:
    - meeting consumer and stakeholder needs
    - value for money and
    - efficient use of resources.

These questions provided a framework for our three-phase methodology, and informed the identification of suitable data sources and the development of data collection tools.

1.3 Methodology

The project used a three-phase methodology, as illustrated in Figure 1-1.

Figure 1-1: Project timeline



Data sources included:

- **an environmental scan and literature review** to explore the current processes for selecting and verifying specialisations in My Aged Care and alternative approaches to selecting and verifying specialisations including those used locally in other sectors and in comparable countries
- **GEN Aged Care Service Information data analysis** (AIHW 2021) to understand the status of provider specialisation nomination in My Aged Care
- **an initial online survey of aged care providers** (providers) to test their awareness of existing specialisation guidelines, explore barriers and enablers to nominating specialisations, and identify opportunities for improvement
- **interviews and focus groups with a range of stakeholders** including providers, representatives of the Special Needs Groups, and those with information on how specialisations are verified in comparable sectors/settings
- **emailed feedback** from members of the Diversity Sub-group and representatives of the Special Needs Groups in relation to feasibility of the draft specialisation verification framework, including the appropriateness of the criteria and evidence requirements
- **a second online provider survey** to test the usability of the draft framework, focusing on the acceptability and practicality of the new approach.

1.4 This report

The document is the final report for the project, and is set out as follows:

- Chapter 2 explores patterns in aged care specialisation, providers' awareness of existing guidelines and the effectiveness of the current approach to nominating specialisations
- Chapter 3 discusses what it means to offer specialist care and characteristics of aged care services that nominate each specialisation
- Chapter 4 discusses possible verification approaches, the strengths and limitations of each, and a tiered approach to differentiate between stronger and weaker specialisation criteria
- Chapter 5 describes the feasibility and usability testing stages and their outcomes
- Chapter 6 presents the final specialisation verification framework
- Chapter 7 provides recommendations for implementation supports and ongoing monitoring and updates to the framework.

2 Current approach to selecting specialisations

2.1 Current patterns in aged care specialisation

The 3 existing My Aged Care specialisation guidelines (detailed in chapter 3) list criteria specialist providers should be able to demonstrate they meet. We used **GEN aged care service information data**, (released March 2021), to analyse the specialisations nominated across CHSP, HCP and RAC providers.[1]

Analysis of the data revealed differential patterns in provider nomination of specialisations. Similar to data analysed in 2020 (presented in the Interim Report), with the exception of the financially or socially disadvantaged specialisation, HCP providers were far more likely than other provider types to nominate each specialisation category (Table 2-1).

Table 2-1: Specialisation by provider type

Specialisations	CHSP (10,524)	HCP (3,035)	RAC (2,769)	All providers (16,328)
Financially or socially disadvantaged	42%	64%	66%	**51%**
CALD	43%	69%	21%	**44%**
Aboriginal and Torres Strait Islander	39%	57%	23%	**40%**
LGBTI	33%	54%	17%	**34%**
Veterans	12%	57%	23%	**23%**
Rural or remote	12%	53%	4%	**19%**
Homeless or at risk of becoming homeless	9%	46%	3%	**15%**
Care leavers	7%	44%	2%	**13%**
Parents separated from their children by forced adoption or removal	5%	35%	1%	**10%**

Provider counts may not match other government records due to duplicate records within the Aged Care Service Information dataset.

Overall, the frequency of nomination of specialisations largely aligned with those populations for which formal guidelines currently exist – i.e., reported specialisation was relatively common for Aboriginal and Torres Strait Islander, CALD and LGBTI populations. However, nominations of the financially or socially disadvantaged category were also frequent across all provider types despite no formal guidelines being in place.

This was especially the case for RAC providers: of those RAC providers who nominated only one specialisation (34%), 92% nominated the financially or socially disadvantaged category, and of all RAC

[1] Limitations of this administrative dataset include the possibility of outdated service information and the presence of duplicate entries in the system. As a result, total service provider numbers presented in this analysis may not precisely match other government data sources. Despite these limitations, this analysis provides an indication of the Special Needs Groups most frequently being nominated as provider specialisations and the number of nominations being made across provider types.

providers, 66% nominated this category. For CHSP providers with one nomination this dropped to 36% and HCP providers to 17%.

Analysis of the number of specialisation nominations (Table 2-2) revealed that:

- HCP providers were more likely to nominate all 9 specialisations (21%) compared to CHSP (3%) and RAC (< 1%) providers
- CHSP providers were least likely to nominate a specialisation, with 49% nominating no specialisations compared to 22% for HCP and 30% for RAC providers
- CHSP providers that nominated specialisations most frequently nominated 4 Special Needs Groups. Of these, 3 were the populations with existing guidelines, with the remaining nomination most frequently being financially and socially disadvantaged.

Table 2-2: Number of specialisations nominated by provider type

Number of specialisations selected	CHSP (10,524)	HCP (3,035)	RAC (2,769)	All providers (16,328)
0	49%	22%	30%	**41%**
1	8%	6%	34%	**12%**
2	6%	5%	17%	**8%**
3	6%	3%	4%	**5%**
4	19%	7%	3%	**14%**
5	3%	10%	8%	**5%**
6	2%	6%	1%	**3%**
7	1%	8%	2%	**2%**
8	2%	11%	1%	**4%**
9	3%	21%	< 1%	**6%**
Total providers selecting at least one specialisation	**51%**	**78%**	**70%**	**59%**

Table 2-3 shows the proportion of providers that nominated the rural and remote specialisation, by remoteness area. For CHSP and RAC providers, the increasing proportion of providers nominating rural and remote specialisation as remoteness increases is to be expected. However, for HCP providers this distribution appears more evenly spread across remoteness areas. As shown in Table 2-3, 43% of HCP providers in major cities nominated rural and remote specialisation, compared to 8% of CHSP and 1% of RAC providers in major cities. It is possible that HCP providers deliver services to a broader geographic location than their (major city) address may indicate.

Table 2-3 Rural and remote specialisation by Remoteness Area and provider type

Remoteness Area	CHSP	HCP	RAC
Major cities	10%	43%	1%
Inner regional	13%	63%	6%
Outer regional	16%	73%	9%
Remote	23%	75%	19%
Very remote	18%	70%	13%

* Remoteness is reported using Australian Statistical Geography Standard – Remoteness Areas to align with GEN Aged Care Data reports.

2.2 Awareness of current guidelines

As noted in section 1.1, guidelines are available for providers wishing to nominate a specialisation in the care of Aboriginal and Torres Strait Islander people, people from CALD backgrounds and LGBTI people. In addition, there are a range of resources to support providers in entering and managing their information within the My Aged Care provider portal. These include the *My Aged Care Provider Portal User Guide* and *Managing your service information in the My Aged Care Find a Provider tool* documents for CHSP and HCP providers.

We undertook an initial survey of aged care providers (n=142), to determine levels of awareness of the current guidelines (see Appendix A for summary findings). Provider survey respondents were asked whether they were aware, before completing the survey, that to nominate a specialisation a provider must have processes and practices 'above and beyond' those required by the Quality Standards to provide culturally safe and inclusive care. Only half of respondents (52%) said they were aware of this requirement. The remaining respondents were either unsure (21%) or had no awareness (27%) of this requirement prior to completing the survey.

Among survey respondents reporting specialisation in the groups for whom guidelines do exist, awareness of these was also sub-optimal:

- Of the 32 respondents who reported nominating a specialisation for People from Aboriginal and Torres Strait Islander communities, 13 (41%) were unaware of the guideline.
- Of the 29 respondents who reported nominating a specialisation for LGBTI people, 9 (31%) were unaware of the guideline.
- Of the 74 respondents who reported nominating a specialisation for People from CALD backgrounds, 31 (42%) were unaware of the guideline.

Similarly, we heard through our focus group with aged care service providers that most providers are not aware of the 3 guidelines and therefore there is a lack of clarity around what constitutes a specialised service. This may be largely attributed to a lack of communication with the sector when the guidelines were released (see box below).

2.2.1 Communicating with the sector

The lack of provider awareness of the specialisation guidelines noted above may be unsurprising given they were not promoted by the Department (e.g. via a Bulk Information Distribution Service [BIDS] notice or direct email to providers) when they were published. Instead, the guidelines are referred to within the provider portal, when providers nominate specialisations.

Most survey respondents (87%) felt that emailing providers directly is the most effective method for communicating the Department's advice about managing information in the My Aged Care provider portal. Lower preferences included updates within the My Aged Care portal itself (47%), email announcements (e.g. BIDS notices) to the aged care sector (43%) and updates on the Department's (36%) and My Aged Care (36%) websites. Discussions with provider representatives likewise indicated the BIDS channel and direct email were effective communication methods.

Most provider representatives who were aware of the existing guidelines for their area of specialisation were satisfied with them. Some stakeholders did however report concerns about the lack of consistency across the 3 guidelines and the short development period which precluded a comprehensive consultation process.

2.3 Effectiveness of current approach

It is difficult to determine whether the current process and guidelines are effective in ensuring the specialisations noted in the Find a Provider tool are accurate, particularly as:

- There is no guidance to define specialisation for 6 of the 9 Special Needs Groups
- There is no independent process to confirm adherence to the guidelines that do exist, or that specialising providers go 'above and beyond' their baseline obligations to provide care for other Special Needs Groups.

While the existing specialisation guidelines note that providers who nominate a specialisation are expected to be able to provide supporting evidence, provider survey responses indicated that a minority (18%) of respondents had been asked to provide evidence of their organisation's specialisations in the past. Of these respondents, 36% were asked for evidence by the Aged Care Quality and Safety Commission (ACQSC), 32% by the Department, 24% by a consumer, and 8% by other – which included an internal quality audit and annual CHSP reporting. This finding is consistent with concerns raised by the Royal Commission about the lack of verification of specialisation claims. For these respondents, the evidence requested was almost exclusively related to service documentation, internal records and various policies and procedures (e.g. diversity policies). In most cases evidence related to specialising in the provision of care for CALD populations, indicating that there has been minimal verification of specialisations for other Special Needs Groups, and no formal verification process in place.

Despite this lack of formal verification, providers who nominate specialisations in the areas for which there are existing guidelines and were aware of the guidelines were asked in the survey if they believed their organisation met the requirements. All (n=19) providers nominating Aboriginal and Torres Strait Islander specialised services believed they met the guidelines, and 95% of those representing CALD and LGBTI specialist services believed they met the guidelines.

2.4 Barriers and facilitators for providers in accurately reporting specialisations in My Aged Care

2.4.1 Barriers

Provider survey responses revealed two polarities regarding barriers to accurately reporting specialisations: either services will not select specialisations because the guidelines and required evidence to support nominations are unclear, or services will select as many as possible to maximise their visibility on the Find a Provider tool. In stakeholder consultations, interviewees indicated some providers lacked an understanding of how specialisation differs from inclusive care delivery. This was evidenced by some providers reportedly selecting all specialisations within the provider portal in an effort to demonstrate that all consumers are welcome at the service, and to meet Quality Standard 1 (Consumer dignity and choice) which states that *all aged care organisations are expected to deliver care and services that are inclusive and do not discriminate*.

Of the 73 survey responses detailing perceived barriers to nominating a specialisation, the most frequently cited barrier was the lack of clear definitions and/or requirements for each specialisation (n=22, 30%). This was followed by a lack of knowledge around how to provide tangible evidence to

support the nomination (n=10, 14%) and needing to provide specialised staff (n=9, 12%). Only a small number of provider responses indicated that multiple specialisations were being nominated for marketing reasons.

Workforce skills shortages and the turnover of direct care staff were cited by many stakeholders, both in consultations and the provider survey, as significant barriers to accurately nominating specialisations. For example, while a provider may meet the criteria for specialisation in the care of people from CALD backgrounds, including having bilingual and bicultural workers, there may be a reluctance to nominate this specialisation in case staff leave. High turnover also is likely to impact the accuracy of the information within My Aged Care – providers may forget to alter specialisations when specialist staff leave.

Special Needs Group representatives also acknowledged the difficulties faced by regional providers and small providers (in particular) in offering specialised services largely due to challenges in recruiting and retaining skilled staff. This in turn means there is limited choice for consumers, particularly in regional areas.

2.4.2 Facilitators

Provider survey respondents were asked to consider what assistance could be provided to support providers in nominating Special Needs Group specialisations in the My Aged Care provider portal. Of the 66 responses, 18 respondents (27%) suggested the provision of specific guidelines for specialisation categories and 16 (24%) suggested the provision of clear evidence requirements. Some respondents suggested a self-selection function for nominating specialisations, and that meeting a minimum number of self-selected criteria might be set as a threshold for a given specialisation.

During the consultations, some provider representatives suggested that to facilitate accurate specialisation reporting within the provider portal, there should be a 'pop up' within the portal with guidelines for the selected specialisations. The provider representative could then check their service is able to demonstrate it meets the requirements.

3 Defining specialisations

This chapter presents existing specialisation guidelines for Aboriginal and Torres Strait Islander people, people from CALD backgrounds and people who are LGBTI, together with stakeholder views on their usefulness and acceptability, plus other possible forms of evidence, as suggested in survey responses and consultations (sections 3.1 to 3.3).

For the remaining 6 groups for which guidance does not currently exist, the survey and consultations explored what service characteristics might indicate appropriate specialisation for each group, and what evidence might be feasible to present in support of those characteristics. Responses for each of these groups are captured in sections 3.4 to 3.9.

The following pages also present the resulting draft specialisation criteria for each Special Needs Group. These draft criteria were based on the service characteristics identified by stakeholders as well as other inputs, including the earlier environmental scan and literature review that considered the guidance offered in the Diversity Framework action plans. Draft verification criteria were later presented to stakeholders and providers during feasibility and usability testing (see chapter 5) and then further revised.

The new criteria for Aboriginal and Torres Strait Islander people, people from CALD backgrounds and LGBTI people are broadly consistent in theme to those in the existing guidelines, but provide a more comprehensive and consistent approach to specialisation across all 9 Special Needs Groups and bring about similar benchmarks, or service requirements, for each group.

A prominent theme emerging from consultations was that all aged care providers should be supported to improve their ability to provide inclusive care for people from diverse backgrounds, including those from the 9 Special Needs Groups, regardless of whether they elect to specialise. Also, in line with Royal Commission's *Recommendation 30: Designing for diversity, difference, complexity and individuality*, many stakeholders felt all aged care staff should undertake training in trauma-informed care. They pointed to the high proportion of older Australians who have experienced trauma during their lives and therefore a strong need for person-centred and trauma-informed approaches in aged care[2].

Stakeholders also consistently noted that all Special Needs Groups are heterogeneous, and include diverse individuals with different needs. In addition, many individuals belong to more than one Group. For these reasons, developing specialisation guidelines to adequately reflect the broad care needs of all individuals from a certain group – with myriad life experiences and needs – is challenging.

However, despite these reservations, stakeholders were supportive of the concept of specialisation in order to improve person-centred care for those from the Special Needs Groups, and recognised that, while imperfect, explicit criteria were needed to enable providers to confidently nominate a specialisation and improve transparency in the Find a Provider tool.

[2] Phoenix Australia (affiliated with The University of Melbourne) is developing training modules for the aged care sector in the areas of Psychological First Aid and Trauma-Informed Care, and Foundational Skills in Mental Health. These will be released in June 2021.

3.1 Aboriginal and Torres Strait Islander people

Existing My Aged Care specialisation guidelines for aged care providers

It is expected that an organisation which identifies as a specialist provider for Aboriginal and Torres Strait Islander people would be able to demonstrate that it:

- Is an Aboriginal or Torres Strait Islander community controlled organisation

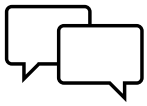
OR

- Has established a collaborative partnership with the local Aboriginal and/or Torres Strait Islander community

In addition, it is expected that an organisation would have documented strategies in place to ensure:

- its workforce is culturally competent, through staff training and employment of Aboriginal and Torres Strait Islander people
- its facilities and services are culturally appropriate for the local Aboriginal or Torres Strait Islander community
- trauma-informed care is provided to members of the Stolen Generations.

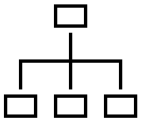
Stakeholder views on the guidelines and other possible forms of evidence



Of the 19 survey respondents who reported nominating a specialisation for Aboriginal and Torres Strait Islander people and were aware of the guidelines, 18 (95%) believed the guidelines are reasonable in describing expectations of service providers nominating this specialisation and all felt their organisation met the requirements.

Aboriginal and Torres Strait Islander stakeholders reported the specialisation guidelines represented a positive step, but may take too much of a 'broad brush' approach, bringing about challenges in pinpointing specific evidence of specialisation. Stakeholders felt certain workforce skills and competencies (including trauma-informed care) should be considered in the framework, but did not suggest how this could be evidenced (e.g. staff training certificates). The challenge of ensuring all current staff are trained in relevant topic areas were also identified. One participant believed connections with a local community organisation to be important, and could be evidenced by a report detailing activities undertaken and the number of engagements with the organisation.

Draft specialisation criteria



- The provider is an Aboriginal and Torres Strait Islander community-controlled organisation
- The service is funded by the National Aboriginal and Torres Strait Islander Flexible Aged Care Program
- A specified proportion of staff identify as Aboriginal and Torres Strait Islander, and act as 'champions' within the organisation to support other staff
- There are established connections between the provider and the local Aboriginal and Torres Strait Islander community organisations
- A specified proportion of staff have completed training in the aged care needs of Aboriginal and Torres Strait Islanders in person-centred and trauma-informed care delivery
- Physical environment is considered culturally appropriate for consumers by a representative of the local Aboriginal and Torres Strait Islander community
- Provider offers services which are culturally appropriate for the local Aboriginal and Torres Strait Islander community
- At least one Aboriginal and Torres Strait Islander person sits on the Board of the provider
- An active and resourced Aboriginal and Torres Strait Islander advisory group contributes to the development, delivery and evaluation of specialised services
- Provider recognises and participates in local cultural celebrations
- Policies and procedures are in place to support and promote the delivery of specialised aged care to Aboriginal and Torres Strait Islander consumers.

3.2 People from CALD backgrounds

Existing My Aged Care specialisation guidelines for aged care providers

It is expected that an organisation which identifies as a specialist provider for people from CALD backgrounds would be able to demonstrate at least five (5) of the following:

1. Provides simple, understandable information on the services offered which are translated into languages of target groups.
2. Delivers services in languages other than English.
3. Operates in partnership with local cultural or linguistic groups that reflect the background of its service users.
4. Has specific strategies in place to recruit, train, reward, and retain bilingual and bicultural workers who reflect the background of its service users.
5. Provides service users with opportunities to engage with their language and culture in a meaningful and frequent manner.
6. Has specific process in place to consult consumers in relation to service planning and improvement which include practical measures to ensure full participation of CALD consumers.
7. Evidence that Care Plans are co-designed and that appropriate supports are in place to allow CALD older people to actively contribute to the plan.

A service may choose to specialise in one or more language or cultural group.

Stakeholder views on the guidelines and other possible forms of evidence

Of the 43 survey respondents who nominated specialisation in caring for CALD consumers and were aware of the guidelines, 40 (93%) believed they are reasonable in describing expectations of service providers nominating this specialisation. Almost all (95%) also believed their organisation met the current requirements.

Attendees of the focus group with CALD representatives believed the Diversity Framework action plan for providers and consumers contained suitable criteria for specialisation. For example, cultural competency training was thought to be critical for all direct care workers and management, particularly those from non-CALD backgrounds. The need for CALD specialist providers to deliver services in languages other than English was also highlighted as being particularly important, especially for people with dementia. Recent discussions within the sector concerning large organisations having a 'diversity advisor' was supported by the group however a lack of funding for this position was identified as a likely barrier.

Draft specialisation criteria

- Service is run by a recognised CALD community organisation
- A specified proportion of staff are bilingual and bicultural and reflect the cultural and linguistic background of consumers, and act as 'champions' within the organisation to support other staff
- There are established connections between the provider and the local community organisation which best represents the cultural and linguistic demographic of target consumers
- A specified proportion of staff have completed training in culturally appropriate aged care delivery
- Provider offers services in languages other than English
- At least one person from the cultural and linguistic background of the local community sits on the board of the provider
- An active and resourced cultural diversity advisory group contributes to the development, delivery and evaluation of specialised services
- Provider recognises and participates in local cultural celebrations
- Policies and procedures are in place to support and promote the delivery of specialised aged care to CALD consumers
- A specified number of CALD consumers report the care received is appropriate and meets their unique needs

3.3 Lesbian, gay, bisexual, transgender and intersex people

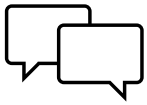
Existing My Aged Care specialisation guidelines for aged care providers

It is expected that an organisation which identifies as a specialist provider for LGBTI people would be able to demonstrate:

1. Rainbow Tick Accreditation OR
2. Evidence of:
   a. A public commitment to the inclusion of LGBTI people supported by an LGBTI action plan and inclusivity policy, and
   b. Completion of Silver Rainbow LGBTI Awareness Training by a minimum of 90% of all staff (management and direct workers), and
   c. Active and resourced LGBTI advisory group, and
   d. Internal LGBTI Champions/ Diversity Officers that are adequately resourced

For either (1) or (2), the organisation should be able to demonstrate it is able to support each of the groups covered by the term LGBTI. For example, organisations can provide evidence that they have consulted with peak intersex or transgender support groups and/or have signed the Darlington Statement.

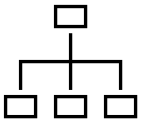
Stakeholder views on the guidelines and other possible forms of evidence



Of the 20 survey respondents which nominated specialisation in LGBTI people and were aware of the guideline, 18 (95%) believed the guidelines are reasonable in describing expectations of service providers nominating this specialisation. Likewise, almost all (95%) thought their organisation met the requirements.

Attendees of the focus group concurred that the Rainbow Tick is considered the gold-standard accreditation system however noted there were some concerns about whether it adequately represents the needs of intersex people. One attendee raised concerns that smaller providers in regional areas may not be delivering LGBTI-inclusive care, even if the head office was Rainbow Tick accredited. Stakeholders also felt that more regular auditing (e.g. annually instead of every 3 years) was needed as significant staff and workplace culture shifts can occur during this time.

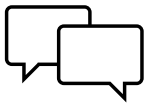
Draft specialisation criteria



- Provider is Rainbow Tick accredited
- A specified proportion of staff identify as LGBTI, and act as 'champions' within the organisation to support other staff
- There is an established connection between the provider and a local LGBTI community organisation or Community of Practice
- A specified proportion of staff have completed training in the aged care needs of LGBTI elders and trauma-informed care delivery
- An active and resourced LGBTI advisory group contributes to the development, delivery and evaluation of specialised services
- Policies and procedures are in place to support and promote the delivery of specialised aged care to LGBTI people
- The provider displays evidence of its public commitment to supporting LGBTI people
- A specified number of LGBTI consumers report the care received is appropriate and meets their unique needs

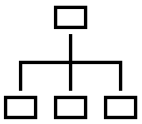
3.4 People who live in rural or remote areas

Stakeholder views on provider specialisation, consumer needs and possible forms of evidence



Over half (58%) of survey respondents who specialise in providing care for people living in rural or remote areas cited the location of their organisation or service as evidence of specialisation followed by client information in case files (32%) and policies and procedures (11%). Rural and remote representatives spoke about the lack of choice consumers face in regional areas and therefore access to services being of paramount importance. Again, the presence of a provider in regional Australia was therefore thought to be suitable evidence of specialisation.

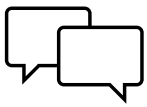
Draft specialisation criteria



- Provider receives the Viability Supplement
- Service is located or provides services to consumers in an inner or outer regional (MM3 and MM4), rural (MM5), remote (MM6) or very remote (MM7) area under the Modified Monash Model.

3.5 People who are financially or socially disadvantaged

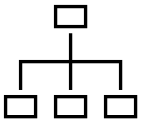
Stakeholder views on provider specialisation, consumer needs and possible forms of evidence



Of the survey respondents who indicated their service specialised in providing care for financially or socially disadvantaged populations, there was a range of evidence held to support this claim. The most frequent evidence was provision of subsidies to clients, policies and procedures and the proportion of financially supported clients in their service.

Stakeholders reiterated the need for specialist providers to deliver services in a manner that is above and beyond all providers' obligations to provide inclusive care for diverse individuals. They felt consumers expect providers to be able to provide examples or a rationale for their nominated specialisation in care for those who are financially or socially disadvantaged, such as subsidies for low-income consumers or the delivery of outreach services. The importance of the connection between the provider and the local community or a consumer advocacy organisation such as Older Persons Advocacy Network was emphasised during discussion. One focus group attendee thought the group of 'financially or socially disadvantaged' was not well defined, making it difficult to identify and evidence specialist care.

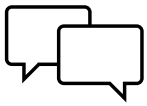
Draft specialisation criteria



- Provider delivers Assistance with Care and Housing service
- Provider offers activities for residents which are free or low cost
- Providers have policies and procedures in place to support and promote the delivery of specialised aged care to financially or socially disadvantaged consumers
- Provider offers outreach services which are specifically targeted towards financially or socially disadvantaged people
- A specified number of financially or socially disadvantaged consumers report the care received is appropriate and meets their unique needs

3.6 Veterans

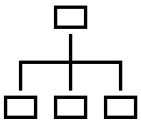
Stakeholder views on provider specialisation, consumer needs and possible forms of evidence



Survey respondents held three forms of evidence when specialising in the care of veterans – an existing veteran client base, links with the Department of Veteran Affairs (DVA) or veteran organisation and being a DVA approved provider.

Veteran representatives explained that consumers seek staff who have undergone training in trauma-informed approaches and have an understanding of the military experience. Staff need to appreciate the impact military service can have on behaviours (e.g. embedded coping strategies) and relationships between consumers and their families. Two representatives believed providers need to understand which consumer entitlements are able to still be received through the DVA. It was recommended that specialist providers have a relationship with a local Returned & Services League (RSL) or other veteran organisation. Finally, it was suggested that providers enquire about individuals' service history, including dates which are important to them, and then act on this information. This may include, for example, providing assistance with attending a commemoration ceremony or holding an ANZAC Day service at a RAC facility.

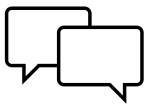
Draft specialisation criteria



- There is an MOU with DVA, recognising the service's specialisation in veteran care, or the provider is a DVA-funded service
- A specified proportion of staff are veterans, and act as 'champions' within the organisation to support other staff
- A specified proportion of staff understand and makes consumers aware of the services they and their families can continue to access through the DVA
- The physical environment is considered appropriate and safe for consumers by a veteran representative
- A specified proportion of staff have completed training in the aged care needs of veterans, the military experience and trauma-informed care delivery
- Provider organises war commemoration ceremonies or helps consumers attend local community commemoration events
- There are established connections between the provider and the local RSL or other veteran organisation
- An active and resourced veteran group contributes to the development, delivery and evaluation of specialised services
- Policies and procedures are in place to support and promote the delivery of specialised aged care to veterans
- A specified number of consumers who are veterans report the care received is appropriate and meets their unique needs

3.7 People who are homeless or at risk of becoming homeless

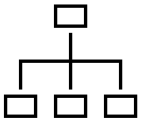
Stakeholder views on provider specialisation, consumer needs and possible forms of evidence



In total, 20 survey respondents who indicated their service specialised in providing care for those who are homeless or at risk of becoming homeless specified the evidence they hold. The most frequently cited evidence was client casefile information, government funding or admission agreements and the ratio of people from this group receiving services.

Interviewees suggested that this specialisation could be demonstrated by receiving the Homeless Supplement or the provider delivering Assistance with Care and Housing services. Focus group attendees also mentioned state-based accreditation systems for providers of services for homeless people, but noted a lack of consistency across the jurisdictions. Having staff that are willing and have the skills to provide services to people who are homeless (e.g. personal care, allied health or even cleaning in community housing) was also identified as important. In addition, having staff who are trained in understanding and working with challenging behaviours, trauma-informed practice, and taking a holistic approach to care delivery was thought to be essential.

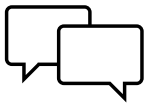
Draft specialisation criteria



- Provider delivers Assistance with Care and Housing services
- Provider qualifies for the Homeless Supplement
- There are established connections between the provider and community organisations which assist individuals experiencing homelessness (e.g. financial, housing, health, legal, mental health, police, public guardians)
- A specified proportion of staff have completed training in the aged care needs of people who have experienced homelessness and trauma-informed care delivery
- The provider has specific policies and procedures to support and promote the aged care needs of people who have experienced homelessness
- A specified number of consumers who are homeless or at risk of becoming homeless report the care received is appropriate and meets their unique needs

3.8 Care leavers

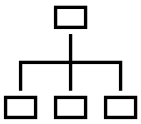
Stakeholder views on provider specialisation, consumer needs and possible forms of evidence



Just 15 survey respondents indicated their service specialised in providing care for care leavers. Two forms of criteria were noted: staff knowledge of support services and clients identifying as a care leaver. The focus group with representatives of care leavers identified a number of forms of evidence which could be used to demonstrate this specialisation. These included staff training in trauma-informed care delivery, demonstrated voice of care leavers within the organisation, connections with a care leaver organisation (e.g. Find and Connect), display and staff understanding of the National Apology to Forgotten Australians and Former Child Migrants, and evidence the provider has considered how the physical environment might be triggering and made efforts to ameliorate this.

Stakeholders reported it is important to consumers that someone with lived experience is leading or contributing to the delivery of specialised care. Where this is not possible within the organisation the provider needs to have links with external organisations such as the Alliance for Forgotten Australians.

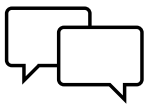
Draft specialisation criteria



- A specified proportion of staff identify as being a care leaver, and act as 'champions' within the organisation to support other staff
- There are established connections between the provider and a local care leaver service or community organisation
- A specified proportion of staff have completed training in the aged care needs of care leavers including trauma-informed care
- The physical environment is considered safe and appropriate for care leavers by a care leaver representative
- An active and resourced care leaver advisory group contributes to the development, delivery and evaluation of specialised services
- Policies and procedures are in place to support and promote the delivery of specialised aged care to care leavers
- A specified number of consumers report the care received is appropriate for care leavers and meets their unique needs

3.9 Parents separated from their children by forced adoption or removal

Stakeholder views on provider specialisation, consumer needs and possible forms of evidence

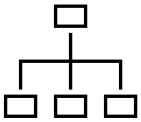


The provider survey received just 7 responses from representatives of services which claim to specialise in the care of parents separated from their children by forced adoption or removal. These respondents held three different forms of evidence to support this claim – staff knowledge of support services, policies and procedures, and client information.

Three representatives who attended a focus group suggested a number of possible forms of evidence of this specialisation. They included staff training in the experiences of consumers who are parents separated from their children by forced adoption or removal, having copies of the national and state apologies displayed and supported by staff understanding, the distribution of flyers and brochures about the Forced Adoption Support Service, partnership with an external forced adoption support organisation, and policies to assure the confidentiality of consumer experiences of forced adoption. Specialist providers may also have a specific connection with local medical and dental services and offer support to consumers who find accessing these services triggering (e.g. seeing a nurse uniform).

According to the representatives, consumers seek care which acknowledges their trauma and does not dismiss the pain of losing a child to adoption. Providers need to consider the experiences of fathers, mothers and adoptees.

Draft specialisation criteria



- There are established connections between the provider and a local forced adoption support service or community organisation
- A specified proportion of staff have completed training in the aged care needs of parents separated from their children by forced adoption or removal and trauma-informed care delivery
- The physical environment is considered appropriate and safe for consumers by a representative of the forced adoption community
- There are established connections between the provider and local dental and medical facilities so that support can be provided to consumers who are triggered by accessing these services
- An active and resourced forced adoption advisory group contributes to the development, delivery and evaluation of specialised services
- Policies and procedures are in place to support and promote the delivery of specialised aged care to people who have experienced forced adoption
- A specified number of consumers who are parents separated from their children by forced adoption or removal report the care received is appropriate and meets their unique needs

4 Verification options

This chapter discusses possible verification approaches, the strengths and limitations of each, and a tiered approach to differentiate between stronger and weaker specialisation criteria. The following data sources were drawn on to inform development of proposed verification approaches:

- An environmental scan and literature review to understand verification approaches used in other health care contexts (section 4.1)
- Interviews and focus groups with a range of stakeholders to understand existing audit and verification procedures (section 4.2).

Several verification options were put forward for consideration by stakeholders and the Department (section 4.3), and, following discussion with the Department, a tiered approach to establishing criteria was devised to reflect specialisation criteria of varying strengths (section 4.4).

4.1 Verification approaches used by other organisations

The literature review found little evidence of organisations in comparable sectors employing strategies for verifying provider information contained within directories beyond regulatory and/or accreditation verification. The onus of maintaining the accuracy and currency of such information is placed squarely on the provider at registration on a given directory or portal. This included Australian healthcare directories such as the MyHospitals and Healthdirect websites. Two exceptions of relevance to this project are the Aged Care Guide and Rainbow tick, as described below.

Aged Care Guide

One organisation which does verify information is DPS Publishing which produces the Aged Care Guide (www.agedcareguide.com.au), a private online database that lists providers of home and community care, retirement living and RAC. Providers can nominate specialisations in different types of care (such as palliative, dementia, respite) and for different Special Needs Groups (including LGBTI, CALD and Aboriginal and Torres Strait Islander). DPS Contact Centre staff are responsible for verifying information submitted by providers for publication in the Aged Care Guide on an annual basis. This is done via phone and providers are asked to confirm the nominated specialisations (and other information) are still current and explain how these vulnerable populations are appropriately catered for by their service.

Rainbow Tick

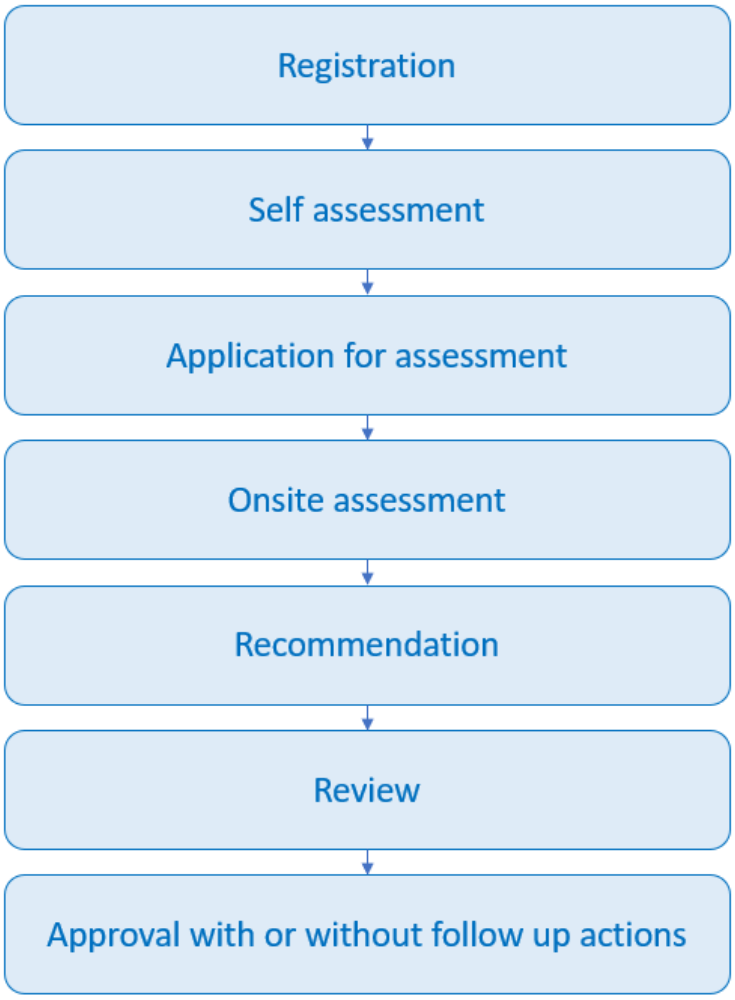
Rainbow Tick is a national accreditation program for organisations that are committed to safe and inclusive service delivery for LGBTI consumers. Organisations are assessed against the Rainbow Tick Standards by Quality Innovation Performance Limited (QIP), an independent accreditation provider.

Rainbow Tick accreditation is a rigorous process, composed of 7 main steps (Figure 4-1) which are usually completed over a 12-month registration period. Most organisations which commence the accreditation process complete it, but some take longer than 12 months to do so.

As part of the Rainbow Tick accreditation process, QIP considers many forms of evidence to demonstrate the provider is delivering safe and inclusive care to LGBTI consumers. These include consumer communications, policies, staff education plans and contracts with third party suppliers.

Provider information is verified in two ways as part of the Rainbow Tick accreditation process. Firstly, providers complete a self-assessment against the Rainbow Tick Standards. Secondly, QIP assessors complete a desktop review of evidence submitted by providers and conduct an onsite assessment visit over at least two business days to verify evidence and practices.

Figure 4-1: Rainbow Tick accreditation steps



4.2 Existing audit processes within the aged care sector

We canvassed stakeholder views on appropriate verification processes during consultations. This included considering the expansion of audit processes in place within the sector, such as accreditation visits performed by the ACQSC, to verify specialisations. Representatives of the Special Needs Groups suggested that the ACQSC was well-positioned to oversee and perform the checking of specialisations. They felt it was imperative however that the verification approach aligns with the Quality Standards to avoid over burdening providers and disincentivising specialisation.

ACQSC representatives reported that the ACQSC does not currently verify any provider information within My Aged Care as part of its assessment process. Rather, My Aged Care data is used to inform which providers should be assessed, and the prioritisation of these. The Royal Commission hearing in

October 2019 heard that the verification of specialisations could be considered by ACQSC assessors under the requirements for Quality Standard 1 and assessors were being trained to consider this issue at that time.

Discussions with My Aged Care representatives indicated there is an existing process whereby providers can create, edit and submit documents (such as forms, flyers or pricing information) within the My Aged Care provider portal. Uploaded documents are then reviewed by My Aged Care Contact Centre staff who can approve or reject the publication of the documents within the portal in accordance with standard operating procedures.

A member of the Diversity Sub-group pointed to the Inclusive Service Standards Portal which was developed by Breaking New Ground. This online portal allows providers to perform a self-assessment against criteria and upload supporting evidence. Although there is no external verification of the data, it is a useful mechanism by which providers can test their progress against set criteria.

4.3 Potential verification approaches

Based on the preceding stages of the project, we identified 3 main approaches for verifying specialisations selected by providers in the My Aged Care provider portal, for the Department's consideration.

1. **Enhanced provider self-declaration**: A provider representative declares that specialisation criteria have been met by ticking relevant boxes in the My Aged Care provider portal. While this approach relies on self-report and does not involve external verification, it is more rigorous than the current approach as providers are required to declare they meet specific criteria, rather than simply selecting a specialisation.
2. **Desktop review of evidence**: Providers complete a self-assessment against the criteria and upload evidence of meeting the criteria within the My Aged Care provider portal. Material from a sample of providers, or all providers, is manually reviewed by Contact Centre staff or a newly established audit team.
3. **Comprehensive review of evidence**: Providers complete a self-assessment against the criteria which is followed by a desktop and onsite review of the evidence from a sample of providers, or all providers. This could be performed by a newly established audit team or incorporated into the ACQSC's existing assessment processes.

Each method of verification has strengths and limitations, as presented in Table 4-1. For instance, while enhanced provider self-declaration is the least resource-intensive, the strength of the verification approach is not significantly better than existing processes and consumer needs are not met. Considering these strengths and limitations, we recommended a hybrid model for verification of all providers, whereby some criteria are verified through desktop review, and others through a comprehensive review.

Table 4-1: Summary of verification option characteristics

Verification approach	Is an efficient use of resources	Is value for money	Strong verification approach	Meets consumer needs
1) Enhanced provider self-declaration	✓	✓	✗	✗
2A) Desktop review of evidence *A sample of providers*	✓	~	~	✗
2B) Desktop review of evidence *All providers*	~	~	~	~
3A) Comprehensive review of evidence *A sample of providers*	✗	~	✓	✓
3B) Comprehensive review of evidence *All providers*	✗	✗	✓	✓

Key:

✗ No – The verification approach does not satisfy the requirement

~ Partially – The verification approach may partially satisfy the requirement

● Likely – The verification approach is likely to satisfy the requirement

4.4 Tiered specialisation criteria

The draft criteria discussed in chapter 3 and the verification options discussed in this chapter were presented to the Department for review and comment. A workshop between AHA and the Department also took place to discuss and refine the verification approaches and criteria. It became clear that some of the service characteristics identified were likely to be more important to consumers from Special Needs Groups, and others less so. Similarly, some forms of evidence will represent more robust 'proof' of these service characteristics compared with others. To reflect this, a tiered approach to evidence of specialisation, and associated verification methods, was recommended. Criteria were tiered as follows:

- **Tier 1**: Tier 1 criteria are those for which evidence of specialisation is strong enough to warrant a lighter touch approach to verification. In many cases, an independent body, external organisation or regulatory group has already conducted an evaluation of the service provider's specialisation, or the service provider is a member of a representative body of that Special Needs Group. As such, comprehensive review may not be warranted, or may place unnecessary burden upon a provider considering the evidence being supplied. Meeting a single Tier 1 criterion would qualify the service provider to nominate specialisation for that Special Needs Group. Note that some Special Needs Groups do not have a Tier 1 criterion, as no appropriate criterion was identified.
- **Tier 2:** This tier represents criteria for which the service provider self-declares and provides varied supporting evidence. Tier 2 criteria would require a comprehensive (desktop and onsite) review to verify the accuracy of the service provider's claims to specialisation. Where a comprehensive review of evidence is infeasible (e.g. due to the unavailability of required resources to undertake an onsite review), the verification approach could be scaled down to the submission and desktop review of evidence plus provider self-assessment. The number of Tier 2 criteria a provider must meet (in lieu of a Tier 1 criterion) was considered as part of the feasibility and usability testing and is discussed further in section 5.1.4.

5 Testing the draft verification framework

This chapter details feasibility (section 5.1) and usability (section 5.2) testing of the proposed verification framework. Representatives of the Diversity Sub-Group and Special Needs Groups participated in feasibility testing, providing written feedback on how feasible the proposed verification framework was to implement. The proposed framework was modified based on feedback received, and providers were invited to work through the proposed framework via usability testing.

5.1 Feasibility testing

Feasibility refers to whether or not the verification framework can be implemented effectively (Interaction Design Foundation 2020). This aspect of the draft verification framework was explored through consultation with members of the Diversity Sub-group and representatives of Special Needs Groups who participated in earlier focus groups and interviews.

5.1.1 Approach to feasibility testing

Stakeholders were emailed the draft verification framework which articulated:

- Criteria that may indicate specialisation
- The evidence (Tier 1 and Tier 2) that might support the criteria
- How the evidence might be verified.

They were asked specifically to comment on the following:

- Are the criteria, evidence examples and verification approaches appropriate for the Special Needs Group you represent?
- Can you suggest any improvements to the framework?
- Can you suggest the appropriate number of Tier 2 criteria a provider should meet (in lieu of meeting a Tier 1 criteria)?
- In some instances, examples of suitable staff training courses or community organisations (for ongoing connection and support) have been suggested. While we cannot list every possible course or community organisation, are there any important ones missing?
- Some criteria refer to a specified proportion of staff are from the Special Needs Group or have completed training. Can you suggest what proportions (%) may be most appropriate and achievable here?

Feasibility testing participants were given approximately 10 days to respond. Feedback was received from 5 members of the Diversity Sub-group and 10 representatives of Special Needs Groups. Comments pertained to the proposed framework for all 9 Special Needs Groups.

5.1.2 Summary of feasibility results

Stakeholders were, on the whole, supportive of the draft verification framework and proposed minor changes.

Some concerns were raised about the terms used to describe specific Special Needs Groups, and it was suggested that additional populations be added to the Special Needs Groups described in the *Aged Care Act 1997*. However, this feedback falls outside the scope of this project.

Stakeholders submitted a range of responses – from 40% to 100% – in relation to the proportion of staff who should be trained (e.g. in cultural competency, trauma-informed care, LGBTI-inclusive care as applicable to each group) in order to meet the relevant criterion. The need for staff to be trained regularly (at least annually) was emphasised.

There was a divergence of opinion regarding the number of Tier 2 criteria providers should be required to meet to claim a specialisation. Responses varied between 2 and 6 criteria. Two respondents suggested that certain Tier 2 criteria were more important than others and should be made compulsory.

Concerns were raised by 2 respondents around the need for staff and consumers to disclose their identification with a Special Needs Group to meet some criteria. They highlighted the need for services to create a sufficiently safe environment for this to occur.

CALD and Aboriginal and Torres Strait Islander representatives felt that being a CALD or Aboriginal and Torres Strait Islander organisation did not guarantee specialisation and therefore these criteria should be downgraded to Tier 2.

5.1.3 Feasibility testing results for each Special Needs Group

Broadly speaking, respondents found the criteria, evidence examples and verification approaches appropriate for the Special Needs Group they represented. Table 5-1 presents the main stakeholder comments by group and actions taken by AHA in collaboration with the Department project team.

5.1.4 Feasibility findings applying to more than one Special Needs Group

There was variability in responses received in relation to the appropriate number of Tier 2 criteria a provider should meet in lieu of meeting a Tier 1 criteria. As a result, the Department project team suggested that, for the purpose of usability testing, providers would need to meet 4 tier 2 criteria (or all tier 2 criteria for Special Needs Groups with less than 4 tier 2 criteria) to demonstrate specialisation. It was decided that no Tier 2 criteria be made compulsory to enable providers to specialise in line with their unique operating environment and client base.

The Department project team was also asked to provide direction in relation to the proportion of staff who should undertake training in the specialisation given the spread of responses. It was decided that 90% of staff should be trained.

5.1.5 Preparation for usability testing

The draft verification framework was updated in line with the actions described in Table 5-1 and section 5.1.4, before proceeding to usability testing with providers.

Table 5-1: Feasibility testing results for each Special Needs Group

Special Needs Group	Feedback	Action
Aboriginal and Torres Strait Islander people	Two respondents argued that being an Aboriginal and Torres Strait Islander organisation is not necessarily indicative of specialisation and recommended the criterion become Tier 2. A request was received to add Stolen Generation survivors as a new Special Needs Group. One stakeholder felt having someone of Aboriginal and Torres Strait Islander decent on the provider board was unrealistic, as was participation in local cultural celebrations.	Following discussion with the Department it was decided that the framework would (only) be composed of Special Needs Groups, as listed in the *Aged Care Act 1997* and project scope. The criterion related to providers being an Aboriginal and Torres Strait Islander organisation was changed to Tier 2 in the framework.
Care leavers	The need for staff to undertake training in trauma-informed care was reiterated together with the notion that there is intersectionality between the groups and care leavers are likely to belong to more than one group. One stakeholder also suggested the term 'Forgotten Australians' is preferable to 'care leavers'. This was at odds with feedback received earlier in the project which was people found the term 'Forgotten Australians' offensive. Lastly, asking staff to self-nominate as being a care leaver was viewed as problematic as it is likely some staff would feel uncomfortable doing so.	The 'care leaver' terminology was kept to align with wording in the *Aged Care Act 1997* and a footnote added making reference to the term 'Forgotten Australians'. The framework was updated to 'one or more staff member' champions to reduce the burden of disclosure.
People from culturally and linguistically diverse backgrounds	A representative of a CALD organisation felt the framework should absorb most actions ('foundational', 'moving forward' and 'leading the way') listed in the Diversity Framework action plan, suggesting the framework presented an opportunity to establish a 'high performance bar and operationalise the action plan'. The need for staff to complete regular training in culturally appropriate aged care delivery was also mentioned. One stakeholder felt that being a CALD organisation does not guarantee specialisation and therefore this criterion should become Tier 2. Some feedback suggested it was unrealistic to have CALD representation on the provider's board, as was participation in local cultural celebrations.	Updates were made to the criteria to bring about greater alignment with the Diversity Framework CALD action plan. Not all actions were included in the framework because consistency of criteria across the Special Needs Groups was sought and some 'foundational' actions were considered to reflect providers' baseline obligations to provide inclusive care, rather than specialisation. The criterion related to CALD organisations being specialist providers was downgraded to Tier 2.
People who live in rural and remote areas	A member the Diversity Sub-group suggested adding a criterion related to provider connection with a community organisation such as the Country Women's Association or the National Rural Health Alliance.	The framework was updated to add this criterion.

Special Needs Group	Feedback	Action
People who are financially or socially disadvantaged	A member of the Diversity Sub-group recommended that the wording of 1 criterion be changed to ensure that activities which are low-cost or free (and accessible to people from this group) are on par with fee paying activities.	Wording in the framework was updated.
Veterans	Both respondents representing veterans felt that monitoring MOUs between the DVA and providers would be too resource-intensive and it was suggested that this be replaced with a new criterion about the provider being a not-for-profit veteran community organisation. The staff champions criterion was also considered challenging to meet by both respondents given the small (and declining) pool of ex-service personnel working in the RAC sector.	The MOU criterion was replaced with a requirement that the provider be a not-for-profit veteran community organisation and the framework was updated to 'one or more staff members' act as champions to make this more achievable for providers.
People who are homeless or at risk of becoming homeless	Just one participant in the feasibility testing provided feedback related to this group, suggesting the receipt of the Homeless Supplement should become a Tier 1 criterion.	The framework updated in line with the suggestion.
Parents separated from children by forced adoption or removal	Feedback was received from two participants about the term 'parents separated from children by forced adoption' or removal with one stakeholder strongly advocating for this Special Needs Group to also include adoptees. It was also recommended that the first two criteria be made compulsory.	Following discussion with the Department it was decided the Special Needs Group name would be retained, consistent with the wording in the *Aged Care Act 1997* and project scope.
Lesbian, gay, bisexual, transgender and intersex people	A large number of comments were received in relation to this group. Suggestions included adding policies and procedures and training to support people living with HIV/AIDS, mandating annual training, and indicating that providers can display other flags in addition to the rainbow flag (with HCP and CHSP providers able to display flags on their website). One stakeholder felt it was important for the community organisation with which the provider asserts a connection to also confirm this relationship. Again, the challenges associated with staff self-identifying as a member of the group was raised. Finally, it was suggested that Silver Rainbow training be added as a Tier 1 criterion for this group.	Several criteria were updated as a result of the feedback. Changes included: • adding a reference to people living with HIV/AIDS • specifying staff training should be undertaken annually • expanding references to the rainbow flag to include other flags • adding words to say community organisations need to confirm they have a relationship with the provider (too) • providing Silver Rainbow as a training example (rather than a Tier 1 criterion) • specifying the number of staff champions could be 'one or more' to reduce the burden of disclosure.

5.2 Usability testing

This section details the approach to, and findings from, usability testing of the proposed verification framework with aged care providers. Usability is the extent to which the verification framework 'can be used by specified users to achieve specified goals with effectiveness, efficiency and satisfaction in a specified context of use' (ISO 1998). Usability testing was conducted to determine the extent to which the proposed verification framework is effective and efficient, and how satisfied providers are with it.

5.2.1 Approach to usability testing

Usability testing was conducted between 15 March and 22 March 2021 via the Qualtrics online survey platform. Aged care providers were invited to participate via a Department BIDS notice.

Respondents were required to indicate what care type their provider represented (RAC, CHSP, HCP or other) and the Special Needs Group(s) they claimed to specialise in.

Providers who did not indicate specialisation in any Special Needs Group were able to review the verification framework and provide overarching feedback.

Those who claimed a specialisation were subsequently presented with the various criteria for those selected specialisations and asked whether they met the criteria. If a criterion was met, they were then presented with the suggested evidence required for that criterion and asked whether they felt the evidence could be reasonably expected of a provider.

Once this task was completed, these respondents were able to download the complete verification framework for review. They were then asked a series of questions derived from the positively worded System Usability Scale (Brooke 1996) to determine how usable they felt the approach was.[3] Respondents were then asked several acceptability questions to determine their satisfaction with the framework overall. Respondents were also able to provide qualitative feedback on each Special Needs Group criteria and the overall framework.

5.2.2 Findings from the usability testing

Response overview

A total of 63 responses were 100% complete, and 42 responses were deemed to be at least partially completed and could be used in analyses[4], resulting in 105 total responses. The number of respondents selecting any given Special Needs Group varied between 3 for Parents separated from children by forced adoption/removal to 53 for People from culturally or linguistically diverse backgrounds (Table 5-2). This was expected given some Special Needs Groups are more commonly selected (see section 2.1). As a result, some Special Needs Groups, notably care leavers (n=6) and

[3] Three questions were removed from the scale as they did not align with the context of evaluating the usability of the verification framework.

[4] Missing data arising from partially completed surveys may impact data analysis, however this risk is greater in studies employing standardised and validated measurement scales or that require advanced sampling techniques. In the context of this analysis, mean or median values are only being reported by individual item, and so including partially completed responses does not pose significant risks to the interpretation of usability testing results.

Parents separated from children by forced adoption (n=3) did not receive sufficient responses to draw strong conclusions or insights. Of the 105 responses analysed:

- 23 (22%) represented RAC providers
- 37 (35%) represented CHSP providers
- 40 (38%) represented HCP providers
- 5 (5%) represented 'Other' providers.

A total of 203 specialisations were nominated, an average of **1.9 nominations per respondent**. Respondents took an average of **6.83 minutes to complete the process** of reviewing and responding to criteria.

Table 5-2: Respondent characteristics for usability testing

Special needs group	RAC	CHSP	HCP	Other	Total
Aboriginal and Torres Strait Islander people	1	9	11	1	**22**
Care leavers	1	2	2	1	**6**
People from culturally and linguistically diverse backgrounds	4	23	24	2	**53**
People who live in rural and remote areas	3	8	8	1	**20**
People who are financially or socially disadvantaged	6	16	13	2	**37**
Veterans	3	3	9	1	**16**
People who are homeless or at risk of becoming homeless	4	10	5	1	**20**
Parents separated from children by forced adoption	-	-	2	1	**3**
Lesbian, gay, bisexual, transgender and intersex people	3	9	12	2	**26**
My provider does not specialise in service delivery for the above Special Needs Groups	6	7	8	2	**23**
Total specialisations (excl. those who do not specialise)	25	80	86	12	**203**
Total respondents	**23 (22%)**	**37 (35%)**	**40 (38%)**	**5 (5%)**	**105 (100%)**

Includes partially completed responses (n=42)

Most providers were accepting of the verification framework

Acceptability was assessed with a measure comprised of statements with response options along a continuum of 1 (strongly disagree) to 5 (strongly agree). These statements were designed to elicit respondent opinions on the verification framework broadly, rather than focus on specific criteria or Special Needs Groups.

Respondents were broadly satisfied with the proposed verification framework, with 75% or more agreeing that the layout and criteria for the verification framework were easy to understand (Table 5-3). Slightly fewer respondents agreed that the evidence required by providers was realistic and implementable (64%), though this may be expected given implementation would require additional resources. Most providers (66%) agreed that specialisation should be subject to review once every 3 years.

Table 5-3: Acceptability findings

Acceptability statement	Strongly disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly agree (5)	Mean score
The layout of the verification framework is easy to understand	3%	0%	14%	62%	21%	**4.0**
The criteria to be met for each specialisation are easy to understand	3%	8%	13%	56%	21%	**3.8**
The evidence required by providers are realistic and implementable	3%	13%	22%	49%	13%	**3.6**
The approach to verifying tier 1 and tier 2 criteria is appropriate	5%	8%	21%	54%	13%	**3.6**
Broadly I am satisfied that this verification framework is an appropriate way to verify specialisations	6%	10%	19%	51%	14%	**3.6**
A provider's specialisation should be subject to review once every 3 years	3%	6%	24%	52%	14%	**3.7**

Most providers found the verification framework usable

Respondents agreed that the process of completing verification could be done easily (74%), without the assistance of a technical person (82%), and without having to learn anything new (68%) (Table 5-4). While the process of responding to criteria may change functionally when transferred to the My Aged Care provider portal or another platform, **the process of reading and responding to criteria appears to be usable by providers.**

Table 5-4: Usability findings

Usability statement	Strongly disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly agree (5)	Mean
I found the approach to be simple	2%	6%	18%	54%	20%	**3.8**
I thought the new approach was easy to use	2%	6%	18%	54%	20%	**3.8**
I could complete the new approach without the support of a technical person	2%	4%	12%	56%	26%	**4.0**
I would imagine that most people would learn this new approach very quickly	2%	4%	20%	44%	30%	**4.0**
I found the new approach very intuitive	4%	8%	18%	48%	22%	**3.8**
I felt confident completing this new approach	4%	4%	18%	50%	24%	**3.9**
I could complete this new approach without having to learn anything new	6%	10%	16%	40%	28%	**3.7**

Implementation of a verification framework will require provider buy-in

In seeking general feedback on the proposed verification framework, qualitative comments suggested mixed opinions about implementing the approach. Negative views of the verification framework were underpinned by a reluctance for more regulation of aged care providers:

> While the approach itself is quite simple/straight-forward, I am not sure that my organisation would be prepared to go through the process of Tier 2 verification in order to establish specialisation, as it would be quite time intensive, for no appreciable benefit to us (CHSP Provider)

Some respondents took issue with the need for specifying Special Needs Groups, or felt that indicating specialisation would contravene their ability to meet their obligations under the *Aged Care Act 1997* to meet the needs of all people:

> We are concerned that under the Aged Care Act we have a responsibility to meet the needs of all people, including people with special needs – if we do NOT state we are doing this, then we may not be complying with the Aged Care Act (HCP Provider)

These views were contrasted by several comments supportive of the framework. This was especially the case for a regional Aboriginal Community Controlled Health Organisation, who felt that those nominating all 9 specialisations were unlikely to appropriately specialise for all Special Needs Groups:

> This is a positive move forward. As an Aboriginal Community Controlled organisation, and the only specialist provider in this region, we have been disheartened by the unnecessary barriers to access this has caused our community, by all the big providers simply selecting every specialisation criteria.

While out of scope for this project, one respondent suggested an improvement to the verification framework by adding Disability as a category, noting that:

> The framework tier system and evidence would work well [to capture a disability specialisation] (CHSP Provider)

This suggests that the framework's tiered structure could accommodate the addition of further Special Needs Groups in the future if required.

Providers may not always meet minimum number of tier 2 criteria

The framework specifies that a provider must meet 4 or more tier 2 criteria to specialise, and for those Special Needs Groups with fewer than 4 tier 2 criteria, all tier 2 criteria must be met. Usability testing revealed a variable number of criteria were met by providers across the Special Needs Groups (see Table 5-5). However, this data should be interpreted with caution given low response numbers for some Special Needs Groups. These findings should also be balanced with strong views from representative stakeholders regarding the number of criteria that should be met – which ranged from 50% through to all criteria having to be met.

Table 5-5: Median number of tier 2 criteria met during usability testing

Special Needs Group	Median tier 2 criteria met
Aboriginal and Torres Strait Islander people	5
Care leavers	2
People from culturally and linguistically diverse backgrounds	7.5
People who live in rural and remote areas	2
People who are financially or socially disadvantaged	3
Veterans	1
People who are homeless or at risk of becoming homeless	3
Parents separated from children by forced adoption	0
Lesbian, gay, bisexual, transgender and intersex people	3

5.2.3 Summary usability findings

While hesitancy is expected from providers when further obligations are placed upon them, broadly, most providers were accepting of the proposed verification framework and could complete the verification process easily.

Negative views of the verification framework largely stemmed from an aversion to further review or audit of a provider's care, or from an element of confusion in distinguishing between the concepts of needing to provide high quality care to all aged care clients and specialising in care for certain Special Needs Groups.

Given the impetus for change provided by the Royal Commission, and the conviction with which Special Needs Group representatives are calling for more stringent specialisation criteria, major changes to the proposed verification framework arising from usability testing are not recommended.

However, care leavers and parents separated from children by forced adoption/removal were selected as specialisations by very few respondents (6 and 3 respectively). Therefore, there was insufficient review of criteria and evidence for any strong recommended actions to be made for these groups. There was strong engagement with representatives of these two groups during the initial consultation phase and feasibility testing, as such, AHA does not consider further consultation is warranted.

The proposed verification framework balances the recommendations from the Royal Commission, the suggested criteria from stakeholders and representative groups, and the increased demands on providers to demonstrate their nominated specialisations.

5.2.4 Review of criteria and evidence requirements

Summary findings of responses to criteria and the extent to which respondents agreed that evidence required of them was reasonable are presented in Table 5-6. Complete details are provided in Appendix C. The extent to which providers agreed that the evidence suggested could be reasonably expected was measured on a scale of 1 (strongly disagree) to 5 (strongly agree), with 3 indicating a neutral score. The median score was used to determine the acceptability of criteria: a score of 4.0 indicates most providers agreed the evidence was reasonable.

Table 5-6: Usability testing – criteria and evidence summary findings

Special Needs Group	Summary findings	Action
Aboriginal and Torres Strait Islander people (n=22)	7 of the 11 tier 2 criteria were met by 50% or more respondents, with 14 (82%) meeting the criterion *'Aboriginal and Torres Strait Islander consumers report the care received is appropriate and meets their unique needs'*. Respondents agreed that most evidence could be reasonably requested of them. Just one criterion, '*One or more staff members identify as Aboriginal and Torres Strait Islander, and are well resourced and supported by management to act as 'champions' within the organisation to support other staff* was below 4.0.	No changes required
Care leavers (n=6)	Too few respondents selected care leavers as a specialisation to make strong claims as to the usability and acceptability of this category. One respondent indicated meeting 4 of the criteria for this Special Needs Group, and on 3 of 4 criteria this respondent agreed that the corresponding evidence was reasonable. The respondent did not indicate the extent to which they agreed with evidence for the *'There are established connections between the provider and a local care leaver service or community organisation'* criterion.	No changes required.
People from culturally and linguistically diverse backgrounds (n=53)	All criteria were met by 50% or more respondents. *'CALD consumers report the care received is appropriate and meets their unique needs'* was the most frequently met criterion (86%). Respondents indicated that all evidence required to meet criteria could be reasonably expected of them, with median scores of 4.0 for each form of evidence.	No changes required
People who live in rural and remote areas (n=20)	All criteria were met by 50% or more respondents. *'Provider receives the Viability Supplement'* was most frequently met (88%), while *'There are established connections between the provider and an organisation which assists people who live in rural and remote areas'* was met by 50% of respondents. This criterion's evidence was least accepted by respondents, with a median of 3.0, compared to the other 2 criteria with a median score of 5.0. A qualitative response suggested an additional criterion for this category – *'a significant proportion of staff live in a RA2-RA5 area'*.	Additional criteria added
People who are financially or socially disadvantaged (n=37)	2 of the 5 criteria were met by less than 50% of respondents. These criteria included *'Provider delivers Assistance with Care and Housing services'* (43%) and *'Provider offers outreach services which are specifically targeted towards financially or socially disadvantaged people'* (42%). All 3 residential aged care providers met the criteria *'Provider supports residents to access the same activities as those residents who are able to pay'*. Respondents indicated that all evidence required could be reasonably expected of them, with a median score of 4.0 for all evidence requirements.	No changes required

Special Needs Group	Summary findings	Action
Veterans (n=16)	No criteria were met by 50% or more respondents for this Special Needs Group. Of the 10 criteria, 6 were met by at least one respondent. The criterion *'Consumers who are veterans report the care received is appropriate and meets their unique needs'* was most frequently met (40%). Most evidence required was supported, however, evidence associated with two criteria were not (see Appendix C). Evidence was only displayed to one respondent, and this may not be indicative of broader support for these forms of evidence.	While limited criteria were met and low levels of support for some evidence was observed, changes are not recommended given the low response rate, and the extensive feedback received from stakeholder representatives.
People who are homeless or at risk of becoming homeless (n=20)	All but one of the criteria were met by 50% or more respondents. All residential aged care providers met the tier 1 criterion *'Provider qualifies for the Homeless Supplement'*. Moreover, all respondents agreed that evidence required for each criteria could reasonably be expected of them, with median scores all 4.0 or higher.	No changes required
Parents separated from children by forced adoption or removal (n=3)	3 respondents indicated they specialised for this Special Needs Group, but only one respondent completed the criteria and evidence section. This respondent did not meet any of the criteria displayed to them for this Special Needs Group.	No changes required
Lesbian, gay, bisexual, transgender and intersex people (n=26)	Of the 9 criteria for this Special Needs Group, 5 were met by 50% or more respondents. Most frequently met criteria included *'One or more staff members identify as LGBTI, and are well resourced and supported by management to act as 'champions' within the organisation to support other staff'* and *'There is an established connection between the provider and a local LGBTI community organisation or Community of Practice'* – each at 64%. Respondents agreed that most evidence could be reasonably expected of them, except for *'Interviews with LGBTI consumers take place during an onsite audit to learn about the consumer experience and to verify the care is appropriate…'* with a neutral median score (3.0).	No changes required

6 Final specialisation verification framework

This chapter presents the final specialisation verification framework. Following its approval, the Department will decide on the organisation/s best placed to lead the verification process and the frequency with which it will occur. At that time it is recommended the Department also considers a number of other factors to improve the acceptability and usefulness of the framework, as detailed in chapter 7.

6.1 Care leavers[5]

Table 6-1: Care leavers specialisation verification framework

Criterion	Tier	Evidence example	Verification
One or more staff members identify as being a care leaver, and are well resourced and supported by management to act as 'champions' within the organisation to support other staff	2	Provider is able to describe the specific role the staff member plays in championing specialised care for consumers who are care leavers, supporting other staff in professional development and learning opportunities, and can demonstrate activity in line with these descriptions.	Comprehensive review of evidence
There are established connections between the provider and a local care leaver service or community organisation	2	During an onsite audit the provider can describe the established connection with a local care leaver community organisation (e.g. Find and Connect service, the Alliance for Forgotten Australians, Link Ups, Coota Girls Aboriginal Corporation), including any previously conducted or planned activity. The local care leaver service or community organisation confirms this connection.	Comprehensive review of evidence
At least 90% of staff have completed annual training in the aged care needs of care leavers including trauma-informed care.	2	Certificates for each staff member who completed the training package (e.g. created by Relationships Australia SA or Canberra Institute of Technology Solutions) in the aged care needs of care leavers are viewed onsite and staff are able to describe training outcomes.	Comprehensive review of evidence
The physical environment is considered safe and appropriate for care leavers by a care leaver representative*	2	An onsite audit is conducted in collaboration with a care leaver representative to verify the environment is supportive for care leavers (e.g. the provider displays a copy of the National Apology).	Comprehensive review of evidence

[5] The term 'care leaver' includes Forgotten Australians, Former Child Migrants and Stolen Generations. Different terms may be preferred by people from this Special Needs Group, with some preferring not to be labelled at all.

Criterion	Tier	Evidence example	Verification
An active and resourced care leaver advisory group contributes to the development, delivery and evaluation of specialised services	2	Minutes of the group's meetings are reviewed onsite and the audit team is able to speak with a group representative about the actions taken by the group, provider supports, and frequency of meetings.	Comprehensive review of evidence
Policies and procedures are in place to support and promote the delivery of specialised aged care to care leavers	2	Copies of the provider's recruitment, retention and/or care policy which details how specialist staff are employed and retained, and care is delivered to Special Needs Groups, is reviewed onsite and management representatives are able to provide examples of how these polices support the delivery of specialised care.	Comprehensive review of evidence
Consumers report the care received is appropriate for care leavers and meets their unique needs	2	Interviews with consumers (who are care leavers) take place during an onsite audit to learn about the consumer experience and to verify the care is appropriate (e.g. staff are trained and sensitive to their experiences and needs, appropriate services are offered). Where consumers are not available during an onsite audit, they are able to provide written feedback beforehand.	Comprehensive review of evidence

* Applies to RAC only

6.2 People from Aboriginal and Torres Strait Islander communities

Table 6-2: Aboriginal and Torres Strait Islander specialisation verification framework

Criterion	Tier	Evidence example	Verification
Provider is funded by the National Aboriginal and Torres Strait Islander Flexible Aged Care Program*	1	Desktop review of Department records to confirm provider's funding status.	Desktop review
The provider is an Aboriginal and Torres Strait Islander community-controlled organisation	2	A letter from the CEO or Executive Officer of the service stating the provider is an Aboriginal and Torres Strait Islander community-controlled organisation is uploaded within the provider portal for review.	Desktop review
One or more staff members identify as Aboriginal and Torres Strait Islander, and are well resourced and supported by management to act as 'champions' within the organisation to support other staff	2	Provider is able to describe specific role the staff member plays in championing specialised care for Aboriginal and Torres Strait Islander consumers, supporting other staff in professional development and learning opportunities, and can demonstrate activity in line with these descriptions.	Comprehensive review of evidence
There are established connections between the provider and the local Aboriginal and Torres Strait Islander community organisations	2	During an onsite audit the provider can describe the established connection with a local Aboriginal and Torres Strait Islander community organisation, including any previously conducted or planned activity. The community organisation confirms this connection.	Comprehensive review of evidence
At least 90% of staff have completed annual training in the aged care needs of Aboriginal and Torres Strait Islanders in person-centred and trauma-informed care delivery.	2	Certificates for each staff member who completed training are viewed onsite and staff are able to describe training outcomes.	Comprehensive review of evidence
The physical environment is considered culturally appropriate for consumers by a representative of the local Aboriginal and Torres Strait Islander community+	2	An onsite audit is conducted in collaboration with a local Aboriginal and Torres Strait Islander community representative to verify the environment is appropriate.	Comprehensive review of evidence
Provider offers services which are culturally appropriate for the local Aboriginal and Torres Strait Islander community	2	An onsite audit is conducted in collaboration with a local Aboriginal and Torres Strait Islander community representative to discuss with staff the range of culturally appropriate services offered.	Comprehensive review of evidence

Criterion	Tier	Evidence example	Verification
At least one Aboriginal and Torres Strait Islander person sits on the Board of the provider	2	Board documentation that clearly specifies involvement/attendance by an Aboriginal and Torres Strait Islander representative are uploaded in the provider portal and reviewed onsite.	Comprehensive review of evidence
An active and resourced Aboriginal and Torres Strait Islander advisory group contributes to the development, delivery and evaluation of specialised services	2	Minutes of the group's meetings are reviewed onsite and the audit team is able to speak with a group representative about the actions taken by the group, provider supports, and frequency of meetings.	Comprehensive review of evidence
Provider recognises and participates in local cultural celebrations	2	Copies of consumer communications which detail provider support of a local cultural celebration are reviewed onsite and a consumer representative is able to attest to provider participation in the event.	Comprehensive review of evidence
Policies and procedures are in place to support and promote the delivery of specialised aged care to Aboriginal and Torres Strait Islander consumers	2	Copies of the provider's recruitment, retention and/or care policy which details how specialist staff are employed and retained, and care is delivered to Special Needs Groups, is reviewed onsite and management representatives are able to provide examples of how these polices support the delivery of specialised care.	Comprehensive review of evidence
Aboriginal and Torres Strait Islander consumers report the care received is appropriate and meets their unique needs	2	Interviews with Aboriginal and Torres Strait Islander consumers take place during an onsite audit to learn about the consumer experience and to verify the care is appropriate (e.g. staff are trained and sensitive to their experiences and needs, appropriate services are offered). Where consumers are not available during an onsite audit, they are able to provide written feedback beforehand.	Comprehensive review of evidence

* Applies to HCP and RAC only
+ Applies to RAC only

6.3 People from culturally and linguistically diverse backgrounds

Table 6-3: CALD specialisation verification framework

Criterion	Tier	Evidence example	Verification
Provider is run by a recognised CALD community organisation	2	Provider supplies written details of the CALD community organisation's historical and current involvement, engagement and services to the community being serviced. Further evidence, including client testimonials, the inclusion of culturally inclusive service provision in the organisation's strategic plan and other supporting evidence may also be supplied.	Comprehensive review of evidence
A proportion of staff are bilingual and bicultural and reflect the cultural and linguistic background of consumers, and are well resourced and supported by management to act as 'champions' within the organisation to support other staff	2	Provider is able to describe specific role these staff member plays in championing specialised care for CALD consumers, supporting other staff in professional development and learning opportunities, and can demonstrate activity in line with these descriptions.	Comprehensive review of evidence
There are established connections between the provider and the local community organisation which best represents the cultural and linguistic demographic of target consumers	2	During an onsite audit the provider can describe the established connection with a local CALD community or religious organisation (e.g. Chung Wah Association or Co.As.It.), including any previously conducted or planned activity. The local community organisation confirms this connection.	Comprehensive review of evidence
At least 90% of staff have completed annual training in culturally appropriate aged care delivery and cultural capability	2	Certificates for each staff member who attended relevant training (e.g. led by Partners in Culturally Appropriate Care (PICAC)) are viewed onsite and staff are able to demonstrate an inclusive approach to service delivery.	Comprehensive review of evidence
Provider offers services in languages other than English	2	An onsite audit is conducted to discuss with staff and consumers the range of services in languages other than English that are offered.	Comprehensive review of evidence
At least one person from the cultural and linguistic background of the local community sits on the board of the provider	2	Board documentation that clearly specifies involvement/attendance by a representative from the cultural and linguistic background of the local community are uploaded in the provider portal and reviewed onsite.	Comprehensive review of evidence

Criterion	Tier	Evidence example	Verification
An active and resourced cultural diversity advisory group (which reflects the cultural mix of the provider's local community) contributes to the development, delivery and evaluation of specialised services	2	Minutes of the group meeting are reviewed onsite and the audit team is able to speak with a group representative about the actions taken by the group (e.g. development of a diversity policy), provider supports, and frequency of meetings.	Comprehensive review of evidence
Provider recognises and supports participation in local cultural celebrations	2	Copies of consumer communications which detail provider support of a local cultural celebration are reviewed onsite and a consumer representative is able to attest to provider supporting participation in the event.	Comprehensive review of evidence
Policies and procedures are in place to support and promote the delivery of specialised aged care to CALD consumers	2	Copies of the provider's recruitment, retention and/or care policy which details how specialist staff are employed and retained, and care is delivered to Special Needs Groups, is reviewed onsite and management representatives are able to provide examples of how these polices support the delivery of specialised care.	Comprehensive review of evidence
CALD consumers report the care received is appropriate and meets their unique needs	2	Interviews with CALD consumers take place during an onsite audit to learn about the consumer experience and to verify the care is appropriate (e.g. staff are trained and sensitive to their experiences and needs, appropriate services are offered). Where consumers are not available during an onsite audit, they are able to provide written feedback beforehand.	Comprehensive review of evidence

6.4 People who live in rural or remote areas

Table 6-4: Rural and remote specialisation verification framework

Criterion	Tier	Evidence example	Verification
Provider receives the Viability Supplement*	1	Desktop review of Department records which list providers receiving the supplement.	Desktop review
Provider is located or provides services to consumers in an inner or outer regional (MM3 and MM4), rural (MM5), remote (MM6) or very remote (MM7) area under the Modified Monash Model[6]	2	Provider data indicates that consumers in remoteness areas MM3 through MM7 are serviced by the provider.	Desktop review
There are established connections between the provider and an organisation which assists people who live in rural and remote areas	2	During an onsite audit the provider can describe the established connection with a rural and remote organisation (e.g. Country Women's Association or the National Rural Health Alliance), including any previously conducted or planned activity. The organisation confirms this connection.	Comprehensive review of evidence
A significant proportion of provider staff live in an outer regional (MM3 and MM4), rural (MM5), remote (MM6) or very remote (MM7) area under the Modified Monash Model	2	During an onsite audit provider staff can attest to living in outer regional (MM3 and MM4), rural (MM5), remote (MM6) or very remote (MM7) area under the Modified Monash Model, and can describe how they use this experience to inform the provision of specialised services for people who live in rural or remote areas	Comprehensive review of evidence

* Applies to HCP and RAC only

[6] Further information about the Modified Monash Model can be found on the department's website.

6.5 People who are financially or socially disadvantaged

Table 6-5: Financially or socially disadvantaged specialisation verification framework

Criterion	Tier	Evidence example	Verification
Provider delivers Assistance with Care and Housing services+	1	Desktop review of Department records which list providers funded to deliver these services.	Desktop review
Provider qualifies for the Homeless Supplement*	1	Provider uploads evidence of the number of residents who qualify for the Homeless Supplement.	Desktop review
Provider supports residents to access the same activities as those residents who are able to pay*	2	Information on activity costs and approaches to ensuring those experiencing financial or social disadvantage are included in all activities are reviewed onsite and discussed with staff.	Comprehensive review of evidence
Providers have policies and procedures in place to support and promote the delivery of specialised aged care to financially or socially disadvantaged consumers	2	Copies of the provider's recruitment, retention and/or care policy which details how specialist staff are employed and retained, and care is delivered to Special Needs Groups, is reviewed onsite and management representatives are able to provide examples of how these polices support the delivery of specialised care.	Comprehensive review of evidence
Provider offers outreach services which are specifically targeted towards financially or socially disadvantaged people	2	Provider can describe services targeted toward financially or socially disadvantaged people.	Comprehensive review of evidence
Consumers who are financially or socially disadvantaged report the care received is appropriate and meets their unique needs	2	Interviews with financially or socially disadvantaged consumers take place during an onsite audit to learn about the consumer experience and to verify the care is appropriate (e.g. staff are trained and sensitive to their experiences and needs, appropriate services are offered). Where consumers are not available during an onsite audit, they are able to provide written feedback beforehand.	Comprehensive review of evidence

* Applies to RAC only
+ Applies to CHSP only

6.6 Veterans

Table 6-6: Veteran specialisation verification framework

Criterion	Tier	Evidence example	Verification
The provider is a not-for-profit veteran community- controlled organisation	1	A letter from the CEO or Executive Officer of the service stating the provider is Veteran community-controlled organisation is uploaded within the provider portal for review.	Desktop review
One or more staff members is a veteran, and is well resourced and supported by management to act as 'champions' within the organisation to support other staff	2	Provider is able to describe specific role the staff member plays in championing specialised care for consumers who are veterans, supporting other staff in professional development and learning opportunities, and can demonstrate activity in line with these descriptions	Comprehensive review of evidence
A specified proportion of staff understand and makes consumers aware of the services they and their families can continue to access through the DVA	2	Staff describe during the onsite review their knowledge of services veterans and their families can continue to access through DVA.	Comprehensive review of evidence
The physical environment is considered appropriate and safe for consumers by a veteran representative+	2	An onsite audit is conducted in collaboration with a veteran representative to verify the environment is appropriate.	Comprehensive review of evidence
At least 90% of staff have completed annual training in the aged care needs of veterans, the military experience and trauma-informed care delivery	2	Certificates for each staff member who completed training in the aged care needs of veterans and trauma-informed care (e.g. led by Phoenix Australia) are viewed onsite and staff are able to describe training outcomes.	Comprehensive review of evidence
Provider organises commemoration ceremonies or helps consumers attend local community commemoration events	2	Copies of consumer communications which detail provider support of a local commemoration ceremonies are reviewed onsite and a consumer representative is able to attest to provider participation in the event.	Comprehensive review of evidence
There are established connections between the provider and the local Returned & Services League of Australia (RSL) or other ex-service organisation	2	During an onsite audit the provider can describe the established connection with a local veteran community organisation (e.g. RSL or Legacy), including any previously conducted or planned activity (e.g. advocating or championing for veteran clients). RSL or ex-service organisation confirms this connection.	Comprehensive review of evidence

Criterion	Tier	Evidence example	Verification
An active and resourced ex-service group contributes to the development, delivery and evaluation of specialised services	2	Minutes of the group's meetings are reviewed onsite and the audit team is able to speak with a group representative about the actions taken by the group, provider supports, and frequency of meetings.	Comprehensive review of evidence
Policies and procedures are in place to support and promote the delivery of specialised aged care to veterans	2	Copies of the provider's recruitment, retention and/or care policy which details how specialist staff are employed and retained, and care is delivered to Special Needs Groups, is reviewed onsite and management representatives are able to provide examples of how these polices support the delivery of specialised care.	Comprehensive review of evidence
Consumers who are veterans report the care received is appropriate and meets their unique needs	2	Interviews with consumers who are veterans take place during an onsite audit to learn about the consumer experience and to verify the care is appropriate (e.g. staff are trained and sensitive to their experiences and needs, appropriate services are offered). Where consumers are not available during an onsite audit, they are able to provide written feedback beforehand.	Comprehensive review of evidence

[+] Applies to RAC only

6.7 People who are homeless or at risk of becoming homeless

Table 6-7: Homelessness specialisation verification framework

Criterion	Tier	Evidence example	Verification
Provider delivers Assistance with Care and Housing services[+]	1	Desktop review of Department records which list providers funded to deliver these services.	Desktop review
Provider qualifies for the Homeless Supplement[*]	1	Provider uploads evidence of the number of residents who qualify for the Homeless Supplement.	Desktop review
There are established connections between the provider and community organisations which assist individuals experiencing homelessness	2	During an onsite audit the provider can describe the established connection with a homelessness community organisation (e.g. financial, housing, health, legal, mental health, police, public guardians), including any previously conducted or planned activity.	Comprehensive review of evidence
At least 90% of staff have completed annual training in the aged care needs of people who have experienced homelessness and trauma-informed care delivery	2	Certificates for each staff member who completed training in the aged care needs of people who have experienced homelessness and trauma-informed care delivery are uploaded within the provider portal for review and staff are able to describe training outcomes.	Comprehensive review of evidence
The provider has specific policies and procedures to support and promote the aged care needs of people who have experienced homelessness	2	Copies of the provider's polices (e.g. pertaining to recruitment and retention which detail how specialist staff are employed and retained, or policies which outline how the provider facilitates communication between consumers and their 'families of choice'/case managers/advocates/ trusted entities), are reviewed onsite and management representatives are able to provide examples of how these polices support the delivery of specialised care.	Comprehensive review of evidence
Consumers who are homeless or at risk of becoming homeless report the care received is appropriate and meets their unique needs	2	Interviews with consumers who are homeless or at risk of becoming homeless take place during an onsite audit to learn about the consumer experience and to verify the care is appropriate (e.g. staff are trained and sensitive to their experiences and needs, appropriate services are offered). Where consumers are not available during an onsite audit, they are able to provide written feedback beforehand.	Comprehensive review of evidence

[+] Applies to CHSP only
[*] Applies to RAC only

6.8 Parents separated from children by forced adoption/removal

Table 6-8: Forced adoption specialisation verification framework

Criterion	Tier	Evidence example	Verification
There are established connections between the provider and a local forced adoption support service or community organisation	2	During an onsite audit the provider can describe the established connection with a local forced adoption service or community organisation (e.g. Forced Adoption Support Service), including any previously conducted or planned activity. The local forced adoption service or community organisation confirms this connection.	Comprehensive review of evidence
At least 90% of staff have completed annual training in the aged care needs of parents separated from their children by forced adoption or removal and trauma-informed care delivery	2	Certificates for each staff member who completed training (e.g. delivered by the Australian Psychological Society) in the aged care needs of people who have experienced forced adoption are viewed onsite and staff are able to describe training outcomes.	Comprehensive review of evidence
The physical environment is considered appropriate and safe for consumers by a representative of the forced adoption community	2	An onsite audit is conducted in collaboration with a representative of the forced adoption community to verify that the environment is supportive for parents separated from their children by forced adoption or removal (e.g. the provider displays a copy of the National Apology).	Comprehensive review of evidence
There are established connections between the provider and local dental and medical facilities so that support can be provided to consumers who are triggered by accessing these services	2	Provider describes during the onsite review the established connection between the provider local dental and medical facilities, including details of any recent contact to support a consumer. Local dental and medical facilities confirm this connection.	Comprehensive review of evidence
An active and resourced forced adoption advisory group contributes to the development, delivery and evaluation of specialised services	2	Minutes of the group's meetings are reviewed onsite and the audit team is able to speak with a group representative about the actions taken by the group, provider supports, and frequency of meetings.	Comprehensive review of evidence
Policies and procedures are in place to support and promote the delivery of specialised aged care to people who have experienced forced adoption	2	Copies of the provider's recruitment, retention and/or care policy which details how specialist staff are employed and retained, and care is delivered to Special Needs Groups, is reviewed onsite and management representatives are able to provide examples of how these polices support the delivery of specialised care.	Comprehensive review of evidence

Criterion	Tier	Evidence example	Verification
Consumers who are parents separated from their children by forced adoption or removal report the care received is appropriate and meets their unique needs	2	Interviews with consumers who are parents separated from their children by forced adoption or removal take place during an onsite audit to learn about the consumer experience and to verify the care is appropriate (e.g. staff are trained and sensitive to their experiences and needs, appropriate services are offered). Where consumers are not available during an onsite audit, they are able to provide written feedback beforehand.	Comprehensive review of evidence

* Applies to RAC only

6.9 Lesbian, gay, bisexual, transgender and intersex people

Table 6-9: LGBTI specialisation verification framework

Criterion	Tier	Evidence example	Verification
Provider is Rainbow Tick accredited	1	Copy of the Rainbow Tick accreditation certificate is uploaded within the provider portal for review	Desktop review
One or more staff members identify as LGBTI, and are well resourced and supported by management to act as 'champions' within the organisation to support other staff	2	Provider is able to describe specific role the staff member plays in championing specialised care for this Special Needs Group, supporting other staff in professional development and learning opportunities, and can demonstrate activity in line with these descriptions	Comprehensive review of evidence
There is an established connection between the provider and a local LGBTI community organisation or Community of Practice	2	During an onsite audit the provider can describe the established connection with a local LGBTI organisation (e.g. GRAI or Working It Out Tasmania), including any previously conducted or planned activity. The organisation confirms this connection.	Comprehensive review of evidence
At least 90% of staff have completed annual training in the aged care needs of LGBTI elders and trauma-informed care delivery	2	Certificates for each staff member who completed relevant training (e.g. Silver Rainbow LGBTI Aged Care Awareness Training or Rainbows Don't Fade With Age training) are viewed onsite and staff are able to describe training outcomes.	Comprehensive review of evidence
An active and resourced LGBTI advisory group contributes to the development, delivery and evaluation of specialised services. This group is linked with the provider's governance body	2	Minutes of the group meeting are reviewed onsite and the audit team is able to speak with a group representative about outcomes arising from actions taken by the group, provider supports, and frequency of meetings.	Comprehensive review of evidence
Policies and procedures are in place to support and promote the delivery of specialised aged care to LGBTI people	2	Copies of the provider's polices (e.g. pertaining to recruitment and retention which detail how specialist staff are employed and retained, or policies which outline how the provider facilitates communication between consumers and their 'families of choice'/case managers/advocates/ trusted entities), are reviewed onsite and management representatives are able to provide examples of how these polices support the delivery of specialised care.	Comprehensive review of evidence

Criterion	Tier	Evidence example	Verification
Policies and procedures are in place to support and promote the delivery of specialised aged care to people living with HIV/AIDS	2	Copies of the provider's polices (e.g. pertaining to staff training, or promoting and facilitating consumer access to health services), are reviewed onsite and management representatives are able to provide examples of how these polices support the delivery of specialised care.	Comprehensive review of evidence
The provider displays evidence of its public commitment to supporting LGBTI people	2	The rainbow flag symbol (and/or other relevant flags) and a copy of the Darlington Statement is openly displayed in shared common areas at all times (or on the provider's website, staff badges/pins) and visible during an onsite audit and conversations with staff demonstrate an understanding of the statement.	Comprehensive review of evidence
Consumers who are LGBTI report the care received is appropriate and meets their unique needs	2	Interviews with LGBTI consumers take place during an onsite audit to learn about the consumer experience and to verify the care is appropriate (e.g. staff are trained and sensitive to their experiences and needs, appropriate services are offered). Where consumers are not available during an onsite audit, they are able to provide written feedback beforehand.	Comprehensive review of evidence

7 Implementation considerations

7.1 Implementation supports for providers

In the usability testing stage providers were asked about supports they require to understand, adopt and adhere to a specialisation verification framework. The new specialisation verification process will likely necessitate support in the following areas:

- **Setting clear expectations of what specialisation means**, including:
  - updating the existing specialisation guidelines (for Aboriginal and Torres Strait Islander, CALD and LGBTI populations) and developing new guidelines to align with agreed specialisation criteria
  - developing and disseminating communication materials that articulate how the specialisation relates to, and builds on, the expectations of providers as outlined in the Quality Standards and Diversity Framework action plans – i.e. that in order to claim specialisation, providers must go 'above and beyond' the basic expectations of inclusive, person-centred care. This was echoed by some providers who participated in the usability testing and did not appear to appreciate the need for specialisation.
- **Supporting providers to accurately enter specialisation information** in the My Aged Care provider portal, through the addition of pop-up prompts or checklists to help ensure that providers understand and consider the guidelines and criteria. This could include enabling providers to upload provider declarations or templates/other documentation to be assessed as part of a desktop or comprehensive review. Online self-assessment functionality within the provider portal (similar to that offered within the Inclusive Service Standards Portal) would also aid providers in meeting the requirements.
- **Ensuring providers understand the verification process**, through the dissemination of explanatory documents, FAQs, examples of appropriate and/or inappropriate claims to specialisation and contact details for further support.
- **Funding assistance** to help organisations develop and providers deliver the required training to all staff.

As the implementation of a specialisation verification process represents a significant change for providers, it will require a comprehensive communication strategy using multiple approaches. As outlined in section 2.2.1, providers consulted for this project have indicated that direct email may be the best approach for communicating changes, supported by other methods such as BIDS notices and website updates.

7.2 Ongoing monitoring and updates to the framework

We recommend the Department performs a biennial check of the criteria and evidence examples to ensure they remain current and appropriate. This should be undertaken in close consultation with Special Needs Group representatives. Any updates to criteria should be clearly communicated to providers through a variety of communication strategies. The Department could also consider a 'grace period' whereby meeting the old or updated criteria is acceptable for specialisation.

7.3 Improving transparency for consumers

Some stakeholders suggested that in addition to displaying specialisations, the My Aged Care Find a Provider tool could also show which criteria were met by providers in order to achieve specialisation. This was seen as important because certain Tier 2 criteria may be more important to consumers than others. This would improve transparency and enable consumers to select a provider which most closely meets criteria of greatest importance to them.

Appendix A Initial provider survey results

144 responses to the survey were recorded. During the data cleaning process 2 responses were found to be completely blank and were excluded from analysis, leaving 142 responses.

A.1 Profile of respondents

A.1.1 Provider type

Respondents were asked to identify the type of aged care provider they represent. They were able to select more than one type of provider. Table A-1 shows that most respondents identified as CHSP (64%) or HCP (50%) providers. Almost half (48%) of respondents identified more than one type of aged care provider. 13% respondents selected "Other"; these were most commonly:

- NDIS
- DVA
- ATSI
- Other community support services.

Table A-1: Type of aged care provider

Type of aged care provider	n[1]	%[2]
Commonwealth Home Support Programme (CHSP)	91	64%
Home Care Package (HCP)	71	50%
Residential aged care (RAC)	44	31%
Respite Care (Respite)	25	18%
Other	19	13%
Transition care (TC)	11	8%

[1] Respondents were able to select multiple types
[2] This is calculated based on the total number of responses (n=142)

A.1.2 Respondent role

More than three quarters (78%) of respondents identified as having a management role. Remaining respondents identified as administration (13%), direct care worker (6%), or other (2%).

Table A-2: Respondent roles

Respondent roles	n	%[1]
Management	111	78%
Administration	18	13%
Direct care worker	9	6%
Other	3	2%
Missing	1	1%

[1] This is calculated based on the total number of responses (n=142)

Three quarters (75%) of respondents are responsible for updating their organisation's profile in the My Aged Care provider portal. Of these respondents, 30% hold sole responsibility for updating their organisation's profile.

A.2 Using the My Aged Care provider portal

A.2.1 Resources

Guidance is available to help providers enter information into the My Aged Care provider portal. Resources include quick reference guides, instructional videos, and factsheets. These are available on the Department of Health website.

Respondents that said they are responsible for updating their organisation's profile in the My Aged Care provider portal (n=107) were asked if they refer to these resources when updating their organisations profile. Almost two thirds (63%) said they do refer to these resources.

Respondents that said they do refer to these resources were asked to answer a question on the usefulness of the resources. All but one respondent answered this question. Of the respondents that answered this question (n=66), all found the resources useful, very useful (27%) and somewhat useful (73%).

The remaining 37% of respondents that said they do not refer to the resources were asked why (Table A-3). More than half (58%) said they were not aware of the resources. It is noted that almost half (11, 48%) of the respondents that were not aware of the resources had not nominated specialisations within the My Aged Care provider portal. This indicates that clear guidance on nominating all specialisation may increase the rate in which specialisations are nominated in the My Aged Care provider portal.

Table A-3: Reasons why resources are not used

Reasons why resources are not used	n	%
I am not aware of these resources	23	58%
I am aware of these resources but did not find them useful	11	28%
I do not need assistance	6	15%

Note: The proportions are calculated based in the number of respondents (n=40) – they do not refer to the resources.

A.2.2 Communication

Respondents were asked to comment on the most effective ways the Department of Health can communicated advice about managing information in the My Aged Care provider portal. Respondents could select multiple methods.

Direct email (87%) was the most effective method, followed by updates within the provider portal (47%) and BIDS announcements (43%). A small proportion (6%) of respondents provided other methods of communication, including:

- 'Direct contact point' (CHSP and HCP provider type)
- 'Attending Inter-agencies Forums and talking to the service providers' (CHSP provider type)

Table A-4: Most effective method of communication

Method of communication	n[1]	%[2]
Direct email	124	87%
Updates within the My Aged Care provider portal	67	47%
Email announcements (BIDS) to the aged care sector	61	43%
Updates on the Department's website	51	36%
Updates on the My Aged Care website	51	36%
Other	8	6%

[1] Respondents were able to select multiple methods of communication.
[2] The proportions are calculated based in the number of respondents (n=142).

A.3 Specialisations

The Find a Provider tool on the My Aged Care website allows consumers to search for an aged care provider which can best meet their individual care and service needs. Aged care providers can select 'specialisations' within the My Aged Care provider portal that are then displayed on the website. Consumers can use this information to refine their search results in the Find a Provider tool.

Providers that check the 'specialisation' boxes should have specific measures in place above and beyond the standard expectations of inclusive and safe service provisions and in accordance with published guidelines where available.

Only 3 of these 9 specialisations have guidelines: culturally and linguistically diverse background, Aboriginal and Torres Strait Islander communities and lesbian, gay, bisexual, transgender, and intersex people.

Respondents were asked to select the specialisations their organisations nominate within the My Aged Care provider portal (Table A-2). More than one specialisation was able to be selected. Over half of respondents nominated specialising in CALD care (55%). Financially or socially disadvantaged was the next most selected specialisation by respondents (43%). 30% of respondents said their organisation does not nominate any specialisation.

Respondents were asked whether they were aware, before completing the survey, that to nominate a specialisation a provider must have processes and practices 'above and beyond' those required by the Quality Standards to provide culturally safe and inclusive care. Only half of respondents (52%) said they were aware of this fact, with the remaining respondents either unsure (21%) or had no (27%) awareness of what it means to nominate a specialisation.

Table A-5: Nominated specialisations

Specialisation	n[1]	%[2]
People from culturally and linguistically diverse backgrounds*	74	55%
People who are financially or socially disadvantaged	58	43%
People from Aboriginal and Torres Strait Islander communities*	32	24%
People who live in rural or remote areas	31	23%
Veterans	30	22%
People who are homeless or at risk of becoming homeless	30	22%
Lesbian, gay, bisexual, transgender and intersex people*	29	21%
Care leavers	15	11%
Parents separated from their children by forced adoption or removal	7	5%
None of these	40	30%

[1] Respondents were able to select multiple specialisation
[2] This is calculated based on the total number of respondents that answered the question (n=135)
* Specialisations that have guidelines

Appendix B Usability survey

Q1 My Aged Care Specialisation Verification Framework project: A new approach to nominating specialisations

Q2 Background

The Find a Provider tool on the My Aged Care website allows consumers to search for an aged care provider which can best meet their individual care and service needs in their preferred location. Aged care providers can select 'specialisations' within the My Aged Care provider portal that are then displayed on the website. Consumers can use this information to refine their search results in the Find a Provider tool.

Q3 This project

The Department of Health has engaged Australian Healthcare Associates (AHA) to undertake a project to explore current arrangements for providers nominating specialisations in the My Aged Care provider portal. This includes reviewing current evidence requirements, and developing a verification framework to assist the Department to verify the specialisations. This project is considering providers' specialisations in the nine Special Needs Groups (only).

The nine Special Needs Groups are:

- people from Aboriginal and Torres Strait Islander communities
- care leavers
- people from culturally and linguistically diverse backgrounds
- people who live in rural or remote areas
- people who are financially or socially disadvantaged
- veterans
- people who are homeless or at risk of becoming homeless
- parents separated from their children by forced adoption or removal
- lesbian, gay, bisexual, transgender and intersex people.

The purpose of this exercise is to preview a new approach to nominating specialisations, and to seek feedback from providers on:

- Acceptability of this new approach
- Practicality of this new approach
- Any additional feedback which may assist in nominating specialisations.

The survey will close on [Insert date here]. If you would like further information about this project or if you have any questions about your involvement in it, you can phone AHA on 1300 242 111 or contact us by email at MACVerificationFramework@ahaconsulting.com.au.

Q4 There are two sections to this survey:

- A **nominating specialisations task**, where you will preview a new approach to nominating specialisations, and;
- An opportunity for you to **provide feedback** on this new approach.

1) Task: Nominating specialisations

We are seeking your feedback on a proposed *new approach to nominating specialisations* for Australian Government-funded aged care providers. This new approach will begin on the following page, but before you start there are some important things to keep in mind whilst completing the task:

- Please complete the task as if you were selecting specialisations for the provider you represent. If your organisation is responsible for providing care under two or more care types (for example Home Care Packages and Residential Aged Care), please complete the task for one of your care types only
- The framework developed for the approach is not final, and any information you complete here will not impact your current provider's specialisations, or be used for any purpose other than gathering feedback
- If you feel the provider you represent does not specialise in any Special Needs Group you will still be able to provide feedback on the process once the task is complete
- If you respond 'yes' to any criteria, text will appear below detailing the evidence required to meet this criteria. For each of these we ask that you indicate the extent to which you agree that the evidence required is reasonable.

The proposed new approach would involve providers completing a self-assessment against established criteria. This would be followed by a desktop and onsite review of the evidence conducted by a third party auditor.

There are currently 2 tiers of criteria:

Tier 1 – Criteria with evidence that requires desktop review only. Meeting a Tier 1 criterion would qualify the provider to specialise for a Special Needs Group (with no Tier 2 criteria required).

Tier 2 – Criteria with evidence that may require comprehensive onsite review. If a provider is unable to meet a Tier 1 criterion, they must meet 4 or more Tier 2 criteria to specialise in the care of individuals from a Special Needs Group. Where a Special Needs Group has less than 4 Tier 2 criteria, then all Tier 2 criteria must be met.

Not all Special Needs Groups have both tiers of criteria.

2) Feedback: Your experience completing the task

Following the task you will be asked some brief questions about your experience completing the task and the practicality of the broader approach to verifying specialisations. Thank you for taking the time to respond to these questions.

The task will begin on the next page.

Q5 What care type are you responding on behalf of your provider for this task?

- Residential Aged Care
- Commonwealth Home Support Programme
- Home Care Package
- Other _____

Q6 Providers that check the 'specialisation' boxes must be able to demonstrate that they have specific measures in place above and beyond base care principles and in accordance with published guidelines where available.

Q7 For which special needs groups does your provider specialise in?

- Aboriginal and Torres Strait Islander people
- Care leavers
- People from culturally and linguistically diverse backgrounds
- People who live in rural and remote areas
- People who are financially or socially disadvantaged
- Veterans
- People who are homeless or at risk of becoming homeless
- Parents separated from children by forced adoption
- Lesbian, gay, bisexual, transgender and intersex people
- My provider does not specialise in service delivery for the above special needs groups*

*If this option is selected, respondents are able to download the verification framework and respond to the following questions: Q183, Q185, Q186 and Q187. Q181 is not displayed to these respondents.

The respondent is then present with the criteria corresponding to the specialisations they selected in Q7. If criteria are met, the respondent is shown the evidence required to meet the criteria and asked if it is reasonable to expect providers to demonstrate the evidence.

Q179 Thank you for testing this new approach to providers nominating specialisations. In this final section of the survey we will ask you about your experience completing this task and the proposed verification framework more broadly.

The following questions will reference the specialisation verification criteria you may have responded to during this task and the proposed verification framework. For a copy of the verification framework, which includes all criteria, please click here.

You are free to review this document while you respond to the questions.

Q180 Satisfaction with and understanding of the new approach to nominating specialisations

Q181 Please indicate your response to the following statements:

Statement	Strongly disagree (1)	Disagree (2)	Neutral (3)	Agree (4)	Strongly agree (5)
I found the new approach to be simple					
I thought the new approach was easy to use					
I could complete the new approach without the support of a technical person					
I would imagine that most people would learn this new approach very quickly					
I found the new approach very intuitive					
I felt very confident completing this new approach					
I could complete the new approach without having to learn anything new					

Q182 Satisfaction with and understanding of the proposed verification framework

Q183 Please indicate your response to the following statements about the **proposed verification framework:**

Statement	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
The layout of the verification framework is easy to understand					
The criteria to be met for each specialisation are easy to understand					
The evidence required by services are realistic and implementable					
The approach to verifying tier 1 (a desktop review of documentation) and tier 2 (comprehensive review) criteria are appropriate					
Broadly I am satisfied that this verification framework is an appropriate way to verify specialisations					

Q184 Final questions – open ended text responses

Q185 What supports or guidance documents may be necessary or helpful to assist providers in nominating specialisations through this new approach?

Q186 Are there any improvements that could be made to this new approach?

Q187 Please provide any additional comments on the verification framework more broadly – including criteria, example evidence and verification approaches.

Appendix C Usability survey results

This Appendix details each specialisation and their respective criteria and evidence required for verification. Respondents specified the specialisations their care type nominates and were able to select whether they meet or do not meet each criteria. If criteria were met, they were shown the corresponding evidence required, along with the following statement – '*Providers can be reasonably expected to produce this evidence'*. Respondents were asked to indicate the extent to which they agreed with this statement on a scale between 1 – strongly disagree to 5 – strongly agree in relation to the evidence required.

Each specialisation table displays the:

- tier of criteria, the criteria, the corresponding evidence and:
- number of respondents who meet the criteria
- number of respondents who do not meet the criteria
- median score indicating the extent to which respondents agreed that the evidence required was reasonable. This ranges from 1 – strongly disagree to 5 – strongly agree.

C.1 Care leavers[7]

Table C-1: Usability survey results – care leavers

Criterion	Tier	Evidence example	Meets criteria n	Meets criteria %	Does not meet criteria n	Does not meet criteria %	Agree that evidence is reasonable Mean score
One or more staff members identify as being a care leaver, and are well resourced and supported by management to act as 'champions' within the organisation to support other staff	2	Provider is able to describe the specific role the staff member plays in championing specialised care for consumers who are care leavers, supporting other staff in professional development and learning opportunities, and can demonstrate activity in line with these descriptions.	1	33%	2	67%	**4.0**
There are established connections between the provider and a local care leaver service or community organisation	2	During an onsite audit the provider can describe the established connection with a local care leaver community organisation (e.g. Find and Connect service, the Alliance for Forgotten Australians, Link Ups, Coota Girls Aboriginal Corporation), including any previously conducted or planned activity. The local care leaver service or community organisation confirms this connection.	1	33%	2	67%	**Not applicable**
At least 90% of staff have completed annual training in the aged care needs of care leavers including trauma-informed care	2	Certificates for each staff member who completed the training package (e.g. created by Relationships Australia SA or Canberra Institute of Technology Solutions) in the aged care needs of care leavers are viewed onsite and staff are able to describe training outcomes.	Nil	Nil	3	100%	**Not applicable**

[7] Some people prefer the term 'Forgotten Australians' rather than 'care leavers'

Criterion	Tier	Evidence example	Meets criteria n	Meets criteria %	Does not meet criteria n	Does not meet criteria %	Agree that evidence is reasonable Mean score
The physical environment is considered safe and appropriate for care leavers by a care leaver representative*	2	An onsite audit is conducted in collaboration with a care leaver representative to verify the environment is supportive for care leavers (e.g. the provider displays a copy of the National Apology).	Nil	Nil	1	100%	**Not applicable**
An active and resourced care leaver advisory group contributes to the development, delivery and evaluation of specialised services	2	Minutes of the group's meetings are reviewed onsite and the audit team is able to speak with a group representative about the actions taken by the group, provider supports, and frequency of meetings.	Nil	Nil	3	100%	**Not applicable**
Policies and procedures are in place to support and promote the delivery of specialised aged care to care leavers	2	Copies of the provider's recruitment, retention and/or care policy which details how specialist staff are employed and retained, and care is delivered to Special Needs Groups, is reviewed onsite and management representatives are able to provide examples of how these polices support the delivery of specialised care.	1	33%	2	67%	**4.0**
Consumers report the care received is appropriate for care leavers and meets their unique needs	2	Interviews with consumers (who are care leavers) take place during an onsite audit to learn about the consumer experience and to verify the care is appropriate (e.g. staff are trained and sensitive to their experiences and needs, appropriate services are offered). Where consumers are not available during an onsite audit, they are able to provide written feedback beforehand.	1	33%	2	67%	**4.0**

* Applies to RAC only

C.2 People from Aboriginal and Torres Strait Islander communities

Table C-2: Usability survey results – Aboriginal and Torres Strait Islander communities

Criterion	Tier	Evidence example	Meets criteria n	Meets criteria %	Does not meet criteria n	Does not meet criteria %	Agree that evidence is reasonable Mean score
Provider is funded by the National Aboriginal and Torres Strait Islander Flexible Aged Care Program*	1	Desktop review of Department records to confirm provider's funding status.	1	9%	10	91%	**5.0**
The provider is an Aboriginal and Torres Strait Islander community-controlled organisation	2	A letter from the CEO or Executive Officer of the service stating the provider is an Aboriginal and Torres Strait Islander community-controlled organisation is uploaded within the provider portal for review.	2	12%	15	88%	**5.0**
One or more staff members identify as Aboriginal and Torres Strait Islander, and are well resourced and supported by management to act as 'champions' within the organisation to support other staff	2	Provider is able to describe specific role the staff member plays in championing specialised care for Aboriginal and Torres Strait Islander consumers, supporting other staff in professional development and learning opportunities, and can demonstrate activity in line with these descriptions.	10	59%	7	41%	**3.5**
There are established connections between the provider and the local Aboriginal and Torres Strait Islander community organisations	2	During an onsite audit the provider can describe the established connection with a local Aboriginal and Torres Strait Islander community organisation, including any previously conducted or planned activity. The community organisation confirms this connection.	10	59%	7	41%	**4.0**

Criterion	Tier	Evidence example	Meets criteria n	Meets criteria %	Does not meet criteria n	Does not meet criteria %	Agree that evidence is reasonable Mean score
At least 90% of staff have completed annual training in the aged care needs of Aboriginal and Torres Strait Islanders in person-centred and trauma-informed care delivery.	2	Certificates for each staff member who completed training are viewed onsite and staff are able to describe training outcomes.	9	53%	8	47%	**4.0**
The physical environment is considered culturally appropriate for consumers by a representative of the local Aboriginal and Torres Strait Islander community+	2	An onsite audit is conducted in collaboration with a local Aboriginal and Torres Strait Islander community representative to verify the environment is appropriate.	1	100%	Nil	Nil	**Not applicable**
Provider offers services which are culturally appropriate for the local Aboriginal and Torres Strait Islander community	2	An onsite audit is conducted in collaboration with a local Aboriginal and Torres Strait Islander community representative to discuss with staff the range of culturally appropriate services offered.	14	82%	3	18%	**4.0**
At least one Aboriginal and Torres Strait Islander person sits on the Board of the provider	2	Board documentation that clearly specifies involvement/attendance by an Aboriginal and Torres Strait Islander representative are uploaded in the provider portal and reviewed onsite.	4	24%	13	76%	**4.5**

Criterion	Tier	Evidence example	Meets criteria n	Meets criteria %	Does not meet criteria n	Does not meet criteria %	Agree that evidence is reasonable Mean score
An active and resourced Aboriginal and Torres Strait Islander advisory group contributes to the development, delivery and evaluation of specialised services	2	Minutes of the group's meetings are reviewed onsite and the audit team is able to speak with a group representative about the actions taken by the group, provider supports, and frequency of meetings.	3	18%	14	82%	**4.0**
Provider recognises and participates in local cultural celebrations	2	Copies of consumer communications which detail provider support of a local cultural celebration are reviewed onsite and a consumer representative is able to attest to provider participation in the event.	13	77%	4	23%	**4.0**
Policies and procedures are in place to support and promote the delivery of specialised aged care to Aboriginal and Torres Strait Islander consumers	2	Copies of the provider's recruitment, retention and/or care policy which details how specialist staff are employed and retained, and care is delivered to Special Needs Groups, is reviewed onsite and management representatives are able to provide examples of how these polices support the delivery of specialised care.	11	65%	6	35%	**4.0**
Aboriginal and Torres Strait Islander consumers report the care received is appropriate and meets their unique needs	2	Interviews with Aboriginal and Torres Strait Islander consumers take place during an onsite audit to learn about the consumer experience and to verify the care is appropriate (e.g. staff are trained and sensitive to their experiences and needs, appropriate services are offered). Where consumers are not available during an onsite audit, they are able to provide written feedback beforehand.	14	82%	3	18%	**4.0**

* Applies to HCP and RAC only
+ Applies to RAC only

C.3 People from culturally and linguistically diverse backgrounds

Table C-3: Usability survey results – CALD

Criterion	Tier	Evidence example	Meets criteria n	Meets criteria %	Does not meet criteria n	Does not meet criteria %	Agree that evidence is reasonable Mean score
Provider is run by a recognised CALD community organisation	2	Provider supplies written details of the CALD community organisation's historical and current involvement, engagement and services to the community being serviced. Further evidence, including client testimonials, the inclusion of culturally inclusive service provision in the organisation's strategic plan and other supporting evidence may also be supplied.	19	51%	18	49%	**4.0**
A proportion of staff are bilingual and bicultural and reflect the cultural and linguistic background of consumers, and are well resourced and supported by management to act as 'champions' within the organisation to support other staff	2	Provider is able to describe specific role these staff member plays in championing specialised care for CALD consumers, supporting other staff in professional development and learning opportunities, and can demonstrate activity in line with these descriptions.	26	70%	11	30%	**4.0**
There are established connections between the provider and the local community organisation which best represents the cultural and linguistic demographic of target consumers	2	During an onsite audit the provider can describe the established connection with a local CALD community or religious organisation (e.g. Chung Wah Association or Co.As.It.), including any previously conducted or planned activity. The local community organisation confirms this connection.	29	81%	7	19%	**4.0**

Criterion	Tier	Evidence example	Meets criteria n	Meets criteria %	Does not meet criteria n	Does not meet criteria %	Agree that evidence is reasonable Mean score
At least 90% of staff have completed annual training in culturally appropriate aged care delivery and cultural capability.	2	Certificates for each staff member who attended relevant training (e.g. led by PICAC) are viewed onsite and staff are able to demonstrate an inclusive approach to service delivery.	22	61%	14	39%	**4.0**
Provider offers services in languages other than English	2	An onsite audit is conducted to discuss with staff and consumers the range of services in languages other than English that are offered.	27	77%	8	23%	**4.0**
At least one person from the cultural and linguistic background of the local community sits on the board of the provider	2	Board documentation that clearly specifies involvement/attendance by a representative from the cultural and linguistic background of the local community are uploaded in the provider portal and reviewed onsite.	23	64%	13	36%	**4.0**
An active and resourced cultural diversity advisory group (which reflects the cultural mix of the provider's local community) contributes to the development, delivery and evaluation of specialised services	2	Minutes of the group meeting are reviewed onsite and the audit team is able to speak with a group representative about the actions taken by the group (e.g. development of a diversity policy), provider supports, and frequency of meetings.	18	50%	18	50%	**4.0**
Provider recognises and supports participation in local cultural celebrations	2	Copies of consumer communications which detail provider support of a local cultural celebration are reviewed onsite and a consumer representative is able to attest to provider supporting participation in the event.	27	77%	8	23%	**4.0**

Criterion	Tier	Evidence example	Meets criteria n	Meets criteria %	Does not meet criteria n	Does not meet criteria %	Agree that evidence is reasonable Mean score
Policies and procedures are in place to support and promote the delivery of specialised aged care to CALD consumers	2	Copies of the provider's recruitment, retention and/or care policy which details how specialist staff are employed and retained, and care is delivered to Special Needs Groups, is reviewed onsite and management representatives are able to provide examples of how these polices support the delivery of specialised care.	29	83%	6	17%	**4.0**
CALD consumers report the care received is appropriate and meets their unique needs	2	Interviews with CALD consumers take place during an onsite audit to learn about the consumer experience and to verify the care is appropriate (e.g. staff are trained and sensitive to their experiences and needs, appropriate services are offered). Where consumers are not available during an onsite audit, they are able to provide written feedback beforehand.	30	86%	5	14%	**4.0**

C.4 People who live in rural or remote areas

Table C-4: Usability survey results – rural or remote

Criterion	Tier	Evidence example	Meets criteria n	Meets criteria %	Does not meet criteria n	Does not meet criteria %	Agree that evidence is reasonable Mean score
Provider receives the Viability Supplement*	1	Desktop review of Department records which list providers receiving the supplement.	7	88%	1	12%	**5.0**
Provider is located or provides services to consumers in an inner or outer regional (MM3 and MM4), rural (MM5), remote (MM6) or very remote (MM7) area under the Modified Monash Model[8]	2	Provider data indicates that consumers in remoteness areas MM3 through MM7 are serviced by the provider.	6	75%	2	25%	**5.0**
There are established connections between the provider and an organisation which assists people who live in rural and remote areas	2	During an onsite audit the provider can describe the established connection with a rural and remote organisation (e.g. Country Women's Association or the National Rural Health Alliance), including any previously conducted or planned activity. The organisation confirms this connection.	4	50%	4	50%	**3.0**

* Applies to HCP and RAC only

[8] Further information about the Modified Monash Model is available on the department's website.

C.5 People who are financially or socially disadvantaged

Table C-5: Usability survey results – financially or socially disadvantaged

Criterion	Tier	Evidence example	Meets criteria n	Meets criteria %	Does not meet criteria n	Does not meet criteria %	Agree that evidence is reasonable Mean score
Provider delivers Assistance with Care and Housing services+	1	Provider confirms they are funded to provide services under this service category.	6	43%	8	57%	**4.0**
Provider supports residents to access the same activities as those residents who are able to pay*	2	Information on activity costs and approaches to ensuring those experiencing financial or social disadvantage are included in all activities are reviewed onsite and discussed with staff.	3	100%	Nil	Nil	**4.0**
Providers have policies and procedures in place to support and promote the delivery of specialised aged care to financially or socially disadvantaged consumers	2	Copies of the provider's recruitment, retention and/or care policy which details how specialist staff are employed and retained, and care is delivered to Special Needs Groups, is reviewed onsite and management representatives are able to provide examples of how these polices support the delivery of specialised care.	16	84%	3	16%	**4.0**
Provider offers outreach services which are specifically targeted towards financially or socially disadvantaged people	2	Provider can describe services targeted toward financially or socially disadvantaged people.	8	42%	11	58%	**4.0**

Criterion	Tier	Evidence example	Meets criteria n	Meets criteria %	Does not meet criteria n	Does not meet criteria %	Agree that evidence is reasonable Mean score
Consumers who are financially or socially disadvantaged report the care received is appropriate and meets their unique needs	2	Interviews with financially or socially disadvantaged consumers take place during an onsite audit to learn about the consumer experience and to verify the care is appropriate (e.g. staff are trained and sensitive to their experiences and needs, appropriate services are offered). Where consumers are not available during an onsite audit, they are able to provide written feedback beforehand.	16	84%	3	16%	**4.0**

* Applies to RAC only
+ Applies to CHSP only

C.6 Veterans

Table C-6: Usability survey results – veterans

Criterion	Tier	Evidence example	Meets criteria n	Meets criteria %	Does not meet criteria n	Does not meet criteria %	Agree that evidence is reasonable Mean score
The provider is a not-for-profit veteran community- controlled organisation	1	A letter from the CEO or Executive Officer of the service stating the provider is Veteran community-controlled organisation is uploaded within the provider portal for review.	3	33%	6	67%	**5.0**
One or more staff members is a veteran, and is well resourced and supported by management to act as 'champions' within the organisation to support other staff	2	Provider is able to describe specific role the staff member plays in championing specialised care for consumers who are veterans, supporting other staff in professional development and learning opportunities, and can demonstrate activity in line with these descriptions	Nil	Nil	5	100%	**Not applicable**
A specified proportion of staff understand and makes consumers aware of the services they and their families can continue to access through the DVA	2	Staff describe during the onsite review their knowledge of services veterans and their families can continue to access through DVA.	1	20%	4	80%	**4.0**
The physical environment is considered appropriate and safe for consumers by a veteran representative+	2	An onsite audit is conducted in collaboration with a veteran representative to verify the environment is appropriate.	Nil	Nil	Nil	Nil	**Not applicable**

Criterion	Tier	Evidence example	Meets criteria n	Meets criteria %	Does not meet criteria n	Does not meet criteria %	Agree that evidence is reasonable Mean score
At least 90% of staff have completed annual training in the aged care needs of veterans, the military experience and trauma-informed care delivery	2	Certificates for each staff member who completed training in the aged care needs of veterans and trauma-informed care (e.g. led by Phoenix Australia) are viewed onsite and staff are able to describe training outcomes.	Nil	Nil	5	100%	**Not applicable**
Provider organises commemoration ceremonies or helps consumers attend local community commemoration events	2	Copies of consumer communications which detail provider support of a local commemoration ceremonies are reviewed onsite and a consumer representative is able to attest to provider participation in the event.	1	20%	4	80%	**4.0**
There are established connections between the provider and the local Returned & Services League of Australia (RSL) or other ex-service organisation	2	During an onsite audit the provider can describe the established connection with a local veteran community organisation (e.g. RSL or Legacy), including any previously conducted or planned activity (e.g. advocating or championing for veteran clients). RSL or ex-service organisation confirms this connection.	1	20%	4	80%	**1.0**
An active and resourced ex-service group contributes to the development, delivery and evaluation of specialised services	2	Minutes of the group's meetings are reviewed onsite and the audit team is able to speak with a group representative about the actions taken by the group, provider supports, and frequency of meetings.	Nil	Nil	4	100%	**Not applicable**

Criterion	Tier	Evidence example	Meets criteria n	Meets criteria %	Does not meet criteria n	Does not meet criteria %	Agree that evidence is reasonable Mean score
Policies and procedures are in place to support and promote the delivery of specialised aged care to veterans	2	Copies of the provider's recruitment, retention and/or care policy which details how specialist staff are employed and retained, and care is delivered to Special Needs Groups, is reviewed onsite and management representatives are able to provide examples of how these polices support the delivery of specialised care.	1	20%	4	40%	**1.0**
Consumers who are veterans report the care received is appropriate and meets their unique needs	2	Interviews with consumers who are veterans take place during an onsite audit to learn about the consumer experience and to verify the care is appropriate (e.g. staff are trained and sensitive to their experiences and needs, appropriate services are offered). Where consumers are not available during an onsite audit, they are able to provide written feedback beforehand.	2	40%	3	60%	**3.5**

[+] Applies to RAC only

C.7 People who are homeless or at risk of becoming homeless

Table C-7: Usability survey results – homeless

Criterion	Tier	Evidence example	Meets criteria n	Meets criteria %	Does not meet criteria n	Does not meet criteria %	Agree that evidence is reasonable Mean score
Provider delivers Assistance with Care and Housing services+	1	Desktop review of Department records which list participating CHSP providers delivering these services.	5	63%	3	37%	**4.0**
Provider qualifies for the Homeless Supplement*	1	Provider uploads evidence of the number of residents who qualify for the Homeless Supplement.	3	100%	Nil	Nil	**5.0**
There are established connections between the provider and community organisations which assist individuals experiencing homelessness (e.g. financial, housing, health, legal, mental health, police, public guardians)	2	During an onsite audit the provider can describe the established connection with a homelessness community organisation (e.g. the jurisdiction's Legal Aid service), including any previously conducted or planned activity.	8	89%	1	11%	**4.0**
At least 90% of staff have completed annual training in the aged care needs of people who have experienced homelessness and trauma-informed care delivery	2	Certificates for each staff member who completed training in the aged care needs of people who have experienced homelessness and trauma-informed care delivery are uploaded within the provider portal for review and staff are able to describe training outcomes.	3	33%	6	67%	**4.0**

Criterion	Tier	Evidence example	Meets criteria n	Meets criteria %	Does not meet criteria n	Does not meet criteria %	Agree that evidence is reasonable Mean score
The provider has specific policies and procedures to support and promote the aged care needs of people who have experienced homelessness	2	Copies of the provider's polices (e.g. pertaining to recruitment and retention which detail how specialist staff are employed and retained, or policies which outline how the provider facilitates communication between consumers and their 'families of choice'/case managers/advocates/ trusted entities), are reviewed onsite and management representatives are able to provide examples of how these polices support the delivery of specialised care.	6	67%	3	33%	**4.0**
Consumers who are homeless or at risk of becoming homeless report the care received is appropriate and meets their unique needs	2	Interviews with consumers who are homeless or at risk of becoming homeless take place during an onsite audit to learn about the consumer experience and to verify the care is appropriate (e.g. staff are trained and sensitive to their experiences and needs, appropriate services are offered). Where consumers are not available during an onsite audit, they are able to provide written feedback beforehand.	6	67%	3	33%	**4.0**

[+] Applies to CHSP only
[*] Applies to RAC only

C.8 Parents separated from children by forced adoption/removal

Table C-8: Usability survey results – forced adoption

Criterion	Tier	Evidence example	Meets criteria n	Meets criteria %	Does not meet criteria n	Does not meet criteria %	Agree that evidence is reasonable Mean score
There are established connections between the provider and a local forced adoption service or community organisation	2	During an onsite audit the provider can describe the established connection with a local forced adoption service or community organisation (e.g. Forced Adoption Support Service), including any previously conducted or planned activity. The local forced adoption service or community organisation confirms this connection.	Nil	Nil	1	100%	**Not applicable**
At least 90% of staff have completed annual training in the aged care needs of parents separated from their children by forced adoption or removal and trauma-informed care delivery	2	Certificates for each staff member who completed training (e.g. delivered by the Australian Psychological Society) in the aged care needs of people who have experienced forced adoption are viewed onsite and staff are able to describe training outcomes.	Nil	Nil	1	100%	**Not applicable**
The physical environment is considered appropriate and safe for consumers by a representative of the forced adoption community*	2	An onsite audit is conducted in collaboration with a representative of the forced adoption community to verify that the environment is supportive for parents separated from their children by forced adoption or removal (e.g. the provider displays a copy of the National Apology).	Nil	Nil	Nil	Nil	**Not applicable**

Criterion	Tier	Evidence example	Meets criteria n	Meets criteria %	Does not meet criteria n	Does not meet criteria %	Agree that evidence is reasonable Mean score
There are established connections between the provider and local dental and medical facilities so that support can be provided to consumers who are triggered by accessing these services	2	Provider describes during the onsite review the established connection between the provider local dental and medical facilities, including details of any recent contact to support a consumer. Local dental and medical facilities confirm this connection.	Nil	Nil	1	100%	**Not applicable**
An active and resourced forced adoption advisory group contributes to the development, delivery and evaluation of specialised services	2	Minutes of the group's meetings are reviewed onsite and the audit team is able to speak with a group representative about the actions taken by the group, provider supports, and frequency of meetings.	Nil	Nil	1	100%	**Not applicable**
Policies and procedures are in place to support and promote the delivery of specialised aged care to people who have experienced forced adoption	2	Copies of the provider's recruitment, retention and/or care policy which details how specialist staff are employed and retained, and care is delivered to Special Needs Groups, is reviewed onsite and management representatives are able to provide examples of how these polices support the delivery of specialised care.	Nil	Nil	1	100%	**Not applicable**
Consumers who are parents separated from their children by forced adoption or removal report the care received is appropriate and meets their unique needs	2	Interviews with consumers who are parents separated from their children by forced adoption or removal take place during an onsite audit to learn about the consumer experience and to verify the care is appropriate (e.g. staff are trained and sensitive to their experiences and needs, appropriate services are offered). Where consumers are not available during an onsite audit, they are able to provide written feedback beforehand.	Nil	Nil	1	100%	**Not applicable**

* Applies to RAC only

C.9 Lesbian, gay, bisexual, transgender and intersex people

Table C-9: Usability survey results – LGBTI

Criterion	Tier	Evidence example	Meets criteria n	Meets criteria %	Does not meet criteria n	Does not meet criteria %	Agree that evidence is reasonable Mean score
Provider is Rainbow Tick accredited	1	Copy of the Rainbow Tick accreditation certificate is uploaded within the provider portal for review	5	29%	12	71%	**4.0**
One or more staff members identify as LGBTI, and are well resourced and supported by management to act as 'champions' within the organisation to support other staff	2	Provider is able to describe specific role the staff member plays in championing specialised care for this Special Needs Group, supporting other staff in professional development and learning opportunities, and can demonstrate activity in line with these descriptions	7	64%	4	36%	**4.0**
There is an established connection between the provider and a local LGBTI community organisation or Community of Practice	2	During an onsite audit the provider can describe the established connection with a local LGBTI organisation (e.g. GRAI or Working It Out Tasmania), including any previously conducted or planned activity. The organisation confirms this connection.	7	64%	4	36%	**4.0**
At least 90% of staff have completed annual training in the aged care needs of LGBTI elders and trauma-informed care delivery	2	Certificates for each staff member who completed relevant training (e.g. Silver Rainbow LGBTI Aged Care Awareness Training or Rainbows Don't Fade With Age training) are viewed onsite and staff are able to describe training outcomes.	5	50%	5	50%	**4.0**

Criterion	Tier	Evidence example	Meets criteria n	Meets criteria %	Does not meet criteria n	Does not meet criteria %	Agree that evidence is reasonable Mean score
An active and resourced LGBTI advisory group contributes to the development, delivery and evaluation of specialised services. This group is linked with the provider's governance body	2	Minutes of the group meeting are reviewed onsite and the audit team is able to speak with a group representative about outcomes arising from actions taken by the group, provider supports, and frequency of meetings.	Nil	Nil	9	100%	**Not applicable**
Policies and procedures are in place to support and promote the delivery of specialised aged care to LGBTI people	2	Copies of the provider's polices (e.g. pertaining to recruitment and retention which detail how specialist staff are employed and retained, or policies which outline how the provider facilitates communication between consumers and their 'families of choice'/case managers/advocates/ trusted entities), are reviewed onsite and management representatives are able to provide examples of how these polices support the delivery of specialised care.	6	60%	4	40%	**4.0**
Policies and procedures are in place to support and promote the delivery of specialised aged care to people living with HIV/AIDS	2	Copies of the provider's polices (e.g. pertaining to staff training, or promoting and facilitating consumer access to health services), are reviewed onsite and management representatives are able to provide examples of how these polices support the delivery of specialised care.	2	20%	8	80%	**4.5**
The provider displays evidence of its public commitment to supporting LGBTI people	2	The rainbow flag symbol (and/or other relevant flags) and a copy of the Darlington Statement is openly displayed in shared common areas at all times (or on the provider's website, staff badges/pins) and visible during an onsite audit and conversations with staff demonstrate an understanding of the statement.	4	40%	6	60%	**3.5**

Criterion	Tier	Evidence example	Meets criteria n	Meets criteria %	Does not meet criteria n	Does not meet criteria %	Agree that evidence is reasonable Mean score
Consumers who are LGBTI report the care received is appropriate and meets their unique needs	2	Interviews with LGBTI consumers take place during an onsite audit to learn about the consumer experience and to verify the care is appropriate (e.g. staff are trained and sensitive to their experiences and needs, appropriate services are offered). Where consumers are not available during an onsite audit, they are able to provide written feedback beforehand.	5	56%	4	44%	**3.0**

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