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1. Introduction

WHAT IS THE PURPOSE OF THE PROGRAM MANUAL?

This Manual outlines the operational requirements of the National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC) Program. It is designed for service providers funded under the NATSIFAC Program and forms part of their NATSIFAC Program grant agreement.

The NATSIFAC Program Manual 2018 replaces the 2015 version of this Manual. This Manual may be updated or varied from time to time. The Department of Health (DoH) reserves the right to review and amend this Manual as deemed necessary and will provide reasonable notice of any amendments.

2. Overview of the Program

THE NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER FLEXIBLE AGED CARE PROGRAM

The NATSIFAC Program is part of the Australian Government’s strategy to improve the quality of, and access to aged care services for older Aboriginal and Torres Strait Islander people.

The NATSIFAC Program funds service providers to provide flexible, culturally appropriate aged care to older Aboriginal and Torres Strait Islander people close to their home and/or community.

Service providers deliver a mix of residential and home care services in accordance with the needs of the community which are located mainly in rural and remote areas.

The NATSIFAC Program is administered outside of the Aged Care Act 1997.

AIM AND OBJECTIVES

The objectives of the NATSIFAC Program are to:
- deliver a range of services to meet the changing aged care needs of the community;
- provide aged care services to older Aboriginal and Torres Strait Islander people close to home and community;
- improve access to aged care services for Aboriginal and Torres Strait Islander people;
- improve the quality of culturally appropriate aged care services for Aboriginal and Torres Strait Islander people; and
- develop financially viable cost-effective and co-ordinated services outside of the existing mainstream programs.

DELIVERING CULTURALLY APPROPRIATE AGED CARE SERVICES

Service providers are required to provide aged care services that meet the needs of the individual care recipient.

Aged care services must provide good quality, culturally appropriate care that is both acceptable to and accessible by the community. The service provider must have policies, procedures and practices in place to ensure the service delivers flexible, culturally appropriate care, which meets aged care standards. The service provider should also ensure that individual care recipient interests, customs, beliefs and cultural backgrounds are valued and nurtured, and the service assists care recipients to stay connected with their family and community.

The delivery of culturally appropriate aged care is dependent on a variety of elements such as:
- having appropriate buildings to allow for cultural activities, family visits, ceremonies and take into account Aboriginal and Torres Strait Islander customs;
- ensuring a comfortable environment and surroundings (e.g. access to the natural environment or outdoor access and bushland gardens, Aboriginal and Torres Strait Islander artefacts);
- employment or engagement of Aboriginal or Torres Strait Islander people;
- participation by the local community in planning and providing aged care;
- encouraging and assisting care recipients to remain engaged with their community (e.g. by participating in traditional events);
- respecting cultural traditions (e.g., men’s and women’s business); and
- providing the services in a culturally safe way.
Cultural safety is about recognising, respecting and nurturing the unique cultural identity of Aboriginal and Torres Strait Islander people and meeting their needs, expectations and rights. It is one of the overarching principles to be incorporated in all aspects of service delivery and quality systems for the NATSIFAC Program.

**CONTACT DETAILS FOR AGED CARE**

This Manual is available on the Department of Health website.

Consumers, care recipients, families and carers can access more detailed information on aged care services at the My Aged Care website.

Alternatively, they can call the My Aged Care National Contact Centre on 1800 200 422 between 8.00am to 8.00pm [AEST] Monday to Friday and 10.00am to 2.00pm on Saturday (this 1800 number is a free call from fixed lines; calls from mobiles may be charged).

Service providers who would like more information about their grant agreement or any other matter described in this Program Manual should contact their local DoH State or Territory Network Office.

### 3. Access to the NATSIFAC Program Activity

**CARE RECIPIENTS**

Care recipients eligible to receive services under the NATSIFAC Program are people aged 50 years and older who:

- are of Aboriginal and/or Torres Strait Islander descent;
- identify as Aboriginal and/or Torres Strait Islander; or
- are accepted by the community they live in or come from.

**REFERRAL**

Potential care recipients may be referred to aged care services provided under the NATSIFAC Program through a number of mechanisms. These include:

- MyAgedCare;
- Regional Assessment Services (RAS) – assessors for the Commonwealth Home Support Program;
- General Practitioners;
- Aged Care Assessment Team (ACAT) or (ACAS);
- Social workers;
- Geriatricians;
- Hospitals; and
- Community health workers

Potential care recipients are not required to be assessed by the ACAT to receive care services under the NATSIFAC Program. However, it is recommended that an assessment be undertaken by a health professional or ACAT prior to receiving aged care services.

ACATs are known as Aged Care Assessment Services (ACAS) in Victoria.
WHERE CAN SERVICES BE PROVIDED?
There are no prescribed settings where care can be provided; rather, care can be provided flexibly in response to a care recipient’s identified needs, and includes:
- residential care: in a residential facility in which the care recipient is also provided with accommodation and nursing care and services; and/or
- home-based: in a care recipient’s own home, a respite centre or day respite centre, or other place where the care recipient stays part of the time in which the person is provided with a package of services under the NATSIFAC Program.

ON WHAT BASIS CAN SERVICES BE PROVIDED?
Services are provided according to the assessed needs of the care recipients. Care can be:
- Residential care which includes assistance with personal care and care that meets the persons nursing needs, meals and cleaning services, and furnishings, furniture and equipment for the provision of that care and accommodation, these may be provided on a:
  o permanent (ongoing) basis; or
  o short term (non-ongoing) basis; or
  o respite care either emergency or planned basis; and or
- Home care which supports people to remain living at home.

The services will be available (but not limited to):
- for residential care services, 24 hours per day 7 days per week; and
- for home care services, to meet the particular needs of the care recipient.

The service provider will also have effective emergency contact arrangements in place at all times.

WHAT TYPES OF CARE SERVICES CAN BE PROVIDED?
The care services provided must be based on assessed need of the care recipient and include a range of services as detailed in the grant agreement or at Appendix A.

In developing care choices, the service provider should take into account the different environments in which they may provide services: e.g. in town, small communities, or remote locations.

4. Care Recipient Assessment, Planning and Discharge

COMPREHENSIVE ASSESSMENT
Service providers are required to have policies, procedures and practices in place to ensure all care recipients have a comprehensive assessment of their care needs. Each care recipient should be supported to actively participate in the service provider’s assessment of their care needs. The assessment should take into consideration the care recipient’s:
- eligibility;
- medical history;
- life story;
- functional status;
- cognitive and sensory status;
- nutritional status/needs;
- special care needs; and
- clinical risk factors.

In some cases, this assessment may determine that the care needs of the care recipient exceed the type of care that can be delivered through the service, or that the care recipient’s characteristics are such that staff of the service provider may be at risk if the care recipient was admitted to the service.

In such cases, the service provider should work with the care recipient to ensure continuity of care and referral to more appropriate types and levels of service.

If a care recipient is assessed as ineligible for care at a service, or if there are not available places at the service, or it is determined that the care needs of the care recipient exceed the type of care that can be delivered through the service, the decision-making process should be recorded.
CARE PLANNING

A care plan is to be developed for each care recipient on admission to the service. Following the assessment of the care recipient, a care plan should be developed between the care recipient and/or their representative and the service provider.

The care plan is required to address the care recipient’s identified care needs and preferences. The care plan details the care and services to be provided to support the care recipient based on their assessed needs and includes who will provide the care and services and when these will be provided.

This includes a cultural support plan which describes how the addressed needs and care recipient preferences will be met in a culturally safe way. The care/cultural support plan includes strategies to maintain privacy and dignity, individual interests, customs and beliefs, independence and family connectedness.

When developing care plans, the service provider must ensure that the services can be delivered within budget, using the grant funding provided by DoH, any care recipient contribution and other funds, i.e. interest and other contributions.

In developing care choices, the service provider should take into account the different environments in which they may provide services: e.g. in town, small communities, or remote locations.

Care plans should be prepared and documented for every care recipient and these should be reviewed regularly and as care recipients’ needs change, to ensure the needs of the care recipient are being met on an ongoing basis. This includes ongoing monitoring or review of the appropriateness of the service provision. The review is informed by observations and feedback from staff and others who are in contact with the care recipient.

Information from the care review should be documented and the care plan updated accordingly.

The service provider should assist care recipients to stay connected with their family and community.

CARE RECIPIENT AGREEMENT

The service provider must offer each care recipient a care recipient agreement (sometimes called a ‘service agreement’).

The service provider needs to ensure that the care recipient and/or their representative understands the terms and conditions of care, even if the care recipient chooses not to enter into a care recipient agreement. The agreement can be formalised with written or verbal consent, and details must be recorded in the care recipient’s file.

If English is a second language for the care recipient, or they do not speak English at all, the service provider should arrange for an interpreter (not a family member) who speaks the care recipient’s language to explain the agreement to them and to explain the care recipient’s response to the service provider. The interpreter would then document on agreement what had been explained and the response, and sign it. The service provider may also consider having a staff member, such as a care manager, sign to verify the process.

A care recipient agreement should:
- include a clear statement of the charges payable by the care recipient and how amounts of each charge are to be worked out;
- allow the care recipient to suspend provision of care;
- state a date for the start of the services;
- provide conditions under which either party may terminate the care services;
- include the steps the service provider will take to assist the care recipient to access alternative care arrangements if the service provider can no longer meet the care needs of the care recipient;
- refer to the care plan;
- state the care recipient’s rights in relation to decisions about the kind of care that the care recipient is to receive;
- include a guarantee that all reasonable steps will be taken to protect the confidentiality, so far as legally permissible, of information provided by the care recipient, and details of use to be made by the service provider of the information;
- state that the care recipient is entitled to make any complaint about the provision of care without fear of reprisal, and state the mechanisms for making such a complaint; and
- be expressed in plain language and be readily understandable.

DISCHARGE FROM THE SERVICE
The care recipient agreement must specify the conditions under which either party may terminate the agreement. All care recipients are entitled to security of tenure.

When a care recipient commences with the service, the service provider should explain that the care recipient might have to transfer out of the service at some stage if they no longer need care, or if their care needs increase beyond the resources available to the service provider.

Care needs may increase beyond the capacity of the service provider for several reasons:
- the care recipient’s personal care needs exceed what can be delivered through the service (e.g., the technical skills of the service provider staff); or
- the care recipient’s characteristics change to an extent that the service provider believes staff may be at risk.

If and when a care recipient’s needs increase beyond the capacity of a service, the service provider should work with the care recipient and alternative service providers to ensure continuity of care and a smooth transition to more appropriate types and levels of service.

Discharge from the service may involve counselling, meetings with the care recipient and their family, carer(s) or representatives, consultation with an ACAT or other health professionals, and liaison with residential care or other service providers. If the service provider is unable to continue the provision of services to the care recipient, the service provider is obligated to ensure that appropriate alternative care arrangements are in place.

An outcome assessment for each care recipient must be completed at discharge to review the achievements or otherwise of the care plan. A copy of the outcome assessment at discharge must be filed and the original provided to the care recipient or, if appropriate, the person or service provider responsible for the ongoing care of the care recipient.

5. Service Planning, Management and Administration

The NATSIFAC Program is funded by the Australian Government, subject to Parliamentary appropriation. As outlined in the Commonwealth Grant Rules and Guidelines, services funded under the NATSIFAC Program must be effective, efficient and provide value for money. Accordingly, there are a number of responsibilities that the service provider must meet.

These responsibilities are specified in the grant agreement, which includes documents that have been incorporated by reference, including this Program Manual.
SERVICE PROVIDER POLICIES

Service providers are required to develop and maintain internal policies, protocols and procedures, in line with relevant Commonwealth and State and Territory legislation, to support quality service provision. These include:

- emergency procedures such as evacuation;
- Workplace Health and Safety;
- procedures to address concerns about care recipient welfare;
- Police Check and Reportable Assault requirements;
- fees and care recipient contribution;
- 'No response' guidelines;
- privacy;
- risk management;
- ensuring that workers (paid and voluntary) are suitably qualified or are undertaking training appropriate to the service they deliver;
- necessary qualifications or skills sets of staff (paid or voluntary) and provision of staff development Programs;
- staffing contingencies for holiday, training, sickness or other instances of short staffing.

Service providers may also choose to have protocols on other aspects of service provision, and local stakeholder engagement.

Governance and management systems are required to be culturally appropriate and responsive to the needs of care recipients, their carer(s), their representatives, staff and stakeholders to ensure efficient, effective and quality service delivery.

RECURRENT FUNDING/PAYMENTS

Funding is provided under a “cashed out” model, based on an agreed allocation of places and not the occupancy of those places. This provides a constant income stream so that the service provider has both the stability of income from the funding and the flexibility to manage the delivery of aged care services to meet the needs of the community. Funding is based on daily rates for the type of allocated place.

The funding for the NATSIFAC Program is provided by DoH in association with the grant agreement. The service provider should ensure that the funds are used as per the conditions of the grant agreement.

The service provider is responsible for the delivery of aged care services and to have systems in place for budgeting, controls, recording and monitoring.

Recurrent funding under the NATSIFAC Program is provided based on the number and type of allocated place. Aged care providers receive a base daily rate for the following type of allocated place:

- Residential High Care place
- Residential Low Care place
- Home Care place

In addition to the daily funding rate, services with an allocation of **residential aged care places** will also receive the following:

- the Veterans’ Supplement;
- the Residential Concessional Supplement;
- the Residential Supplement
- the Respite Supplement; and if eligible
- the Residential Aged Care Viability Supplement.

Residential aged care places also receive ‘frailty indexation’ which is a financial supplement provided to address the disparity in funding per residential aged care place funded under the Program as compared with mainstream residential aged care services operating under the *Aged Care Act 1997*. This helps to ensure the increasing frailty of indigenous residents are addressed.

In addition to the daily funding rate services with an allocation of **home care places** will also receive the following supplements:

- the Dementia and Cognition Supplement;
• the Veterans’ Supplement; and if eligible
• the Home Care Viability Supplement.

The amount of funding paid and the frequency of payments are set out in the Schedule to the grant agreement.

These supplements are in line with those provided to aged care services administered under the Aged Care Act 1997.

ONE-OFF FUNDING
DoH may make provision under the NATSIFAC Program for one-off grants from ad hoc proposals which are essential to the delivery of aged care services, including but are not limited to:

• the provision of staff accommodation;
• equipment;
• minor building works;
• staff training;
• Nurse Advisors; and
• Administrators.

The Department may procure services to provide education and training to improve the quality of care services delivered under the NATSIFAC Program.

INFORMATION TECHNOLOGY
Service providers must have systems in place to allow them to collect data in order for them to meet their reporting obligations which are outlined in the grant agreement.

REPORTS
Financial reporting documents and service activity reporting (Appendix E) must be provided to DoH as outlined in the grant agreement. Care recipient fees are not part of the financial acquittal report. The acquittal report only acquits the grant provided by the Department.

For multi-year grant agreements it is normal DoH practice to acquit funding annually.

CARE RECIPIENTS RIGHTS AND RESPONSIBILITIES
The Australian Government is committed to promoting and protecting the civil, human and legal rights of the care recipient. It has developed a Charter of Care Recipients’ Rights and Responsibilities for a range of services to ensure that personal, civic, legal and consumer rights are accepted and implemented as an integral part of service provision.

Service providers must abide by the Charter of Care Recipients’ Rights and Responsibilities – Residential Care or the Charter of Care Recipients’ Rights and Responsibilities - Home Care as appropriate to the care services being provided (see Appendix B and C). This is reviewed as a component of any concerns or complaints made to the Aged Care Complaints Commissioner and under the Aged Care Quality Standards. (Refer to Complaints Handling Policy Section of this Manual).

The Aged Care Complaints Commissioner provides a free service for anyone to raise their concerns about the quality of care or services being delivered to people receiving aged care services subsidised by the Australian Government.
RISK MANAGEMENT STRATEGY

All DoH grant agreements are managed according to their level of assessed risk. Service providers will be subject to a provider capacity risk assessment prior to any negotiation of grant agreements. Service providers may also be required to participate in a financial viability assessment during the assessment of a grant funding application. Service delivery is monitored during the term of the grant agreement and is used to provide supporting information and evidence for ongoing risk assessments.

6. Responsibilities and Accountabilities under the NATSIFAC Program

THE DEPARTMENT OF HEALTH

The Minister has overall responsibility for the NATSIFAC Program.

DoH will:

- meet the Governments terms and conditions of the grant agreement established with service providers;
- ensure that services provided under the NATSIFAC Program are accountable to the Australian Government under the terms and conditions agreed in the grant agreement and through progress reports as required;
- administer the operation of the services in a timely manner;
- identify suitable providers to deliver the activities required as per the grant agreement;
- work in partnership with the service provider to ensure the service is implemented and provide the service provider with constructive feedback; and
- ensure that the outcomes contained within the Grant Opportunity Guidelines are being met and evaluate the provider’s performance against the NATSIFAC Program outcomes.

Information on the successful grants will be published on GrantConnect and the DoH website.

Where DoH has invited applications for grants or has received ad hoc proposals, the final decisions about service delivery areas, sites, proposals for service delivery, capital works or requirements to meet a specific need will be made by the DoH delegate.

SERVICE PROVIDER

In entering into a grant agreement with DoH, the service provider must comply with all requirements outlined in the suite of documents that comprise the agreement, including this Program Manual, the Standard Grant Agreement and the General Grant Conditions.

Service providers are responsible for ensuring:

- the terms and conditions of the grant agreement are met;
- service provision is effective, efficient, and appropriately targeted;
- the highest standards of duty of care are applied;
- services are operated in line with, and comply with the requirements as set out within all state and territory and Commonwealth legislation and regulations;
- Indigenous Australians have equal and equitable access to services;
- they work collaboratively to deliver the services under the NATSIFAC Program;
- they contribute to the overall development and improvement of the NATSIFAC Program such as sharing best practice;
- they meet the costs of applying for funding and associated costs for service delivery;
- the provision of comprehensive, coordinated and integrated ongoing support and care services;
- through requirements of the Aged Care Quality Standards, staff and/or volunteers are provided with access to training and education;
- they maintain quality and service standards;
- any sub-contractors are appropriately qualified and experienced;
- they maintain contact with DoH;
- they demonstrate effective management processes based on continuous improvement to service management, planning and delivery;
- they meet their own corporate governance responsibilities including matters such as financial management, industrial relations and Work Health and Safety;
- they have a complaints mechanism and resolution process; and
- they report data as detailed in the grant agreement.
7. Staffing and Training

Service providers are responsible for ensuring staff and volunteers have appropriate skills, knowledge and attributes, and receive adequate training with an emphasis on quality care. Service providers are also responsible for ensuring staff members are trustworthy, have integrity and will respect the privacy and dignity of care recipients.

QUALIFICATIONS OF STAFF

There are a range of service types delivered under the NATSIFAC Program, and DoH recognises that qualifications and skills required vary across services and jurisdictions. Service providers must be aware of any registration, accreditation or licensing requirements for the professions from which they draw their workforce and must ensure their personnel (including any Subcontractors approved by DoH) comply with these requirements.

It is expected that staff will have the appropriate level of skills and training in order to provide quality care to care recipients, and for the service provider to meet its responsibilities of the Aged Care Quality Standards.

The service provider should regularly monitor roles and tasks of staff to ensure that all staff and workers are adequately trained, supported and supervised where required.

Service providers should encourage staff to undertake vocational and other formal education and training to enhance the skill base of their workforce.

MEDICATION ADMINISTRATION

State and Territory legislation governs medication management and service providers must take into account all relevant legislation and guidelines in developing policies and procedures around medication administration. They must also ensure that staff has appropriate levels of skills, knowledge and training in relation to medication management and administration and duty of care.

VOLUNTEERS

Service providers may use volunteers in the operation of their service. If volunteers are used, service providers must ensure that they have the necessary knowledge, skills and training to undertake their duties.

Service providers who use volunteers must have policies and procedures in place regarding the management of their volunteer workforce.

Volunteer management policies and procedures should include any policy relating to volunteer reimbursement. The reimbursement of volunteer expenses will depend on the financial and human resources available to the service provider.

Policies should reflect the circumstances of the service provider, such as remoteness, isolation, and other regional differences that can impact on their capacity to attract and retain volunteers.

SUBCONTRACTORS

Where a service provider engages a Subcontractor to deliver a service, this is defined in the grant agreement as Subcontracting.

If a service provider plans to use any Secondary Subcontractors, or its Subcontractors plan to use any Secondary Subcontractors, the service provider must request prior written consent from DoH for use of the Subcontractor before an agreement is entered into with that Subcontractor.

The request must include the Subcontractor’s name and ABN, the tasks which the Subcontractor will complete under the grant agreement, the period of the subcontract and any other information requested by DoH.

Regardless of how subcontracted services are delivered, the service provider remains responsible for service quality and meeting all regulatory responsibilities.

Further information about subcontracting is located in the service providers grant agreement.
REQUIREMENTS FOR POLICE CHECKS

Service providers funded under the NATSIFAC Program have a responsibility to ensure:

1. All staff members working with vulnerable people, volunteers and executive decision makers undergo police (or relevant) checks;
2. All staff, volunteers and executive decision makers working in NATSIFAC Program services are suitable for the roles they are performing;
3. That staff involved in service delivery, including sub-contractor staff meets the NATSIFAC Program Police Certificate Guidelines (Appendix D of this Program Manual) which have been developed to assist service providers with the management of police check requirements under the NATSIFAC Program.

8. Work Health and Safety

On 1 January 2012 the Work Health and Safety Act 2011 (Cth) (WHS Act) for the Commonwealth jurisdiction was enacted. There are a number of other legislative instruments that support the WHS Act including:

- Work Health and Safety (Transitional and Consequential) Act 2011 (Cth);
- Work Health and Safety Regulations 2011 (Cth); and
- Work Health and Safety Approved Codes of Practice 2011 (Cth).

The WHS laws contains the following important safety obligations including:

- the health and safety of people must underpin all operational decisions;
- appropriate consultation, training and safe systems of work;
- workplaces free from harassment and bullying; and
- agencies and service providers are subject to enforcement action for non-compliance.

PROVIDING A SAFE AND HEALTHY WORKPLACE

Service providers must provide a safe and healthy workplace for their employees and volunteers delivering services to a care recipient.

Service providers should also consider and assess Work Health and Safety (WHS), Australian Building Standards and other local legislative requirements, as these relate to their own offices and facilities, vehicles, and other physical resources used by their staff and volunteers.

MAKING OTHERS AWARE OF THEIR RESPONSIBILITIES

Employees of service providers are also responsible for ensuring their own safety, and the safety and health of others, including care recipients.

Service providers must ensure that their employees and volunteers:

- have adequate WHS training;
- are aware of WHS responsibilities;
- comply with WHS requirements and instructions associated with the work being performed;
- use the appropriate equipment; and
- identify and report hazards, risks, accidents and incidents.

OBLIGATIONS TO DOCUMENT WORK HEALTH AND SAFETY POLICIES AND PROCEDURES

Service providers must have in place appropriate policies and procedures to reflect WHS legislative requirements. The following is an example of policies and procedures that may be required:

- management of communicable diseases;
- minimizing the risk of infection;
- safe lifting and transfer procedures;
- asbestos;
- fire safety; and
- first aid.

For more information, see the Safe Work Australia website.
9. Reportable Assaults

NOTIFICATION OF REPORTABLE ASSAULTS AND ISSUES.

If a service provider is associated with an event that has, or may have, an effect on the health, safety and/or wellbeing of care recipients while under the care of staff, volunteers or contractors, the event must be reported to DoH.

These events are referred to as ‘reportable assaults’ or ‘reportable incidents’. Within 24 hours, the service provider must report the incident to local police and DoH via the Aged Care Complaints Commissioner on 1800 550 552 (a free call from fixed lines; calls from mobiles may be charged).

The requirements are set out in the grant agreement.

This ensures that those affected receive timely help and support and that operational and service provider strategies are put in place to prevent the situation from occurring again. Such strategies help maintain a safe and secure environment for care recipients.

Reportable incidents include, but are not limited to, a serious incident that causes:

- the unexpected death of any person;
- a serious injury to any person;
- an allegation of significant misconduct made by any person in relation to the service provider or its personnel;
- a fire, natural disaster, accident or other incident that will or is likely to prevent the delivery of all or part of any activity and result in the closure of premises, or significant damage to premises or property or pose a significant threat to the health and safety of any person;
- harm or suspected harm to a care recipient;
- criminal activity on the part of staff or contractor of the service provider such as theft;
- minor accidents, including vehicle accidents where the service provider is transporting a care recipient; or
- incidents that may bring negative media attention to the service provider and/or the Australian Government as the funding body.

Service providers must have policies about how to respond if there is, or they suspect there is, assault, abuse or concern about a risk of harm to a care recipient.

Key considerations include:

- appropriate assessment, particularly where there is the suspicion or risk of abuse or harm; this may include discussions with the care recipient in order to understand the situation so that appropriate assistance can be arranged;
- prompt provision of emergency services and liaison with other support services such as counseling, health services and social support; and
- having and providing contact information for emergency personnel such as police, ambulance, crisis mental health team, or other relevant services.

These requirements do not affect any obligation the service provider has under a Law of a State or Territory to report such incidents.


10. Fees and Contributions

POLICY

Service providers must have a policy about charging fees for provision of services funded under the NATSIFAC Program and an assessment of care recipients’ capacity to pay for, or contribute to, the cost of these services.

Service providers should be able to obtain information from care recipients required to assess their capacity to pay. The information obtained must not be shared for any other purpose (Refer to Privacy Section of this Manual for further information).

CHARGING FEES
The Australian Government pays for the bulk of aged care in Australia, however, as with all aged care services a care recipient may be asked to contribute to the cost of their care if they can afford to do so. Care recipients will never be denied the care they need because they cannot afford it.

How much a care recipient pays depends on their financial situation and there are strong protections in place to make sure that care is affordable for everyone. The Government sets the maximum fees for care.

While no person should be refused services due to an inability to contribute to the costs of services, it is important that those care recipients who can afford to pay all or some of the costs are required to do so.

The process of setting care recipient fees should be simple, and as unobtrusive as possible respecting the care recipient’s right to privacy and confidentiality. In determining a care recipient’s capacity to pay fees, the service provider must take into account any exceptional and unavoidable expenses incurred by the care recipient, such as high pharmaceutical bills, rent, utilities and other living expenses.

A care recipient’s access to a service should not be affected by their ability to pay fees, but should be decided on the basis of need for care and the capacity of the service provider to meet that need.

Any fees should be fully explained to the care recipient, and the amount charged should form part of the Care Recipient Agreement between the care recipient and the service provider. Any fees must be agreed upon with the care recipient before the service is delivered.

The maximum fee charged to care recipients should not exceed 17.5% of the annual single basic aged care pension for a home care package and 85% of the annual single basic aged care pension for a residential service.

Some care recipients may be eligible for the Department of Human Services, (DHS) Centrelink Rent Assistance. Care recipients are encouraged to contact their local DHS Centrelink office for further information about Rent Assistance.

**USE OF COLLECTED FEES**

Service providers are required to use any fees which are collected from an individual care recipient to contribute to the direct cost of providing aged care services.

Additional costs to the care recipient for support services (such as hair dresser and personal supplies) are not considered to be fees and should not be included in any reports relating to the NATSIFAC Program.

**Other Contributions**

As outlined in the grant agreement, if the service provider earns money from the services provided under the Project Schedule, including fees, rent, board or services charged, the service provider is required to deal with the money earned as if it were part of the Funds and in accordance with any requirements set out in the Project Schedule.

**PROVIDER OPERATIONAL MATTERS**

In accordance with the NATSIFAC Program grants may be used for:

- the provision of care services as shown in the grant agreement or at Appendix A;
- staff salaries and on-costs which can be directly attributed to the provision of services under the NATSIFAC Program in the identified service area or areas as per the grant agreement;
- employee training for paid and unpaid staff including Committee and Board members, that is relevant, appropriate and in line with the provision of services; and
- operating and administration expenses directly related to the delivery services, such as:
  - telephones and internet;
  - rent and outgoings;
  - computer / IT/website/software;
  - insurance;
  - utilities;
  - postage;
  - stationery and printing;
  - accounting and auditing;
  - travel/accommodation costs directly associated to the delivery of aged care services;
  - assets as described in the DoH Comprehensive Grant Agreement, including motor vehicle purchase or lease; and
CONTINUITY OF SERVICE – TRANSITION OUT PLANS

Ensuring continuity of service provision is of critical importance to the Australian Government. Where there is a risk to ensuring continuity of service provision the service provider will be required to develop a Transition-Out Plan as detailed in the grant agreement.

The aim of the Transition-Out Plan is to guarantee the smooth transition or ceasing of the services and to ensure minimal disruption of services to care recipients.

The Transition-Out Plan should address issues that enable the orderly transition of the services from the service provider to an alternative service provider on expiry or termination of the grant agreement.

The service provider is required to provide DoH with at least six months written notice of any intention to cease providing care and services under the grant agreement.

Guidance for the Transition-Out Plan follows.

GUIDE TO TRANSITION-OUT PLANS

The following are matters that should be considered for inclusion in the Transition-Out Plan, however, the matters are intended as guidance only. The list is not exhaustive or prescriptive and Transition-Out Plans will depend on each service provider’s individual arrangements and the outcome of any negotiations.

The Transition-Out Plan should include a transition-out strategy for each schedule of the grant agreement, particularly specific requirements for different service types.

The Transition-Out Plan must include:

- **Service provider details** – include name, address, and relevant contacts (position(s) only and the contact details for the position(s) – do not include names as these are subject to change).
- **The Auspice body** – including name, address, and relevant contacts (position(s) only and the contact details for the position(s) – do not include names as these are subject to change).
- **Activity description** – briefly describe the Activity to which the Transition-Out Plan relates. Include information about related service providers with which the service provider has linkages, and contact details (position(s) only and the contact details for the position(s) – do not include names as these are subject to change).
- **Service provider arrangements** – include information/description of service provider specific administrative policies, processes and procedures; operational protocols; subcontracting arrangements; geographical areas serviced, including any cross border arrangements; hours of operation; staff; operation of service provider vehicles; and additional services provided by the service provider.
- **Timeframe for transition** – specify the transition-out period (assume a period of one to three months before the date of termination or expiry of the grant agreement, to be negotiated and agreed with DoH at the time of termination/expiry). Include timetable for the transition - events, milestones etc.
- **Staffing arrangements** – include staffing details and the basis on which service provider staff are employed, e.g. awards and arrangements for transition of staff to a new service provider (subject to the agreement of the new service provider). While there is provision in project funding for staff entitlements, the Transition-Out Plan should address conditions and arrangements for staff not wishing to transfer, e.g. redeployment and redundancy.
- **Service provider property/accommodation** – information about the accommodation arrangements for premises currently occupied by the service provider. Would the office space currently used be available on termination of the Agreement? If available, arrangements required to transfer, e.g. lease arrangements, etc.
- **Assets** – in accordance with the grant agreement, details of all assets purchased with DoH funding are to be recorded in an Assets Register should be attached to the Plan and kept current for the duration of the grant agreement. Identify how and when the transfer of assets to DoH or nominee is to take place, e.g. whether the Assets are to be sold and proceeds paid to DoH, and arrangements for this.
- **Information and records** – identification of, and arrangements for the transfer to the alternative service provider of all documents which are necessary to enable services similar to the existing service to be provided by DoH or its nominee. In particular, the service provider should consider arrangements for the transfer of care recipient records, giving due regard to privacy requirements.
- **Intellectual property** – the arrangements must be set out for the delivery to the alternative service provider, as agreed with DoH, of the service provider’s relevant databases or directories that are used by them as per the grant agreement.
- The intellectual property register with up-to-date contact details of all owners and licensees of intellectual property should also be attached to the plan.
- **Financial records** – all financial acquittals must be finalised in accordance with the conditions set down in the grant agreement.
- **Database arrangements** – arrangements for the transfer of software for service and care recipient data arrangements, including web-based data base services if applicable.
- **Service contracts** – arrangements to novate (transfer) to DoH or its nominee all contracts relating to services provided or any other relevant contracts to which the service provider is a party, including Subcontractors.
- **Communication plan** – plan to inform care recipients, particularly regarding continuity of care for care recipients in the short term, including arrangements for another service provider to deliver existing services.
- **Unspent funds** – identification and details of any unspent funds.
- **Risks** – identification and details of any risks including any actions taken to date or proposed actions to remedy the risks.

### Aged Care Quality Standards

The grant agreement requires the service provider to be committed to ensuring the delivery of quality aged care services.

The Australian Government is committed to high quality care for older Australians and considers the health, safety and welfare of aged care recipients a high priority. As part of reforms to the aged care system, the Department of Health has worked with the sector to develop a single set of quality standards for all aged care services.

Subject to parliamentary processes, from 1 July 2019, this new single set of standards, called the Aged Care Quality Standards, will replace the:

- Accreditation Standards;
- Home Care Standards;
- National Aboriginal and Torres Strait Islander Flexible Aged Care Program Quality Framework Standards; and
- Transition Care Standards.

Transition to the new Aged Care Quality Standards has begun. Providers will continue to be assessed against the current standards until 30 June 2019, with assessment and monitoring against the new Aged Care Quality Standards starting from 1 July 2019.

The Aged Care Quality Standards will:
- increase the focus on quality outcomes for consumers;
- recognise the diversity of service providers and consumers;
- better target assessment activities based on risk; and
- reflect best practice regulation.

Service providers will be required to meet the new Aged Care Quality Standards.

The Australian Aged Care Quality Agency (the Quality Agency) undertakes quality reviews of service providers funded under the NATSIFAC Program. Departmental representatives may also visit service providers to review their compliance with the grant agreement.

### ‘No Response’ Guidelines

Service providers must have a policy on how to respond when a care recipient does not respond to a scheduled visit.

As part of the development of nationally consistent protocols to deal with non-response from a care recipient when a home care worker arrives to provide a scheduled service, in June 2008 the Ministerial Conference on Ageing (MCA) agreed that a Guide for Community Care, now known as home care, service providers including service provider should be developed and implemented across jurisdictions.

Aged Care Guides and Policies can be accessed on the Department of Health website [Aged Care Guides and Policies](#).

### Privacy

National Aboriginal and Torres Strait Islander Flexible Aged Care Program Manual – 2018
Any personal information provided is protected under the Privacy Act 1988. It can only be disclosed to someone else if the person in respect of whom the information relates has been given reasonable notice of the disclosure; where disclosure is authorised or required by law or is reasonably necessary for the enforcement of the criminal law; if it will prevent or lessen a serious and imminent threat to a person's life or health; or if the person in respect of whom the information relates has consented to the disclosure.

If a person in respect of whom the information relates has questions or concerns about how their personal information is handled they can contact the Privacy Officer at DoH on 02 6289 1555 or freecall 1800 020 103 or by emailing privacy@health.gov.au or the Australian Information Commissioner on 1300 363 992 (local call cost, but calls from mobile and pay phones may incur higher charges) or by emailing enquiries@oaic.gov.au.

For further information please see the Australian Privacy Principles here.

11. Complaints

If care recipients are concerned about any aspect of service delivery, they should, in the first place, approach the service provider. In most cases, the service provider is best placed to resolve complaints and alleviate the care recipients concerns.

If the care recipient is unsatisfied with the service provider’s response to a concern or a complaint the Aged Care Complaints Scheme is also available to assist care recipients.

COMPLAINTS HANDLING POLICY

Service providers should have a transparent and accessible complaints handling policy. This policy should acknowledge the complainant’s right to complain directly to the service provider, outline the process for both dealing with the complaint and provide options for escalation both within the service provider’s organisation and to DoH, if necessary.

Service providers need to ensure that all care recipients and their families are informed of the arrangements in place to make complaints about matters related to the care provided and to have their complaints dealt with fairly, promptly, confidentially and without retribution.

Service providers must ensure that they provide information about their complaints handling policy and processes in all correspondence to care recipients and potential care recipients.

Service providers must accept a complaint regardless of whether it is made orally, in writing or anonymously.

AGED CARE COMPLAINTS COMMISSIONER

The Aged Care Complaints Commissioner is a free service for care recipients (or their representative) to raise their concerns about the quality of care or services being delivered to people receiving aged care services that are subsidised by the Australian Government.

In most cases care recipients (or their representative) are expected to raise any concerns with the service provider directly. If a care recipient (or their representative) does not feel comfortable raising an issue directly with the provider or an issue has not been resolved satisfactorily, the care recipient or their representative may contact the Aged Care Complaints Scheme.

The Complaints Commissioner can be contacted on 1800 550 552 or by visiting Aged Care Complaints Commissioner.

When a care recipient or their representative lodges a complaint with the Aged Care Complaints Commissioner that has been accepted as in-scope, the Aged Care Complaints Commissioner will explain the process for handling the complaint, options for resolution and what can be achieved through these options. Options for resolution open to the Complaints Commissioner include:

- asking the service provider to resolve concerns directly with the complainant and report back to the Complaints Commissioner on the outcomes;
- conciliating an outcome between the service provider and the complainant; and
- investigating the concerns.
The Aged Care Complaints Commissioner has the capacity to require a service provider to take action where they are not meeting their responsibilities. In a small number of cases, the complaint raised with DoH may be of such a nature that the Department will manage the complaint without asking the person to first raise their concerns with the service provider.

12. Advocacy

The care recipient or their representative can request that another person assist them in dealings with the service provider. A care recipient has the right to call on an advocate of their choice to represent them in managing their care. Should the care recipient not have an advocate one may be made available through the National Aged Care Advocacy Program.

**NATIONAL AGED CARE ADVOCACY PROGRAM**

The National Aged Care Advocacy Program (NACAP) is funded by the Australian Government and provides free, confidential advocacy support and information to care recipients or potential care recipients of Australian Government subsidised aged care services about their rights and responsibilities when accessing services.

To contact a NACAP provider in their local area, a care recipient or their representative can contact the National Aged Care Advocacy line on 1800 700 600 (a free call from fixed lines; calls from mobiles may be charged).

13. Community Engagement and Networking

The service provider engages with the community to ensure that care recipients achieve maximum independence, maintain friendships, and participate in the life of the community.

**COMMUNITY ENGAGEMENT**

This may involve the service provider encouraging and assisting care recipients to be engaged with social activities outside the service/their home so that they stay connected with their family and community (e.g. by participating in traditional events). The service provider may also consider inviting family, carers, volunteers and/or the community to attend social activities run by the service (e.g., cultural activities, Mother's Day, barbecues, Christmas).

The service provider should ensure that the local communities are consulted about available services and participate in planning, developing and providing aged care. This will both help the service provider and the local communities to understand the types of services they provide, including their limitations.

**NETWORKING**

Wherever possible, the service provider should consider being part of a network of services that care for older people and ensure there are links with other related and relevant services, such as Primary Health Care, the Commonwealth Home Support Program, the Home Care Packages Program and/or respite services.

This will help the service provider and ensure that other relevant services or agencies understand the types of services they provide, including their limitations.
14. Glossary and Acronyms

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aged Care Assessment Team (ACAT)</td>
<td>Aged Care Assessment Teams are multidisciplinary teams of health professionals responsible for determining eligibility for entry to residential aged care, home care and some flexible aged care services. In Victoria ACATs are known as Aged Care Assessment Services (ACAS).</td>
</tr>
<tr>
<td>Accountability</td>
<td>The state of being answerable and responsible for one's actions.</td>
</tr>
<tr>
<td>Advocacy</td>
<td>The process of speaking out on behalf of an individual or group to protect and promote their rights and interests.</td>
</tr>
<tr>
<td>Aged Care Act 1997</td>
<td>The principal legislation that regulates the Residential Aged Care, Flexible Care, and Home Care Programs from 1 October 1997. The flexible aged care services funded under NATSIFAC Program operate outside the regulatory framework of the Aged Care Act 1997.</td>
</tr>
<tr>
<td>Aged Care Complaints Commissioner</td>
<td>The Aged Care Complaints Commissioner provides a free service for anyone to raise their concerns about the quality of care or services being delivered to people receiving aged care services subsidised by the Australian Government, including residential care, Home Care Packages, the Commonwealth Home Support Program and the Aboriginal and Torres Strait Islander Flexible Aged Care Program.</td>
</tr>
<tr>
<td>Allied Health</td>
<td>The term used to describe health professionals providing a range of therapies other than medicine and nursing; for example, physiotherapists, occupational therapists, speech pathologists, social workers, dieticians, psychologists and podiatrists.</td>
</tr>
<tr>
<td>Australian Aged Care Quality Agency</td>
<td>The Agency which administers the Australian Government’s Quality Reporting Program, including conducting reviews of aged care services.</td>
</tr>
<tr>
<td>Carer</td>
<td>Carers can include family members, friends or neighbours who are identified as providing regular and sustained care and assistance to the care recipient. Carers frequently live with the person for whom they care.</td>
</tr>
<tr>
<td>Care Plan</td>
<td>A plan developed in consultation with the care recipient which describes the type of services to be provided, the frequency and hours of actual service provision, the location at which the service will be provided and the respective responsibilities of the service provider, its staff and the care recipient.</td>
</tr>
<tr>
<td>Care Recipient</td>
<td>A person receiving flexible aged care services.</td>
</tr>
<tr>
<td>Care Recipient Agreement</td>
<td>An agreement between the care recipient and the service provider, sometimes also called a service agreement.</td>
</tr>
<tr>
<td>Clinical Care</td>
<td>Care supervised or provided by a registered practitioner (i.e. Doctor, Registered nurse or Enrolled nurse).</td>
</tr>
<tr>
<td>Continuous Improvement</td>
<td>Ongoing pursuit of better practices with demonstrated outcomes.</td>
</tr>
<tr>
<td>Cultural Safety</td>
<td>Cultural Safety is about recognising, respecting and nurturing the unique cultural identity of Aboriginal and Torres Strait Islander people and meeting their needs, expectations and rights. It is expected that the principle of cultural safety, outlined in the Quality Framework for services delivered under the NATSIFAC Program, will be recognised and embedded in all aspects of the service provider’s service delivery and quality systems. The service provider should ensure that policies, procedures and practices are in place to ensure the service delivers flexible, culturally appropriate care. The service provider should also ensure that individual care recipient interests, customs, beliefs and cultural backgrounds are valued and nurtured, and that the service assists care recipients to stay connected with their family and community.</td>
</tr>
<tr>
<td>Dementia and Cognition Supplement</td>
<td>Specific funding provided for dementia care in Home Care.</td>
</tr>
<tr>
<td>DoH</td>
<td>The Australian Government Department of Health (DoH).</td>
</tr>
<tr>
<td>Frailty Indexation</td>
<td>A financial supplement provided to address the disparity in funding per residential aged care place funded under the Program as compared with mainstream residential aged care services operating under the Aged Care Act 1997.</td>
</tr>
<tr>
<td>Grant Agreement</td>
<td>The Agreement between the Australian Government and the service provider. These are performance based and legally enforceable agreements between the parties which set out the terms and conditions governing the business relationship.</td>
</tr>
<tr>
<td>Term</td>
<td>Description</td>
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<td>-------------------------------------------</td>
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</tr>
<tr>
<td>Grant Recipient</td>
<td>In this Program Manual referred to as a ‘service provider’ and in the grant agreement a ‘Provider’. The grant recipient is the legal entity or Organisation that enters into a grant agreement with DoH to provide Aboriginal and Torres Strait Islander Flexible Aged Care Services.</td>
</tr>
<tr>
<td>Governance</td>
<td>A method or system of government or management.</td>
</tr>
<tr>
<td>Home Care</td>
<td>A coordinated package of care services aimed at supporting people to remain living at home.</td>
</tr>
<tr>
<td>Home Care Subsidy</td>
<td>The subsidy payable by the Australian Government for providing home care.</td>
</tr>
<tr>
<td>My Aged Care</td>
<td>‘My Aged Care’ consists of a national phone line and a website which provide general information on aged care services and finders to locate local services.</td>
</tr>
<tr>
<td>National Aged Care Advocacy Program (NACAP), the</td>
<td>The National Aged Care Advocacy Program (NACAP) is funded by the Australian Government and provides free, confidential advocacy support and information to care recipients or potential care recipients of Australian Government subsidised aged care services about their rights and responsibilities when accessing services.</td>
</tr>
<tr>
<td>Program</td>
<td>The Residential and Flexible Care Program.</td>
</tr>
<tr>
<td>Quality</td>
<td>Providing products or services of high quality or merit.</td>
</tr>
<tr>
<td>Quality Framework</td>
<td>The Quality Framework for the National Aboriginal and Torres Strait Islander Flexible Aged Care Program was developed to provide a set of quality standards for services funded under the Program and a process for monitoring achievements against these standards.</td>
</tr>
<tr>
<td>Quality Review</td>
<td>The process of reviewing the quality of services delivered against the expected standards.</td>
</tr>
<tr>
<td>Residential Care</td>
<td>Personal and/or nursing care that is provided to a person in an aged care home in which the person is also provided with accommodation that includes appropriate staffing, meals and cleaning services, as well as furnishings, furniture and equipment for the provision of that care and accommodation.</td>
</tr>
<tr>
<td>Residential Concessional Supplement</td>
<td>A financial supplement paid to Aboriginal and Torres Strait Islander flexible aged care services for the provision of services.</td>
</tr>
<tr>
<td>Residential Viability Supplement</td>
<td>A financial supplement paid to eligible Aboriginal and Torres Strait Islander flexible aged care services to assist in the operation of small, rural and remote services to assist with viability.</td>
</tr>
<tr>
<td>Respite</td>
<td>Respite care (also known as short-term care) is a form of support for carers. It gives carers the opportunity to attend to everyday activities and have a break from their caring role.</td>
</tr>
<tr>
<td>Service provider</td>
<td>The grant recipient, referred to in this Program Manual as the service provider, is the legal entity or Organisation that enters into a grant agreement with DoH to provide Aboriginal and Torres Strait Islander Flexible Aged Care Services.</td>
</tr>
<tr>
<td>The Service</td>
<td>The aged care service funded under the Program to deliver the services detailed in the grant agreement.</td>
</tr>
<tr>
<td>Veterans’ Supplement</td>
<td>The Veterans’ Supplement in residential and home care provides funding for veterans with service related mental health conditions to ensure their service related mental health condition does not act as a barrier to accessing appropriate care.</td>
</tr>
</tbody>
</table>
15. Appendix A

The care services provided by the service provider must be based on the assessed care needs of the care recipient, when negotiating and agreeing to the care plan and the care services to be provided. The service provider must also ensure that these care services can be provided within their budget. It is not expected that all of the care and services listed will be provided to an individual care recipient.

**HOME CARE**

The range of care and services for home care may include the following:

<table>
<thead>
<tr>
<th>A. Care services</th>
<th>Home care can include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal services</td>
<td>Personal assistance, including individual attention, individual supervision and physical assistance, with: bathing, showering including providing shower chairs if necessary, personal hygiene and grooming, dressing and undressing, and using dressing aids toileting mobility transfer (including in and out of bed)</td>
</tr>
<tr>
<td>Activities of daily living</td>
<td>Personal assistance, including individual attention, individual supervision and physical assistance, with communication including assistance to address difficulties arising from impaired hearing, sight or speech, or lack of common language, assistance with the fitting of sensory communication aids, checking hearing aid batteries, cleaning spectacles and assistance in using the telephone</td>
</tr>
<tr>
<td>Nutrition, hydration, meal</td>
<td>Includes: assistance with preparing meals assistance with special diet for health, religious, cultural or other reasons assistance with using eating utensils and eating aids and assistance with actual feeding if necessary providing enteral feeding formula and equipment</td>
</tr>
<tr>
<td>preparation and diet</td>
<td>Management of skin integrity Includes: providing bandages, dressings, and skin emollients sheets, sheepskins, tri-pillows, and pressure relieving mattresses and assistance in using the above aids</td>
</tr>
<tr>
<td>Continence management</td>
<td>Includes: assessment for and, if required, providing disposable pads and absorbent aids, commode chairs, bedpans and urinals, catheter and urinary drainage appliances and enemas assistance in using continence aids and appliances and managing continence</td>
</tr>
<tr>
<td>Mobility and dexterity</td>
<td>Includes: a) providing crutches, quadruped walkers, walking frames, walking sticks and wheelchairs; b) providing mechanical devices for lifting, bed rails, slide sheets, sheepskins, tri-pillows, and pressure relieving mattresses; and c) assistance in using the above aids</td>
</tr>
</tbody>
</table>
### B. Support services

**Home care can include:**

**Support services**

<p>| | |</p>
<table>
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<tbody>
<tr>
<td>Support services</td>
<td>Includes:</td>
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<tr>
<td></td>
<td>d) cleaning</td>
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<tr>
<td></td>
<td>e) personal laundry services, including laundering of the care recipient’s clothing and bedding that can be machine-washed, and ironing;</td>
</tr>
<tr>
<td></td>
<td>f) arranging for dry-cleaning of the recipient’s clothing and bedding that cannot be machine washed;</td>
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<tr>
<td></td>
<td>g) medication management;</td>
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<tr>
<td></td>
<td>h) rehabilitative support, or helping to access rehabilitative support, to meet a professionally determined therapeutic need;</td>
</tr>
<tr>
<td></td>
<td>i) emotional support including ongoing support in adjusting to a lifestyle involving increased dependency and assistance for the recipient and carer if appropriate;</td>
</tr>
<tr>
<td></td>
<td>j) support for recipient’s with cognitive impairment, including individual therapy, activities and access to specific programs designed to prevent or manage a particular condition or behaviour, enhance quality of life and provide ongoing support;</td>
</tr>
<tr>
<td></td>
<td>k) providing 24-hour on-call access to emergency assistance including access to an emergency call system if the care recipient is assessed as requiring it;</td>
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<td></td>
<td>l) transport and personal assistance to help the recipient shop, visit health practitioners or attend social activities</td>
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<td></td>
<td>m) respite care;</td>
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<tr>
<td></td>
<td>n) assisting the care recipient, and the homeowner if the home owner is not the care recipient, to access technical advice on major home modifications;</td>
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<tr>
<td></td>
<td>o) advising the care recipient on areas of concern in their home that pose safety risks and ways to mitigate these</td>
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<tr>
<td></td>
<td>p) arranging social activities and providing or coordinating transport to social functions, entertainment activities and other out-of-home services;</td>
</tr>
<tr>
<td></td>
<td>q) assistance to access support services to maintain personal affairs</td>
</tr>
</tbody>
</table>

#### Leisure, interests and activities

|   | Includes encouragement to take part in social and community activities that promote and protect the care recipient’s lifestyle, interests and wellbeing |

#### C. Clinical services

**Home care can include:**

**Clinical care**

|   | Includes nursing, allied health and therapy services such as speech therapy, podiatry, occupational or physiotherapy services and other clinical services such as hearing and vision services |

Access to other health and related services

|   | Includes referral to health practitioners or other service providers |
# Residential Care

The range of residential care and services include the following:

<table>
<thead>
<tr>
<th>Care and services</th>
<th>For residential care recipients including:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily living activities assistance</td>
<td>Personal assistance, including individual attention, individual supervision, and physical assistance, with the following:</td>
</tr>
<tr>
<td></td>
<td>r) bathing, showering, personal hygiene and grooming;</td>
</tr>
<tr>
<td></td>
<td>s) maintaining continence or managing incontinence, and using aids and appliances designed to assist continence management;</td>
</tr>
<tr>
<td></td>
<td>t) eating and eating aids, and using eating utensils and eating aids (including actual feeding if necessary);</td>
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<tr>
<td></td>
<td>u) dressing, undressing, and using dressing aids;</td>
</tr>
<tr>
<td></td>
<td>v) moving, walking, wheelchair use, and using devices and appliances designed to aid mobility, crutches, quadraped walkers, walking frames, walking sticks, and wheelchairs, including the fitting of artificial limbs and other personal mobility aids;</td>
</tr>
<tr>
<td></td>
<td>w) communication, including to address difficulties arising from impaired hearing, sight or speech, or lack of common language (including fitting sensory communication aids), and checking hearing aid batteries and cleaning spectacles;</td>
</tr>
<tr>
<td></td>
<td>x) Excludes motorised wheelchairs and custom made aids;</td>
</tr>
<tr>
<td></td>
<td>y) Excludes hairdressing</td>
</tr>
<tr>
<td>Emotional support</td>
<td>Emotional support to, and supervision of, care recipients</td>
</tr>
<tr>
<td>Treatments and procedures</td>
<td>Treatments and procedures that are carried out according to the instructions of a health professional or a person responsible for assessing a care recipient’s personal care needs, including supervision and physical assistance with taking medications, and ordering and reordering medications, subject to requirements of State or Territory law. Includes bandages, dressings, swabs and saline</td>
</tr>
<tr>
<td>Recreational therapy</td>
<td>Recreational activities suited to care recipients, participation in the activities, and communal recreational equipment</td>
</tr>
<tr>
<td>Rehabilitation support</td>
<td>Individual therapy programs designed by health professionals that are aimed at maintaining or restoring a care recipient’s ability to perform daily tasks for himself or herself, or assisting care recipients to obtain access to such programs</td>
</tr>
<tr>
<td>Assistance in obtaining health practitioner services</td>
<td>Arrangements for aural, community health, dental, medical, psychiatric and other health practitioners to visit care recipients, whether the arrangements are made by care recipients, relatives or other persons representing the interests of care recipients, or are made direct with a health practitioner</td>
</tr>
<tr>
<td>Assistance in obtaining access to specialised therapy services</td>
<td>Making arrangements for speech therapists, podiatrists, occupational or physiotherapy practitioners to visit care recipients, whether the arrangements are made by care recipients, relatives or other persons representing the interests of care recipients</td>
</tr>
<tr>
<td>Support for care recipients with cognitive impairment</td>
<td>Individual attention and support to care recipients with cognitive impairment (for example, dementia and behavioural disorders), including individual therapy activities and specific programs designed and carried out to prevent or manage a particular condition or behaviour and to enhance the quality of life and care for such care recipients and ongoing support (including specific encouragement) to motivate or enable such care recipients to take part in general activities of the residential care service</td>
</tr>
<tr>
<td><strong>Administration</strong></td>
<td>General operation of the residential care service, including documentation relating to care recipients</td>
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<td>--------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Maintenance of buildings and grounds</strong></td>
<td>Adequately maintained buildings and grounds</td>
</tr>
<tr>
<td><strong>Accommodation</strong></td>
<td>Utilities such as electricity and water</td>
</tr>
<tr>
<td><strong>Furnishings</strong></td>
<td>Bedside lockers, chairs with arms, containers for personal laundry, dining, lounge and recreational furnishings, draw-screens (for shared rooms), wardrobe space, over-bed tables and towel rails</td>
</tr>
<tr>
<td></td>
<td>Excludes furnishings a care recipient chooses to provide</td>
</tr>
<tr>
<td><strong>Bedding</strong></td>
<td>Beds and mattresses, bed linen, blankets, absorbent or waterproof sheeting, bed rails, incontinence sheets, ripple mattresses, sheepskins, tri-pillows, air mattresses appropriate to each care recipient’s condition</td>
</tr>
<tr>
<td><strong>Goods to assist staff to move care recipients</strong></td>
<td>Mechanical devices for lifting care recipients, stretchers, and trolleys</td>
</tr>
<tr>
<td><strong>Cleaning services, goods and facilities</strong></td>
<td>Cleanliness and tidiness of the entire residential care service</td>
</tr>
<tr>
<td></td>
<td>Excludes a care recipient’s personal area if the care recipient chooses and is able to maintain this himself or herself</td>
</tr>
<tr>
<td><strong>Waste disposal</strong></td>
<td>Safe disposal of organic and inorganic waste material</td>
</tr>
<tr>
<td><strong>General laundry</strong></td>
<td>Heavy laundry facilities and services, and personal laundry services, including laundering of clothing that can be machine washed</td>
</tr>
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<td></td>
<td>Excludes cleaning of clothing requiring dry cleaning or another special cleaning process, and personal laundry if a care recipient chooses and is able to do this himself or herself</td>
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<tr>
<td><strong>Toiletry goods</strong></td>
<td>Bath towels, face washers, soap, toilet paper, tissues, toothpaste, toothbrushes, denture cleaning preparations, mouthwashes, moisturiser, shampoo, conditioner, shaving cream, disposable razors and deodorant</td>
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</table>
| **Meals and refreshments** | a) Meals of adequate variety, quality and quantity for each care recipient, served each day at times generally acceptable to both care recipients and management, and generally consisting of 3 meals per day plus morning tea, afternoon tea and supper;  
| | b) Special dietary requirements, having regard to either medical need or religious or cultural observance;  
| | c) Food, including fruit of adequate variety, quality and quantity, and non-alcoholic beverages, including fruit juice |
| **Care recipient social activities** | Programs to encourage care recipients to take part in social activities that promote and protect their dignity, and to take part in community life outside the residential care service |
| **Goods to assist with toileting and incontinence management** | Absorbent aids, commode chairs, bed pans and urinal covers, disposable pads, over-toilet chairs, shower chairs and urodomes, catheter and urinary drainage appliances, and disposable enemas |
| **Nursing services** | Initial assessment and care planning carried out by a nurse practitioner or registered nurse, and ongoing management and evaluation carried out by a nurse practitioner, registered nurse or enrolled nurse acting within their scope of practice.  
Nursing services carried out by a nurse practitioner, registered nurse or enrolled nurse, or other professional appropriate to the service (for example, medical practitioner, stoma therapist, speech pathologist, physiotherapist or qualified practitioner from a palliative care team), acting within their scope of practice.  
Services may include, but are not limited to, the following:  
| a) establishment and supervision of a complex pain management or palliative care program, including monitoring and managing any side effects; |
The service provider also needs to make available the following:

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<td>b)</td>
<td>insertion, care and maintenance of tubes, including intravenous and naso-gastric tubes;</td>
</tr>
<tr>
<td>c)</td>
<td>establishing and reviewing a catheter care program, including the insertion, removal and replacement of catheters;</td>
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<tr>
<td>d)</td>
<td>establishing and reviewing a stoma care program;</td>
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<tr>
<td>e)</td>
<td>complex wound management;</td>
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<tr>
<td>f)</td>
<td>insertion of suppositories;</td>
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<tr>
<td>g)</td>
<td>risk management procedures relating to acute or chronic infectious conditions;</td>
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<tr>
<td>h)</td>
<td>special feeding for care recipients with dysphagia (difficulty with swallowing);</td>
</tr>
<tr>
<td>i)</td>
<td>suctioning of airways;</td>
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<tr>
<td>j)</td>
<td>tracheostomy care;</td>
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<tr>
<td>k)</td>
<td>enema administration;</td>
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<tr>
<td>l)</td>
<td>oxygen therapy requiring ongoing supervision because of a care recipient's variable need;</td>
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<td>m)</td>
<td>dialysis treatment.</td>
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The service provider should facilitate access to nursing:

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<tr>
<td>a)</td>
<td>where these are not available in the service; or</td>
</tr>
<tr>
<td>b)</td>
<td>the costs of providing the nursing are greater than the resources available in the Activity.</td>
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Therapy services, such as, recreational, speech therapy, podiatry, occupational, and physiotherapy services

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<td>a)</td>
<td>Maintenance therapy delivered by health professionals, or care staff as directed by health professionals, designed to maintain care recipients’ levels of independence in activities of daily living;</td>
</tr>
<tr>
<td>b)</td>
<td>More intensive therapy delivered by health professionals, or care staff as directed by health professionals, on a temporary basis that is designed to allow care recipients to reach a level of independence at which maintenance therapy will meet their needs.</td>
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Excludes intensive, long-term rehabilitation services required following, for example, serious illness or injury, surgery or trauma

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<tbody>
<tr>
<td>a)</td>
<td>The service provider should facilitate access to therapies: where these are not available in the service; or</td>
</tr>
<tr>
<td>b)</td>
<td>the costs of providing the therapy are greater than the resources available in the Activity.</td>
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Emergency assistance

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<td>At least one responsible person is continuously on call and in reasonable proximity to render emergency assistance.</td>
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16. Appendix B

CHARTER OF CARE RECIPIENTS’ RIGHTS AND RESPONSIBILITIES – RESIDENTIAL CARE

Rights - residential care

Each care recipient has the following rights:

a) to full and effective use of his or her personal, civil, legal and consumer rights
b) to quality care appropriate to his or her needs
c) to full information about his or her own state of health and about available treatments
d) to be treated with dignity and respect, and to live without exploitation, abuse or neglect
e) to live without discrimination or victimisation, and without being obliged to feel grateful to those providing his or her care and accommodation
f) to personal privacy
g) to live in a safe, secure and homelike environment, and to move freely both within and outside the residential care service without undue restriction
h) to be treated and accepted as an individual, and to have his or her individual preferences taken into account and treated with respect
i) to continue his or her cultural and religious practices, and to keep the language of his or her choice, without discrimination
j) to select and maintain social and personal relationships with anyone else without fear, criticism or restriction
k) to freedom of speech
l) to maintain his or her personal independence
m) to accept personal responsibility for his or her own actions and choices, even though these may involve an element of risk, because the care recipient has the right to accept the risk and not to have the risk used as a ground for preventing or restricting his or her actions and choices
n) to maintain control over, and to continue making decisions about, the personal aspects of his or her daily life, financial affairs and possessions
o) to be involved in the activities, associations and friendships of his or her choice, both within and outside the residential care service
p) to have access to services and activities available generally in the community
q) to be consulted on, and to choose to have input into, decisions about the living arrangements of the residential care service
r) to have access to information about his or her rights, care, accommodation and any other information that relates to the care recipient personally
s) to complain and to take action to resolve disputes
t) to have access to advocates and other avenues of redress
u) to be free from reprisal, or a well-founded fear of reprisal, in any form for taking action to enforce his or her rights

Responsibilities - residential care

Each care recipient has the following responsibilities:

a) to respect the rights and needs of other people within the residential care service and to respect the needs of the residential care service community as a whole
b) to respect the rights of staff to work in an environment free from harassment
c) to care for his or her own health and well-being, as far as he or she is capable
d) to inform his or her medical practitioner, as far as he or she is able, about his or her relevant medical history and current state of health
17. Appendix C

CHARTER OF CARE RECIPIENTS’ RIGHTS AND RESPONSIBILITIES - HOME CARE

Rights – Home Care

Each care recipient has the following rights:

1 General
   a) to be treated and accepted as an individual and to have my individual preferences respected
   b) to be treated with dignity, with my privacy respected
   c) to receive care that is respectful of me, my family and home
   d) to receive care without being obliged to feel grateful to those providing my care
   e) to full and effective use of all my human, legal and consumer rights, including the right to freedom of speech regarding my care
   f) to be treated without exploitation, abuse, discrimination, harassment or neglect

2 Participation
   a) to be involved in identifying the home care most appropriate for my needs
   b) to choose the care and services that best meet my assessed needs, from the home care able to be provided and within the limits of the resources available
   c) to participate in making decisions that affect me
   d) to have my representative participate in decisions relating to my care if I do not have capacity

3 Care and Services
   a) to receive reliable, coordinated, safe, quality care and services which are appropriate to my assessed needs
   b) to be given before, or within 14 days after I commence receiving care, a written plan of the care and services that I expect to receive
   c) to receive care and services as described in the plan that take account of my lifestyle, other care arrangements and cultural, linguistic and religious preferences
   d) to ongoing review of the care and services I receive (both periodic and in response to changes in my personal circumstances), and modification of the care and services as required

4 Personal Information
   a) to privacy and confidentiality of my personal information
   b) to access my personal information

5 Communication
   a) to be helped to understand any information I am given
   b) to be given a copy of the Charter of Rights and Responsibilities for Home Care
   c) to be offered a written agreement that includes all agreed matters
   d) to choose a person to speak on my behalf for any purpose

6 Comments and Complaints
   a) to be given information on how to make comments and complaints about the care and services I receive
   b) to complain about the care and services I receive, without fear of losing the care or being disadvantaged in any other way
   c) to have complaints investigated fairly and confidentially, and to have appropriate steps taken to resolve issues of concern
7 Fees
a) to have my fees determined in a way that is transparent, accessible and fair
b) to receive invoices that are clear and in a format that is understandable
c) to have my fees reviewed periodically and on request when there are changes to my financial circumstances
d) not to be denied care and services because of my inability to pay a fee for reasons beyond my control

Responsibilities – Home Care

Each care recipient has the following responsibilities:

1 General
a) to respect the rights of care workers to their human, legal and industrial rights including the right to work in a safe environment
b) to treat care workers without exploitation, abuse, discrimination or harassment

2 Care and Services
a) to abide by the terms of the written agreement
b) to acknowledge that my needs may change and to negotiate modifications of care and service when my care needs do change
c) to accept responsibility for my own actions and choices even though some actions and choices may involve an element of risk

3 Communication
a) to give enough information to assist the approved provider to develop, deliver and review a care plan
b) to tell the approved provider and their staff about any problems with the care and services

4 Access
a) to allow safe and reasonable access for care workers at the times specified in my care plan or otherwise by agreement
b) to provide reasonable notice if I do not require a service

5 Fees
a) to pay any fee as specified in the agreement or negotiate an alternative arrangement with the provider if any changes occur in my financial circumstances
b) to provide enough information for the approved provider to determine an appropriate level of fee.
18. Appendix D

NATSIFAC PROGRAM - POLICE CERTIFICATE GUIDELINES

Introduction
The Department of Health Standard Grant Agreement sets out the conditions under which service providers are funded by the Australian Government for activities under the NATSIFAC Program.

The Police Certificate Guidelines have been developed to assist service providers with the management of police check requirements under the NATSIFAC Program.

Police checks are intended to complement robust recruitment practices and are part of a service provider’s responsibility to ensure all staff, volunteers and executive decision makers are suitable to provide services to clients of the NATSIFAC Program.

Your obligations
Service providers must ensure that all staff, volunteers and executive decision makers working in NATSIFAC Program services are suitable for the roles they are performing. They must undertake thorough background checks to select staff in accordance with the requirements under the Department of Health Standard Grant Agreement.

As part of this, service providers must ensure national criminal history record checks, not more than three years old, are held by:
- staff (including employees and officers) who are reasonably likely to interact with care recipients
- volunteers who are reasonably likely to interact with care recipients; and
- executive decision makers.

Service providers must ensure they have policies and procedures in place to assess police certificates. A service provider’s decision to employ or retain the services of a person needs to be rigorous, defensible and transparent.

For information about assessing police certificates for staff, volunteers and executive decision makers see: 5 Assessing a Police Certificate in these Police Check Guidelines.

Police Certificates and Police Checks

Police certificates and police checks
A police certificate is a report of a person’s criminal history; a police check is the process of checking a person’s criminal history. The two terms are often used interchangeably in aged care.

Police certificate requirements
A police certificate that satisfies requirements under the Department of Health Standard Grant Agreement and NATSIFAC Program Manual is a nation-wide assessment of a person’s criminal history (also called a “National Criminal History Record Check” or a “National Police Certificate”) prepared by the Australian Federal Police, a state or territory police service, or a CrimTrac accredited agency.

In place of a national criminal history record check, service providers may accept staff members and volunteers who hold a card issued by a state or territory authority following a vetting process that enables the card holder to work with vulnerable people. Executive decision makers are required to have a national criminal history record check see: 5.5 Assessing information obtained from a police certificate for executive decision makers.

For more information about assessing police certificates, including the different types, please see: Section 5 Assessing a Police Certificate.
Australian Criminal Intelligence Commission Checks
Police certificates or reports prepared by CrimTrac accredited agencies are considered by the Department as being prepared on behalf of the police services and therefore meet the Department’s requirements. More information about CrimTrac is available at: Crimtrac.

Statutory Declarations
Statutory declarations are generally only required in addition to police checks in two instances:
- For essential new staff, volunteers and executive decision makers who have applied for, but not yet received, a police certificate
- For any staff, volunteers or executive decision makers who have been a citizen or permanent resident of a country other than Australia after the age of 16.
- In these two instances, a staff member, volunteer or executive decision maker can sign a statutory declaration stating either that they have never, in Australia or another country, been convicted of an offence or, if they have been convicted of an offence, setting out the details of that offence.

Statutory declarations relating to police certificate requirements must be made on the form prescribed under the Commonwealth Statutory Declarations Act 1959 (the Declarations Act). Anyone who makes a false statement in a statutory declaration is guilty of an offence under the Declarations Act.

A link to the statutory declaration template is provided at Appendix 3b of these Police Certificate Guidelines. More information about statutory declarations is available at: Statutory Declarations.

Staff, Volunteers and Executive Decision Makers

Staff, volunteers and executive decision makers
Police certificates, not more than three years old, must be held by:
- staff (including employees and officers) who are reasonably likely to interact with care recipients;
- volunteers who have unsupervised interaction with care recipients;
- and executive decision makers.

Definition of a staff member
A staff member is defined, for the purposes of the Guidelines, as a person who:
- is employed, hired, retained or contracted by the service provider (whether directly or through an employment or recruitment agency) to provide care or other services under the control of the service provider
- interacts, or is reasonably likely to interact, with care recipients.

Examples of individuals who are staff members include:
- employees and subcontractors of the service provider who provide services to care recipients (this includes all staff employed, hired, retained or contracted to provide services under the control of the care recipients whether in a community setting or in the care recipient’s own home); and
- employees and subcontractors who contact the care recipients by phone.

Definition of non-staff members
Individuals, who are not considered to be staff members, for the purposes of the Guidelines, include:
- employees who, for example, prepare the payroll, but do not interact with clients
- independent contractors.
- Generally, an independent contractor is a person:
  - who is paid for results achieved
  - provides all or most of the necessary materials and equipment to complete the work
  - is free to delegate work to others
  - has freedom in the way that they work
  - does not provide services exclusively to the service provider
  - is free to accept or refuse work
  - is in a position to make a profit or loss.

For the purposes of these Guidelines, a subcontractor who has an ongoing contractual relationship with the service provider is not taken to be an independent contractor but is regarded as a staff member. A person who is contracted to perform a specific task on an ad-hoc basis may fall within the definition of an independent contractor.
Having an Australian Business Number does not automatically make a person an independent contractor.

**Definition of a volunteer**
A volunteer is defined, for the purposes of these Guidelines, as a person who:
- is not a staff member
- offers his or her services to the service provider
- provides care or other services on the invitation of the service provider and not solely on the express or implied invitation of a care recipient
- has, or is reasonably likely to have, unsupervised interaction with care recipients.

A student undertaking a clinical placement in the community who is over 18 years and has, or is reasonably likely to have, unsupervised interaction with care recipients would be a volunteer.

Examples of persons who are not volunteers under this definition include:
- persons volunteering who are under the age of 16 (except where they are a full-time student, then under the age of 18)
- persons who are expressly or impliedly invited into the client’s home by a client (for example, family and friends of the client)
- persons who only have supervised interaction with clients.

**Definition of unsupervised interaction**
Unsupervised interaction is defined as interaction with a client where a volunteer is unaccompanied by another volunteer or staff member.

In regard to volunteers, if volunteers are visiting a client in pairs it is not a requirement for either of those volunteers to have a police certificate.

**Definition of an executive decision maker**
An executive decision maker is:
- a member of the group of persons who is responsible for the executive decisions of the entity at that time
- any other person who has responsibility for (or significant influence over) planning, directing or controlling the activities of the entity at that time
- any person who is responsible for the day-to-day operations of the service, whether or not the person is employed by the entity.

In determining who are executive decision makers, grant recipients service providers need to consider the functional role individuals perform rather than their job title.

**New staff**
While service providers must aim to ensure all new staff members, volunteers and executive decision makers have obtained a police certificate before they start work, there are exceptional circumstances where new staff, volunteers and executive decision makers can commence work prior to receipt of a police certificate.

A person can start work prior to obtaining a police certificate if:
- the care or other service to be provided by the person is essential
- an application for a police certificate has been made before the date on which the person first becomes a staff member or volunteer
- until the police certificate is obtained, the person will be subject to appropriate supervision during periods when the person interacts with care recipients
- the person makes a statutory declaration stating either that they have never, in Australia or another country, been convicted of an offence

In such cases, the service provider must have policies and procedures in place to demonstrate:
- that an application for a police certificate has been made
- the care and other service to be provided is essential
- the way in which the person would be appropriately accompanied
- how a person will be appropriately accompanied in a range of working conditions, e.g. during holiday periods when staff numbers may be limited.

**Staff, volunteers and executive decision makers who have resided overseas**
Staff members, volunteers and executive decision makers who have been citizens or permanent residents of a country other than Australia must make a statutory declaration before starting work with any NATSFAC Program service provider, stating either that they have never, in a country other than Australia, been convicted of an offence or, if they have been convicted of an offence, setting out the details of that offence.

This statutory declaration is in addition to a current national police certificate, as this reports only those convictions recorded in Australian jurisdictions.

Assessing a Police Certificate

Police certificate format
Police certificates may have different formats, including printed certificates or electronic reports. Every police certificate or report must record:

- the person’s full name and date of birth
- the date of issue
- a reference number or similar.

A service provider must be satisfied that a certificate is genuine and has been prepared by a police service or a CrimTrac accredited agency. An original police certificate or a certified copy must be provided rather than an uncertified photocopy.

It is up to the service provider to be satisfied that a certificate meets the requirements, and enables them to assess a person’s criminal history. Any police certificate decision must be documented by the service provider.

For more information on record keeping, and the sighting and storing of police certificates, see: 6 Police Check Administration.

Purpose of a Police Certificate
A police certificate that best satisfies requirements under the NATSIFAC Program is one obtained for the purposes of aged care. However, a national criminal history record check undertaken for another purpose will generally also satisfy the requirements. It is best practice to specify the purpose of the police check to the police service or CrimTrac agency issuing the certificate.

Police Certificate Disclosure
A police certificate discloses whether a person:

- has been convicted of an offence
- has been charged with and found guilty of an offence but discharged without conviction
- is the subject of any criminal charge still pending before a Court.

A Risk Assessment Approach
The following considerations are intended as a guide to assist service providers to assess a person’s police certificate for their suitability to be either a staff member, volunteer or an executive decision maker for the NATSIFAC Program service provider:

- Access: the degree of access to care recipients, their belongings, and their personal information. Considerations include whether the individual will work alone or as part of a team, the level and quality of direct supervision, the location of the work, i.e. community or home based settings
- Relevance: the type of conviction and sentence imposed for the offence in relation to the duties a person is, or may be undertaking. Service providers must only have regard to any criminal record information indicating that the person is unable to perform the inherent requirements of the particular job
- Proportionality: whether excluding a person from employment is proportional to the type of conviction
- Timing: when the conviction occurred
- Age: the ages of the person and of any victim at the time the person committed the offence. The service provider may place less weight on offences committed when the person is younger, and particularly under the age of 18 years. The service provider may place more weight on offences involving vulnerable persons
- Decriminalised offence: whether or not the conduct that constituted the offence or to which the charge relates has been decriminalized since the person committed the offence
- Employment history: whether an individual has been employed since the conviction and the outcome of referee checks with any such employers
- Individual’s information: the findings of any assessment reports following attendance at treatment or intervention programs, or other references; and the individual’s attitude to the offending behaviour
Pattern: whether the conviction represents an isolated incident or a pattern of criminality

Likelihood: the probability of an incident occurring if the person continues with, or is employed for, particular duties

Consequences: the impact of a prospective incident if the person continues, or commences, particular duties

Treatment strategies: procedures that will assist in reducing the likelihood of an incident occurring including, for example, modification of duties.

Assessing Police Certificate Information

Serious offence that preclude a person under the NATSIFAC Program police check regime from performing the functions and duties of staff members, volunteers or an executive decision maker are:

- a crime or offence involving the death of a person

Serious offences also include a person who was in the last 5 years from the date of the conviction and a person who was sentenced to imprisonment for one year or longer for:

- a sex-related offence or a crime, including sexual assault (whether against an adult or child); child pornography, or an indecent act involving a child;
- a crime or offence involving dishonesty that is not minor; and
- fraud, money laundering, insider dealing or any other financial offence or crime, including those under legislation relating to companies, banking, insurance or other financial services.

Service providers must ensure they have policies and procedures in place to assess police certificates. A service provider’s decision to employ or retain the services of a person with any relevant recorded convictions will need to be rigorous, defensible and transparent. The overriding principle that service providers must bear in mind is to minimise the risk of harm to care recipients.

For more information see: Refusing or Terminating Employment on the Basis of a Criminal Record.

Assessing information obtained from a police certificate for executive decision makers

NATSIFAC Program service providers may use limited discretion when assessing a person's criminal history to determine whether any recorded offences are relevant to performing the functions and duties of an executive decision maker.

A NATSIFAC Program service provider must not allow a person whose police certificate records a precluding offence to perform the functions and duties of an executive decision maker.

The offences that preclude a person under the NATSIFAC Program police check regime from performing the functions and duties of an executive decision maker are:

- a conviction for murder or sexual assault
- a conviction and sentence to imprisonment for any other form of assault
- a conviction for an indictable offence within the past 10 years.

Whether or not an offence is an indictable offence will depend on legislation within the jurisdiction. Service providers might need to seek legal advice if there is any doubt. If a conviction for what would otherwise be a precluding offence is considered 'spent' under the law of the relevant jurisdiction (refer to Spent convictions), the conviction does not preclude the person from performing the functions and duties of an executive decision maker.

While a service provider may not use discretion to allow a person whose police certificate records a conviction for a precluding offence to perform the functions and duties of an executive decision maker, service providers may use discretion in determining whether any other recorded convictions are relevant to performing those functions and duties. The risk assessment approach may be used as a guide to assist service providers to assess the relevance of any non-precluding offences to performing the functions and duties of an executive decision maker.

A service provider’s decision to allow a person with any recorded convictions to perform the functions and duties of an executive decision maker must be rigorous, defensible and transparent. The overriding principle that service providers must bear in mind is to minimise the risk of harm to clients.

Committing an offence during the three year police certificate expiry period
Service providers must take reasonable measures to require each of their staff members, volunteers and executive decision makers to notify them if they are convicted of an offence in the three year period between obtaining and renewing their police check. If a staff member, volunteer or an executive decision maker has been convicted of an offence they must not be allowed to continue working for the grant recipient.

**Refusing or terminating employment on the basis of a criminal record**

If a service provider refuses or terminates employment on the basis of a person’s conviction for an offence, the conviction must be considered relevant to the inherent requirements of the position. If in any doubt, service providers must seek legal advice regarding the refusal or termination of a person’s employment on the basis of their criminal record.

Under the *Fair Work Act 2009* there are provisions relating to unfair dismissal and unlawful termination by employers. More information about the *Fair Work Act 2009* is available at: Fair Work Commission (www.fwa.gov.au/). In addition, under the *Human Rights and Equal Opportunity Act 1986*, the Australian Human Rights Commission has the power to inquire into discrimination in employment on the ground of criminal record.

If a person feels they have been discriminated against based on their criminal record in an employment decision of a service provider, they may make a complaint to the Australian Human Rights Commission. Further information on discrimination on the basis of criminal record is available at: Australian Human Rights Commission

**Spent Convictions**

Convictions that are considered ‘spent’ under state, territory and Commonwealth legislation will not be disclosed on a police certificate unless the purpose for the application (for example, working with children) is exempt from the relevant spent conviction Commissioner. If a conviction has been ‘spent’ the person is not required to disclose the conviction. The aim of the Commissioner is to prevent discrimination on the basis of old minor convictions, once a waiting period (usually 10 years) has passed and provided the individual has not re-offended during this period.

Spent conviction legislation varies from jurisdiction to jurisdiction. In some circumstances or jurisdictions certain offences cannot be spent.

Further Information on spent convictions can be found at: Spent Conviction Commissioner

**Police Check Administration**

**Record keeping responsibilities**

Service providers must keep records that can demonstrate that:

- there is a police certificate, which is not more than three years old, for each staff member, volunteer and executive decision maker
- an application has been made for a police certificate where a new staff member, volunteer or executive decision maker does not have a police certificate
- a statutory declaration has been provided by any staff member, volunteer or executive decision maker who has not yet obtained a police certificate or was a citizen or permanent resident of a country other than Australia.

How a service provider demonstrates their compliance with record keeping requirements is a decision for their organisation to make based on their circumstances.

**Sighting and storing police certificates**

The collection, use, storage and disclosure of personal information about staff members and volunteers must be in accordance with the *Privacy Act 1988* (Commonwealth). State and territory privacy laws can also impact on the handling of personal information such as a police certificate. Further information about privacy is available at: Office of the Australian Information Commissioner.

When individuals undertake to obtain their own police certificate, or employment agencies hold police certificates, service providers must sight an original or a certified copy of the police certificate and the information and reference number must be recorded on file.

If it is impossible to assess a person’s police certificate for any reason, the individual may be required to obtain a new police certificate in order for the service provider to meet their responsibilities under the NATSIFAC Program police check regime.
Cost of police certificates
Service providers have a responsibility to ensure all staff members, volunteers and executive decision makers undergo police checks. However, the payment of the cost of obtaining a police certificate is a matter for negotiation between the service providers and the individual.

Individuals may be able to claim the cost of the police certificate as a work-related expense for tax purposes. Further advice on this issue is available from the Australian Taxation Office through their website at: Australian Taxation Office

Volunteers may be eligible to obtain a police certificate at a reduced cost whether the certificate is requested by an individual or by a service provider on behalf of a volunteer. This must be confirmed with the agency issuing the police certificate.

Obtaining certificates on behalf of staff, volunteers or executive decision makers
A person may provide a police certificate to the service providers or give consent for the service providers to obtain a police certificate on their behalf.

Service providers can obtain consent forms from the relevant police services or a CrimTrac accredited agency. In some jurisdictions, parental consent may be required to request a police certificate for an individual under the age of 18 years.
Police certificate expiry
Police certificates for all staff, volunteers and executive decision makers must remain current and need to be renewed every three years before they expire. If a police certificate expires while a staff member is on leave, the new certificate must be obtained before the staff member can resume working at the service. Service providers must note that the application or renewal process can take longer than eight weeks.

Documenting decisions
Any decision taken by a service providers must be documented in a way that can demonstrate to an auditor the date the decision was made, the reasons for the decision, and the people involved in the decision i.e. the service provider, the individual, a legal representative, board members etc.

Monitoring compliance with police check requirements
Service providers must have policies and procedures in place to demonstrate suitable management and monitoring of the police certificate requirements for all staff members, volunteers and executive decision makers. This includes, for example:

- three-year police check renewal procedures
- appropriate storage, security and access requirements for information recorded on a police certificate
- evidence of a service providers decisions in respect of all individuals, or where staff are contracted through another agency, evidence of contractual arrangements with the agency that demonstrates the police certificate requirements.

For more information see: Record Keeping Responsibilities.
19. Appendix E

**NATSIFAC PROGRAM – SERVICE ACTIVITY REPORTING TEMPLATE**

Please visit our website [https://National Aboriginal and Torres Strait Islander Flexible Aged Care Program](https://National Aboriginal and Torres Strait Islander Flexible Aged Care Program) to download a copy of the Service Activity Reporting Template.