

Welcome to

N A C A

National Aged Care Alliance



Member organisations



The National Aged Care Alliance (the Alliance) is a representative body of peak national organisations interested in reforming aged care. It is aged care providers, consumer groups, unions and health professionals working together to determine a more positive future for aged care in Australia.

The Alliance was formed in 2000 to address compelling issues in the aged care sector. It was the first time the entire sector was represented in one body. It is still unique in representing all aspects of the aged care sector to Government through one voice.

The Alliance operates from the premise that:

Every older Australian is able to live with dignity and independence in a place of their choosing with a choice of appropriate and affordable support and care services as and when they need them¹.

The Alliance's stated purpose is:

To create a positive future for older people in Australia by working together across the care continuum².

¹Leading the Way: Our Vision for Support and Care of Older Australians, National Aged Care Alliance, September 2009

²Terms of Reference, National Aged Care Alliance, endorsed November 2016

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Where it all began..

Over many years major stakeholders have felt the need to achieve a higher priority for aged care and the need for significant reform.

The opportunity came in February 2000 when the so called 'kerosene baths affair' drew nationwide media attention to the aged care sector and aroused concerns amongst stakeholders across the industry. In March 2000 the Federal Secretary of the Australian Nursing Federation (now Australian Nursing and Midwifery Federation), Jill Illiffe, Catholic Health Australia's Director Aged Care Services, Richard Gray and Uniting Care Australia's Executive Director, Libby Davies, agreed to convene a meeting of aged care stakeholders to discuss issues of common concern.

The inaugural meeting was called the Aged Care Issues Forum. Aged and Community Services Australia, CEO Maureen Lyster, agreed to join with the other three organisations and underwrite the meeting which was held in Sydney over one and a half days on 17-18 April, 2000.

Seventeen organisations attended the first meeting:

Aged and Community Services Australia, Alzheimer's Australia, Anglicare Australia, Australian Liquor and Hospitality and Miscellaneous Workers' Union (now United Voice), Australian Medical Association, Australian Nursing Federation, Australian Nursing Homes and Extended Care Association (now Leading Age Services Australia), Australian Pensioners and Superannuants Federation, Baptist Care Australia, Carers Association of Australia, Catholic Health Australia, Council on the Ageing Australia, Geriaction, Health Services Union of Australia, National Seniors Association, Royal College of Nursing Australia and UnitingCare Australia.

It was unprecedented at that time for consumers, providers, unions and professional organisations to commit to collaborating on the range of aged care issues. As a consequence that first meeting was a challenge to all those present as there were long held and deep differences between the various groups within the industry. In order to assist with the smooth running of the meeting Les Stahl was engaged to facilitate the meeting.

That first meeting identified four broad issues as being shared priorities for the focus of a policy agenda. Interestingly, the issues defined at that first meeting have formed the core of the agenda in subsequent years. These items were:

- consumer rights;
- quality of care;
- workforce planning; and
- short and long term financing of aged care.

Four Working Groups were formed to progress the four broad areas. These were:

- quality benchmark of care;
- staffing levels and skills mix;
- complaints and accreditation; and
- funding.

A media statement following the meeting stated that *"the Forum was held to discuss the current state of the industry and develop strategies to move beyond the current concerns over quality of care in aged care facilities. As aged care facilities only exist to provide care for residents, the Forum agreed that consumer representatives must have a strong role in the progression of the issues."*

The Australian Nursing and Midwifery Federation offered to provide the initial Secretarial function at no cost to the organisations. The founding four organisations formed the Sponsors group plus others that offered to join on the basis that the Sponsors group be responsible for developing the meeting agendas, following up on activities between meetings and covering out of pocket costs of meetings and underwriting any initial research costs incurred. It was agreed that the organisation would reconvene on 27-28 July 2000. ANHECA (now Leading Age Services Australia) then joined the Sponsors group.

At that next meeting it was unanimously agreed to form an Alliance called the National Aged Care Alliance (the Alliance) with the aim of working collaboratively towards a united agenda for the aged care sector and committed to being inclusive of all national aged care peak stakeholders. It was also agreed that the Alliance not become an incorporated body, nor have elected office bearers. The four working groups (consumers, providers, unions and professionals) reported back to the meeting on their work to that date. The meeting agreed that a media strategy be developed and an election strategy in preparation for consensus lobbying leading up to the Federal Election in 2001.

A third meeting was held on 7-8 November, 2000 and adopted a 'Terms of Reference' to formalise membership criteria and explain guidelines around the Alliance. The rules of how the Alliance works together and achieves consensus positions was also formalised in the NACA Interaction Rules which are still in use today.

Now the Alliance was up and running.

Over the subsequent 17 years the Alliance has strengthened its collaborative work and growth in size. Today in 2017 there are 50 member organisations.

Had it not been for the foresight and determination of a small group of people the Alliance may never have been formed.

Special acknowledgement goes to those had the initial vision – Jill Iliffe, Richard Gray, Libby Davies and Maureen Lyster. It is important to note that while most of the original players within the Alliance have changed over the years Richard Gray still attends representing Catholic Health Australia and Les Stahl continues to facilitate each meeting.

To visit the NACA archives got to www.naca.asn.au

Achievements and Highlights

Over the fifteen years the Alliance has been in existence, the role the Alliance has played has changed considerably.

Essentially it has matured from a rather hesitant group of people sharing some of their concerns to one that has openly shared information and discussed sensitive issues and finally to one that produced the Alliance Vision.

The Vision was agreed to by the Alliance in August 2009 and was based on a strong consensus that aged care reform was long over due. The Vision was for ***“Every older Australian is able to live with dignity and independence in a place of their choosing with a choice of appropriate and affordable support and care services as and when they need them”***. The Vision was influential in shaping the approach that the Productivity Commission took to their inquiry on Caring for Older Australians.

In carrying out its work, the Alliance has reached a number of achievements and highlights at various times:

- The Alliance has held a number of aged care summits and meetings, for example, in February 2004 the Alliance held an aged care summit at the AMA to discuss health and aged care issues. Events of this kind have been helpful to lift the profile of both aged care, as an issue, and to show the work of the Alliance.
- The Alliance has and continues to meet with Ministers, Shadow Ministers and representatives from relevant government agencies to ensure key stakeholders are informed of the processes in place for policy and program development as well as for sharing views.
- Over the years the Alliance has been used to discuss complex issues to identify common ground. In 2005 and onwards the issue of choice and what it might mean in aged care has been a live issue for debate. These discussions helped inform a wider group of people about what might be involved in consumer directed care and the different forms it could take from budget holding to giving consumers cash. In the last five years the Alliance has also discussed and broadly agreed on an issue that was taboo in 1998 – accommodation payments in high care.
- The Alliance has held Parliamentary breakfasts and in May 2009, with the then Minister for Finance Lindsay Tanner, urged a higher priority for aged care reform. The Alliance was assured at that time that aged care would become a priority in the second term of the Labor Government.
- The Alliance has supported organisations early in their development, for example, the Alliance assisted Alzheimer’s Australia to develop their advocacy and achieve the Dementia Initiative in 2005.
- The commissioning of work by the Alliance to support an evidence base for the reform of aged care, for example, the report by Jan Webster commissioned by the National Aged Care Alliance on “Options for Financing Long-Term Care” (Webster 2002) and a discussion paper on aged care reform prepared for the National Aged Care Alliance by Warwick Bruen, Policy Adviser, Alzheimer’s Australia.
- The Alliance has held meetings with experts to discuss issues of importance in aged care including complaints mechanisms, eHealth and palliative care.

The collaborative activities of the Alliance was taken to a new level with the publication of the Productivity Commissions final report Caring for Older Australians. With the agreement of the then Minister, the Alliance formed working groups to consider and report on key groups of recommendations in the Report.

The subsequent commitment of the Gillard Government to the *Living Longer. Living Better* in April 2012 package of aged care reforms was welcomed by the Alliance to ensure bipartisan support for the package and the opportunity for reform was not lost.

Alliance members today

Subsequently, working groups were set up on a range of issues to work with the Department of Health (DoH) on consumer directed care, the home support program, specified services, dementia supplements, the Gateway and other issues. This has helped lay the basis, albeit slowly, to put in place the building blocks to implement aged care reform.

Constituencies

The Alliance has grown to include 48 member organisations, as in the beginning, drawn from four constituency groups, that is providers, unions, consumer groups and professional associations, involved in the delivery of aged care services in Australia.

Each constituency brings its own particular view to the Alliance's work, combining to create a comprehensive and detailed perspective on the Alliance's output. Alliance membership is still unique in this way.

Full Members and Associates

- Full Members of the Alliance are Peak National Ageing/Aged Care Bodies representing a National Constituency of aged care providers, consumers, unions or professional associations with a core role or key responsibility in aged care.
- Associates, are national organisations that don't meet Full Membership criteria

Every member organisation is considered equal in the work of the Alliance. The only differences between Full Membership and Associate are Full Members have the right to have two representatives present at a meeting and associate members only one. Associates will participate in the NACA consensus making and endorsement process that leads to a position paper or correspondence but do not have the right to veto a paper or correspondence. Associates, unless invited or request to be included, will not participate in NACA Working and Advisory Groups and will not be allocated to a Constituency Group. Each organisation has a single vote.

Alliance Sponsors

These organisations that have undertaken to provide core funding or in-kind support that allows for the ongoing work of the Alliance.

Sponsors always includes the four founding members who are joined by organisations drawn from each constituency group to a total of nine sponsor organisations.

Sponsors take on the coordination of the Alliance through the NACA Secretariat and generally monitor the Alliance's work against its agreed outcomes.

A full list of member organisations, including sponsors, is at Appendix 1.

What's it all about?

Working across the Alliance

The Alliance provides an opportunity to share information and learning across an extremely complex sector. Organisations in each constituency liaise and often collaborate in the work of aged care service development and delivery. This liaison across each constituency is also evident within the internal functioning of the Alliance with formal and informal meetings occurring.

Constituency groups also come together across a range of committees to influence and advocate on specific issues. The best examples of this are the Advisory Groups that are providing information and advocating on behalf of the sector to the DoH on the implementation of the *Living Longer. Living Better* reforms package.

Advocating and engaging

The Alliance provides a single powerful and non-partisan voice on behalf of the aged care sector while still recognising the independence of individual members and constituencies. Its key stakeholders are the Members of both Houses of Parliament, the relevant Government Departments and other sectors whose interests interlink with those of aged care. The Alliance also by making its work public engages with all Australians interested in the development and delivery of aged care services.

Member organisations in each of the constituencies will, either individually or as a cohort, engage with these same stakeholders on issues affecting aspects of the delivery and development of aged care services of specific interest to them.

The role of consensus

In general the Alliance aims for a consensus view and will only provide advice or act when all members feel they can support the position. The Alliance's most influential work over the past four years, *Leading the Way: Our Vision for Support and Care of Older Australians, Blueprint for Aged Care Reform and Blueprint Series 2*, were developed from consensus positions.

The Alliance recognises, given the diversity of its membership, there are times when consensus is difficult to achieve. In these instances, and where a significant majority of members want to move forward, there is a mechanism by where members who need to do so can choose not to endorse an Alliance position or paper. This is recorded and acknowledged.

On other occasions the Alliance may decide it will take no official position on a particular issue or development, leaving all comment and advocacy to individual members and constituent groups.

Members as peak bodies

All Alliance members are peak bodies in their own right, representing their own members on the Alliance. As such they also take responsibility for disseminating information about the Alliance and its work to their own member organisations.

Appendix 2 offers a diagram outlining Alliance member interactions.

Managing the Business of the Alliance

When it was established in 2000 it was agreed by the 17 organisations at the first meeting of the Alliance, in a spirit of equality, a consensus model would be adopted in decision making. In this same spirit, it was also agreed the Alliance would not nominate a chair, rather an independent facilitator would support the meetings.

The NACA Interaction Rules, available at Appendix 3, ensure mutual respect and openness to discussion are an inherent part of the Alliance's dynamic. The Terms of Reference set out in detail the Alliance's governance and decision making processes. This document can be found at Appendix 4.

Sponsors

Being an unincorporated entity the Alliance cannot employ staff directly and the staff resources and other needs are met by Sponsors.

Sponsors take responsibility for developing the meeting agendas, facilitating and progressing the work of the Alliance between those and monitoring the work of the Alliance against its stated purpose. In addition Sponsors undertake to meet the ongoing costs of the Alliance and underwrite any research or other particular expenses.

Sponsors meet before and after each Alliance meeting to develop the agenda and reflect on outcomes of those meetings. Sponsors may also meet on an adhoc basis to discuss the work of the Alliance and the environment in which it operates. Any outcomes of these meetings must be taken to the Alliance for feedback and endorsement before action can be taken.

NACA Secretariat

The Australian Nursing and Midwifery Federation (ANMF), a Sponsor, has been providing Secretariat services to the Alliance since its inception. The role of the NACA Secretariat is to coordinate Alliance meetings, Sponsors teleconference and all relevant papers, maintain the website and support the smooth running of the Alliance. Membership applications are processed through the NACA Secretariat.

NACA Meetings

The Alliance meets four times a year to further its business. The meetings are scheduled over two days and rotate around the country and every member organisation is encouraged to send representatives according to their member status.

The focus of the meetings is the ongoing development of the Alliance's work in advocating higher quality and more appropriate aged care services.

The meeting agenda is generally guided by discussions from previous meetings. These initial ideas are then developed, in the first instance, amongst the Sponsors after which a draft agenda is circulated to Sponsors for comment and agreement. Agenda items should be of relevance to the work of the Alliance as a whole. The agenda is then circulated to the Alliance approximately a week prior to the meeting.

Aged Care Reform

In 2009 the Alliance released *Leading the Way: Our Vision for Support and Care of Older Australians* clearly setting out its expectations for the future of aged care. The need for reform was strongly reflected too in the Australian Productivity Commission's (PC) 2011 report *Caring for Older Australians*.

The Alliance's *Blueprint for Aged Care Reform*, a response to the PC report was presented to the Government in February 2012. The Blueprint was the centrepiece of the Alliance's *Australian's deserve to Age Well* campaign which urged government to implement the Blueprint.

In April 2012 the government announced the *Living Longer. Living Better* (LLLB) reform package. Though LLLB does not implement all the recommendations in the Blueprint and the PC's report it does represent significant reform of Australian aged care services. Soon after announcing LLLB the Department of Health and Ageing approached the Alliance to act as one of its key stakeholder advisors on the implementation of the government's reforms. The Alliance agreed to take on this role while continuing to advocate for the adoption of all the recommendations of the Blueprint.

Advisory Groups

The Alliance provides advice to the DoH through the work of its various Advisory Groups and their sub groups. The Alliance is responsible for consultation that happens through these groups but it is not, as a body, engaged in any of the DoH consultation outside this sphere. Individual Alliance members have been and will continue to be part of other government and departmental consultation activities affecting aged care sector services.

Membership of these groups includes:

- Alliance member organisations with at least one representative from each constituency group;
- Experts who may be associated with organisations who are not members of the Alliance but who are key to ensuring content is appropriately covered off; and
- Representatives from the DoH attend.

A full list of Advisory Groups and their subgroups are attached at Appendix 5.

The DoH covers all meeting costs and expenses, within agreed guidelines, incurred by Advisory Group members related to their attendance at meetings.

NACA Aged Care Reform Secretariat

To support the Alliance in its Advisory capacity, the Department of Health funds a number of support roles that are contracted through COTA Australia, a Sponsor. The roles combine to create the NACA Aged Care Reform Secretariat which liaises with the Department of Health and Minister to set Advisory Group meeting times and venues, and contributes and supports the work of the Advisory Groups.

Appendix 1: Constituency Groups

Consumers

- Alzheimer's Australia
Maree McCabe & Kaele Stokes
- Association of Independent Retirees Limited
Bruce Lloyd
- Carers' Australia
Ara Cresswell & Sue Elderton
- COTA Australia
Ian Yates & Anne Burgess
- Federation of Ethnic Communities' Councils of Australia
Mary Patetsos & Cristina Giusti
- Legacy Australia
Peter Lawley
- National Aboriginal Community Controlled Health Organisation
Noeleen Tunny & Matthew Moore
- National LGBTI Health Alliance
Robert Collins & Samantha Edmonds
- Older Persons Advocacy Network
Geoff Rowe & Russell Westacott
- PICAC Alliance
Rosa Colanero
- Returned and Services League of Australia
Wendy Bateman & Micky Michaelis

Unions

- Australian Nursing and Midwifery Federation
Lee Thomas & Julie Reeves
- Health Services Union
Leigh Svendsen & Tim Jacobson
- United Voice
Melissa Coad

Providers

- Aged and Community Services Australia
Pat Sparrow & Darren Mathewson
- Anglicare Australia
Roland Manderson & Sandra Hills
- Attendant Care Industry Association
Barbara Merran & Danielle Bennett
- Australasian Services Care Network
Kevin Davidson & Stephen Muggleton
- Australian Community Transport Association Limited
Rick Lawford
- Baptist Care Australia
Marcia Balzer & Graham Dangerfield
- Catholic Health Australia
Richard Gray & Nick Mersides
- Home Modifications Australia
Michael Bleasdale & Ray Dooley
- Leading Age Services Australia
Brent Davis & Sean Rooney
- Lutheran Aged Care Australia
Adrian Morgan & Tim Gray
- National Presbyterian Aged Care Network
Paul Sadler
- Retirement Living Council
Ben Myers & Leida Pirts
- The Salvation Army Aged Care Plus
Netty Horton & Peter Bewert
- UnitingCare Australia
Kate Gainer & Chris Grover

Professionals

- Audiology Australia
Tony Coles & Sandra South
- Australian Association of Gerontology
James Beckford-Saunders & Helen Feist
- Australian Association of Social Workers
Sebastian Cordoba & Cindy Smith
- Australian College of Nursing
Kylie Ward & Tracey McDonald/Carolyn Stapleton
- Australian Healthcare and Hospitals Association
Nina Bowes & Gaylene Coulton
- Australian and New Zealand Society for Geriatric Medicine
Glenise Berry & John Maddison
- Australian Physiotherapy Association
Rik Dawson & Vanessa Jessup
- Dental Hygienists Association of Australia Ltd
Margie Steffens & Rachel Bray
- Dietitians Association of Australia
Annette Byron & Sharon Lawrence
- Diversional Therapy Australia
Judy Nolan
- Exercise and Sports Science Australia
Martin Bending & Louise Czosnek/Sharon Hetherington
- Occupational Therapy Australia
Jan Erven & Roxanne Gelle
- Palliative Care Australia
Liz Callaghan & Philippa Kirkpatrick
- Speech Pathology Australia
Jade Cartwright & Trish Johnson
- The Pharmacy Guild of Australia
Greg Scarlett & Erica Vowles

NACA Secretariat

- NACA Secretariat
Lee Thomas & Louise Young-Wilson
- NACA Aged Care Reform Secretariat
Judy Gregurke, Corey Irlam & Jane Fewings

Sponsors

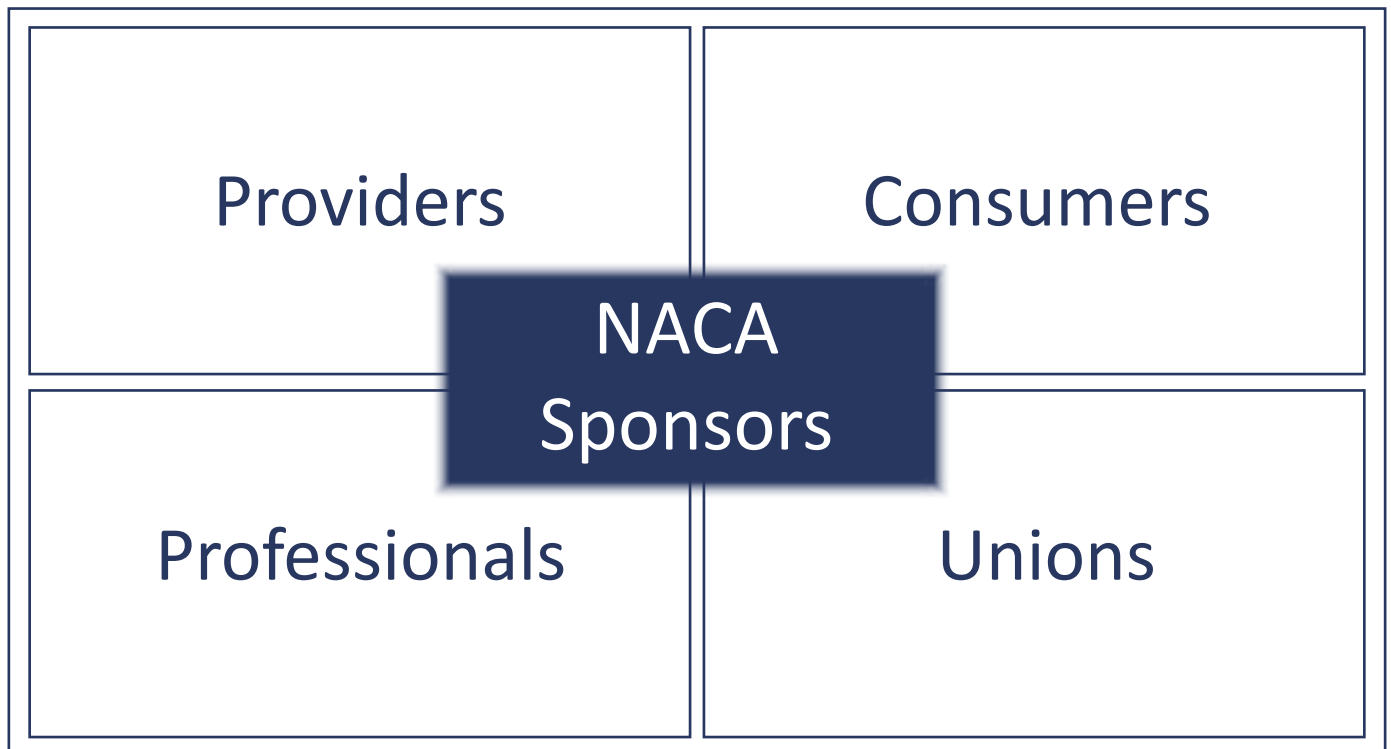
- Aged and Community Services Australia
Pat Sparrow
- Australian Association of Gerontology
James Beckford-Saunders
- Australian Nursing and Midwifery Federation (Secretariat)
Lee Thomas
- Carers' Australia
Sue Elderton
- Catholic Health Australia
Richard Gray
- COTA Australia
Ian Yates
- Health Services Union
Tim Jacobson
- Leading Age Services Australia
Dr Brent Davis
- UnitingCare Australia
Kate Gainer

Associates

- Australian Red Cross
Eleanor Kennett-Smith
- Macular Disease Foundation Australia
Julie Heraghty
- National Rural Health Alliance
Mark Diamond
- National Stroke Foundation
Juliana Stackpool
- Public Sector Residential Aged Care Leadership Committee
Don McRae
- The Royal Society for the Blind
Lia Bellchambers
- Vision Australia
Marcus Bleechmore

9 Sponsors | 43 Full Members | 7 Associates | 14 Providers | 11 Consumer | 15 Professionals | 3 Unions

Appendix 2: Member Interactions



National Aged Care Alliance – *A single powerful voice for the aged care sector*



Multiple voices - speaking as they feel appropriate



Appendix 3: Interaction Rules

GROUP RULES – OUR CULTURE

How we will do things and communicate with each other in NACA

RESPECT AND HUMAN DIGNITY

- accepting the imperfections of ourselves and the process and therefore being lenient with each other,
- respect for each other, and
- respecting each others right to have a different point of view.

BEING POSITIVE AND FORWARD LOOKING

- having an optimistic approach, and
- looking for opportunities.

BEING A USEFUL PARTICIPANT

- keeping an open mind,
- maintaining objectivity,
- keeping a sense of perspective,
- one person speaking at a time,
- keeping interventions short,
- having confidence in the confidentiality of the forum meetings,
- being honest (but not hurtful),
- sharing concerns,
- supporting each other,
- making sure that all participants are able to feel safe in the group,
- growing trust, and
- keeping mobile phones on silent or turned off unless otherwise agreed by the meeting.

WORKING HARD

- really listening to each other,
- needing to work at understanding the position of where others are coming from,
- commitment to working at finding our common areas/goals,
- commitment to the process of trying to achieve outcomes,
- focusing on priorities,
- working hard to get consensus,
- trying to find consensus in parts if not the whole, and
- trying for consensus on what is achievable.

RECOGNISING OUR LIMITATIONS

- recognising the need to report back to organisations, and
- recognising the limitations of our authority as participants but trusting the outcomes we come up with and sticking to them.

Appendix 4: Terms of Reference

1. PURPOSE

To create a positive future for older people in Australia by working together across the care continuum.

2. PROCESS AND OUTCOMES

- 2.1 to identify areas of common ground and agreement in relation to aged care in the context of contributing to a society for all ages;
- 2.2 to work toward a position of consensus on identified issues;
- 2.3 to seek to understand any differing views where consensus on identified issues cannot be reached;
- 2.4 to provide advice and to plan and undertake steps for united action to improve the provision of quality aged care services; and
- 2.5 to develop agreed positions for influencing the public policy agenda on ageing issues and services, including lobbying government and political parties in relation to the aged care sector.

3. PRINCIPLES

The National Aged Care Alliance (the Alliance) will operate within an arrangement auspiced by Sponsors (listed on page 8). The Alliance is committed to:

- a philosophy of inclusiveness;
- a consensus decision-making process;
- collective output;
- solidarity in negotiating positions; and
- the wide range of issues affecting the future of older persons.

The Alliance is independent of government and political parties, and will engage with such parties following Alliance agreement on the process.

4. MEMBERSHIP

4.1 Full Membership

Full Membership of the Alliance is open to peak National Ageing/Aged Care Bodies representing a National Constituency of aged care providers, consumers, unions or professional associations with a core role or key responsibility in aged care (refer to page 9 for definitions). Such organisations may be eligible for consideration of membership to the Alliance if they:

- are working toward a positive future for older Australians;
- can contribute to the Purpose, Process and Outcomes of the Alliance;
- adhere and agree to the Alliance Terms of Reference and Interaction Rules;
- agree to participate in a consensus decision making process;
- commit to consistent and regular attendance at Alliance meetings by senior organisational representatives;
- commit to being an active member in terms of time, feedback and financial contributions;
- pay for their attendance at Alliance meetings and contribute to other Alliance costs; and
- are recommended by Sponsors for Membership.

Representation at Alliance meetings will not exceed two members per organisation.

4.2 Associates

National organisations who do not meet the Full Membership criteria may be eligible to be considered as an Associate if they:

- have demonstrated an ongoing interest in aged care;
- contribute to the Alliance Purpose, Process and Outcomes;
- are not represented by any of the groups already holding Full Membership;
- agree to the Alliance Terms of Reference and Interaction Rules; and
- pay for their attendance at Alliance meetings and contribute to other Alliance costs.

Representation at Alliance meetings will not exceed one member per organisation.

Associates will participate in the NACA consensus making and endorsement process that leads to a position paper or correspondence but do not have the right to veto a paper or correspondence. Associates, unless invited or request to be included, will not participate in NACA Working and Advisory Groups and will not be allocated to a Constituency Group.

4.3 Applying for Alliance Membership

Organisations seeking to join the Alliance should write to the Secretariat indicating they are seeking membership in either of the two categories, which Constituency they belong to and include evidence of how their organisation meets the membership criteria. Sponsors will then review the application and, if accepted, the application will be taken to the following Alliance meeting requesting approval from the broader group. If recommended by Sponsors and approved by the Alliance, the organisation will be invited to the next meeting of the Alliance. If not accepted for membership, by Sponsors and/or the Alliance, the Secretariat will write explaining the decision.

4.4 Maintaining Membership

If an Alliance member misses two consecutive meetings and/or is ninety days overdue in paying accounts associated with meeting attendance membership status will be reviewed. The Secretariat will follow up with the relevant member to clarify status. Where a member is unable to pay their fees, special consideration may be made after discussion with the Secretariat.

5. SPONSORS

Sponsors include the four founding members of the Alliance and are joined by organisations drawn from each Constituency to a total of (9) Sponsoring organisations. Sponsors are Full Members of the Alliance who:

- organise Alliance meetings;
- make decisions to facilitate and progress the work of the Alliance between meetings;
- monitor Alliance performance against the purpose; and
- provide a Secretariat service for the Alliance; as agreed between the members.

If a Sponsoring organisation withdraws for any reason, the remaining Sponsors will seek a suitable replacement from the same Constituency. This will be negotiated with the full Alliance. Should there not be a suitable replacement from the same Constituency, the position will remain vacant.

In progressing the work between meetings, Sponsors will work by consensus and are bound by the decisions of the Alliance. Where circumstances have changed that would impact on a decision made by the Alliance, or where Sponsors are required to make new decisions between meetings, and they are unable to reach a consensus position they may seek guidance from the Full Membership via email outlining the issue and

providing a timeframe for response.

Where there is no common ground there is no action.

Sponsors are expected to regularly attend Sponsors teleconference, Sponsors meetings and Alliance meetings. When they are unable to participate, they are expected to send a proxy who regularly attends Alliance meetings, is well briefed and has the authority to make decisions. Consequences apply and the Sponsors status may be reviewed.

6. OBSERVERS

- 6.1 Sponsors may grant observer status to an organisation for one meeting.
- 6.2 In doing so, Sponsors will consider the type of organisation that is requesting observer status.
- 6.3 Organisations indicating a willingness to become a formal Alliance member may be granted observer status prior to being considered as a member.
- 6.4 Organisations that can contribute significantly to the Alliance's objectives but may not meet Alliance membership criteria may be invited as observers for a specific purpose.
- 6.5 If an organisation is granted observer status additional venue and catering costs incurred will be absorbed by all Alliance members for that meeting.

7. CO-OPTING EXPERTISE

Sponsoring organisations may co-opt organisations with specific expertise to attend Alliance meetings or join NACA Working or Advisory Groups where such expertise will contribute to the understanding of particular issues and/or the quality of Alliance positions, papers or actions. Alliance members may recommend to Sponsors where expertise is required and nominate individuals or organisations to co-opt.

8. ALLIANCE COSTS

Members of the Alliance agree to contribute toward the operation of the Secretariat as part of an annual membership fee. This cost will be divided equally amongst member organisations (not including the member organisation acting as the Secretariat) and invoiced with other meeting costs.

All member organisations, regardless of attendance, contribute to meeting costs. Meeting costs include facilitator expenses, room hire, audio visual, website, teleconference and Secretariat attendance. These costs will be shared equally between member organisations. Catering at meetings will be charged based on attendance. If no one from your organisation attends the meeting the only item you will not be invoiced for is catering (on the basis the representatives email the Secretariat as an apology two weeks prior to the meeting). Alliance members pay their own way to attend Alliance meetings.

The annual membership fee will be determined by Sponsors and endorsed by the Alliance at each November Alliance meeting for the following financial year. Membership fee funds will be allocated to the Secretariat. The fee will be added to Alliance meeting invoices and emailed to Alliance members following each Alliance meeting. The annual membership fee will not reduce as new members join throughout the year. Associates will contribute a different amount to Full Members.

Decisions about how any other costs, including the cost of work undertaken or commissioned by the Alliance are met, will be decided by the Alliance before such costs are incurred or when such work is agreed to, based on the principle that contributions by participating organisations will be voluntary, and be determined by the individual participating organisation according to their means, in a spirit of fairness and equity.

9. MEETINGS

- 9.1 the Alliance generally meets face-to-face on a quarterly basis but will meet a minimum of twice per year in an agreed location;
- 9.2 attendance at Alliance meetings will be self-funded by member organisations;
- 9.3 member organisations must commit to consistent and regular attendance by senior representatives of the organisation; and
- 9.4 wherever possible continuity of representation, i.e. the same people attending consecutive meetings, should be maintained.

10. THE WORK OF THE ALLIANCE

- 10.1 to identify issues of common interest to member organisations;
- 10.2 to collectively develop strategies to progress identified issues;
- 10.3 to conduct, commission and promote research or other work;
- 10.4 to develop consensus negotiating or lobbying positions on identified issues; and
- 10.5 to make recommendations and take agreed action on issues based on agreed positions.

11. PROCESS FOR PROGRESSING THE WORK OF THE ALLIANCE

- 11.1 Member organisations will commit to working together to find common areas of agreement and understanding organisational positions where they are different.
- 11.2 A consensus decision making process will be used to reach agreement on issues.
- 11.3 Policy positions of the Alliance however developed will be submitted to full Alliance members for endorsement either by circulation in writing or at an Alliance meeting.
- 11.4 Working groups may be established for the purpose of advancing the work of the Alliance. Such working groups are bound by the principles and philosophy of the Alliance, ie inclusiveness, a consensus decision-making process, and collective output.
- 11.5 The process for the circulation or dissemination of documents prepared for or by the Alliance will be determined by the Alliance when such documents are presented to a meeting of the Alliance.
- 11.6 A process for the endorsement and release of each document prepared for or by the Alliance will be agreed to prior to the release of the document.
- 11.7 Member organisations may choose to endorse Alliance decisions, not to endorse Alliance decisions, receive and note an Alliance decision, or abstain from voting on Alliance decisions, and may also choose to have the way they vote recorded.
- 11.8 Should the ratification of Alliance decisions by the governing bodies of member organisations be required, this should be clearly identified by the member organisation, and timelines for the process of endorsement and feedback agreed to.
- 11.9 Endorsing members must endeavour to support the Alliance consensus position and not act or advocate against it. If for some reason an endorsing organisation needs to revisit or remove its support the Alliance should be informed to assist with and manage any consequences of their changed position.
- 11.10 Alliance members who do not endorse a specific Alliance document may have their name removed

from the list of Alliance members in that document if they so desire and may also request to have their non-endorsement noted in the document.

11.11 Documents or proceedings that are confidential to the Alliance will be clearly identified.

11.12 Documents prepared for and by the Alliance remain the property of the Alliance.

The Alliance recognises the limitations of the authority of member organisation representatives to the Alliance and the need for representatives to report back to their respective organisations.

12. DEVELOPMENT OF PAPERS

12.1 Types of Papers

Discussion papers are papers prepared by the Alliance that canvas a range of issues relating to a topic. These papers use various sources and aim to provide balanced information on the issue being explored. It does not include an Alliance position on the topic. A discussion paper is generally prepared to assist the Alliance with the development of a position and it can be used to initiate some broader discussion in the community or the aged care sector. The Alliance has previously referred to these papers as either options papers, briefing papers or discussion papers.

Position papers outline the Alliance's position on a topic and include some background information, discussion on the topic, the rationale for the position taken by the Alliance and/or recommendation put forward by the Alliance.

Position statements are concise statements that designate the position of the Alliance on an issue or topic. Background information, discussion and rationale are not included. Such statements may be made in a variety of formats including correspondence.

Advisory papers may be prepared in order to provide formal written advice on an area where the Alliance has been engaged in consultation. In this case all endeavours will have been made to find sector wide common ground. Where common ground is not possible advice will be produced to reflect the differing views within the Alliance.

12.2 Process Stages

This process will be used as a guide for the development of the above mentioned Alliance documents. Not all documents produced and endorsed by the Alliance will be required to follow this process (eg. correspondence and media releases).

This process aims to provide maximum time for discussion and circulation among member organisation. Comments on drafts documents must be made to the author (or Secretariat) within the specified time frame. Comments received after the due date will not be taken into account. The author will amend the document in line with comments received in a way that maintains the purpose and clarity of the paper. The Secretariat will make the final decision on paper content.

The timelines set out in the stages of this process are subject to change dependent on the urgency of the document (e.g. submissions with tight deadlines). Timelines for process stages will be determined by the Alliance when such documents are required and/or developed. All papers used during the stages of development will be version controlled.

Working draft – circulated to members of the working group only for review prior to being distributed for formal review, and the consultation period is agreed to by the members of the working group.

Preliminary draft – non-final document circulated to all members of the Alliance and the consultation period

will be at least five working days where practical. The aim of this draft is to confirm that it can be circulated more widely for consultation purposes.

Circulation draft – circulated to the organisations that are members of the Alliance for broad consultation and the consultation period will be at least 30 days where practical.

Final draft – the final proof circulated to members of the Alliance prior to endorsement where the author is looking for minor mistakes and misused words only, and the consultation period will be at least 10 days where practical.

Endorsement – the final document is to be circulated to members with a 48 hour turnaround time, no additional changes to the document are to be sought. Member organisations may choose to endorse an Alliance paper or not to endorse an Alliance paper. If an Alliance member chooses to abstain from endorsing a paper they may choose to have their organisations name removed from the document or have their organisations non-endorsement noted on the paper. If a response is not received by the member organisation by the due date this will be taken as endorsement of the document.

13. WORKING GROUPS (INTERNAL)

Alliance Working Groups will be formed as required to execute the work of the Alliance. Alliance Working Groups will be judicious regarding the submissions the Alliance writes with a view to being proactive rather than reactive. Each Working Group should have at least one representative from Sponsors. A chair shall be elected by the members for each Working Group to assist in completing the Alliances objectives for the Working Groups.

14. ADVISORY GROUPS (GOVERNMENT ENGAGEMENT)

- 14.1 Advisory Groups will be formed as required when the Alliance is engaged by Government to provide advice. Advisory Groups are Alliance groups but are not auspiced in the same manner as Alliance Working Groups, and may include representatives who are not Alliance members. The Terms of Reference and membership will be negotiated with the Government by the NACA Aged Care Reform Secretariat and signed off by Sponsors. Any advice or discussion will not be seen as Alliance advice until formally signed off or endorsed by the Alliance.
- 14.2 Where possible, each Advisory Group will include members from each Constituency (providers, unions, professional associations and consumers). It is the responsibility of the members of the Advisory Group to ensure they engage with and feedback to their relevant Constituency. Alliance members wishing to contribute input are encouraged to contact their Constituency representative on the relevant Advisory Group. Advisory Group members need to be competent in the Advisory Group area and will be appointed by the Alliance (or Sponsor where required).
- 14.3 A chair will be elected from Alliance members of the Advisory Group. The chair must manage meetings in a fair and equitable manner according to normal meeting procedure while still being able to represent their own Constituency.
- 14.4 The Terms of Reference will be negotiated with the Government by the NACA Aged Care Reform Secretariat and signed off by Sponsors. Any advice or discussion will not be seen as Alliance advice until formally signed off or endorsed by the Alliance.

15. DISPUTE RESOLUTION

Sponsors shall take all reasonable steps to resolve any disputes or grievances within the Alliance.

16. EXTERNAL REPRESENTATION (ALLIANCE ON EXTERNAL FORUMS)

The Alliance may be invited or seek to be represented at external conferences, meetings, and committees. Such representation will be subject to discussion and agreement by Alliance members.

- 16.1 Accepting or rejecting an invitation will be based on relevance to the Alliance agenda; whether the organisation issuing the invitation is capable of undertaking the activity; and whether the outcome contributes to Alliance Process and Outcomes.
- 16.2 When selecting an Alliance representative, consideration should be given to that category of Alliance membership which is most appropriate (eg consumer, provider, union, or professional association); who else is represented; and what is the projected workload and cost of participation, and how will that be met.
- 16.3 The Alliance representative must be prepared to represent the view of the Alliance; represent the breadth of the Alliance membership; seek input from Alliance members on issues raised; and report back to Alliance meetings. Interested Alliance members are encouraged to contact the Alliance representative to ensure their input is considered as part of the external forum agendas and discussions.

17. NACA SECRETARIAT

The Australian Nursing and Midwifery Federation (ANMF), a Sponsor, has been providing Secretariat services to the Alliance since its inception. The role of the NACA Secretariat is to coordinate Alliance meetings, Sponsors teleconference and all relevant papers, maintain the website and support the smooth running of the Alliance. Membership applications are processed through the NACA Secretariat.

18. NACA AGED CARE REFORM SECRETARIAT

To support the Alliance in its Advisory capacity, the Department of Health funds a number of support roles that are contracted through COTA Australia, a Sponsor. The roles combine to create the NACA Aged Care Reform Secretariat which liaises with the Department of Health and Minister to set Advisory Group meeting times and venues, and contributes and supports the work of the Advisory Groups.

19. ALLIANCE MEMBERS

SPONSORING ORGANISATIONS

- Aged and Community Services Australia
- Australian Association of Gerontology
- Australian Nursing & Midwifery Federation (Secretariat)
- Carers' Australia
- Catholic Health Australia
- COTA Australia
- Health Services Union
- Leading Age Services Australia
- UnitingCare Australia

ASSOCIATES

- Australian Red Cross
- Macular Disease Foundation Australia
- National Rural Health Alliance
- National Stroke Foundation
- Public Sector Residential Aged Care Leadership Committee
- The Royal Society for the Blind
- Vision Australia

FULL MEMBER ORGANISATIONS

- Alzheimer's Australia
- Anglicare Australia
- Association of Independent Retirees Limited
- Attendant Care Industry Association
- Audiology Australia
- Australasian Services Care Network
- Australian and New Zealand Society for Geriatric Medicine
- Australian College of Nursing
- Australian Community Transport Association Ltd
- Australian Healthcare and Hospitals Association
- Australian Physiotherapy Association
- Baptist Care Australia
- Dental Hygienists Association of Australia Ltd
- Dietitians Association of Australia
- Diversional Therapy Australia
- Exercise & Sports Science Australia
- Federation of Ethnic Communities' Councils of Australia
- Home Modifications Australia
- Legacy Australia
- Lutheran Aged Care Australia
- National Aboriginal Community-Controlled Health Organisation
- National LGBTI Health Alliance
- National Presbyterian Aged Care Network
- Occupational Therapy Australia
- Older Persons Advocacy Network
- Palliative Care Australia
- PICAC Alliance
- Retirement Living Council
- Returned and Services League of Australia
- The Pharmacy Guild of Australia
- The Salvation Army Aged Care Plus
- Speech Pathology Australia
- United Voice

DEFINITIONS

as per membership criteria

National Ageing/Aged Care Bodies

Bodies who have members and/or supporters in every State/Territory of Australia and which have a core role or key responsibility in aged care.

Aged Care Providers

Organisations who represent and/or provide community, home care or residential aged care services.

Consumer

Organisations of individual older people and/or formally constituted groups of older persons. This includes informal carers of older people.

Constituency

A membership base of aged care providers, consumers, unions and professional associations.

Unions

A registered organisation of workers with members in the aged care sector who together seek to achieve common goals, generally the maintenance or improvement of employment conditions.

Professional Associations

Organisations who represent individuals engaged in research, development or providing professional services (such as medical, nursing or allied health services) to older people, carers and/or aged care services.

Appendix 5: Advisory Groups

External (Non-NACA) Committees and Advisory Groups

While some Alliance members may be independently appointed, the remaining Alliance members are represented by NACA Secretariat – Aged Care Reform:

- Aged Care Sector Committee
- Aged Care Sector Committee Diversity Subgroup
- Aged Care Sector Committee Communications and Engagement Advisory Group
- Quality Agency Liaison Group
- Consumer Focused Report Working Group (Quality Agency)

The following represent NACA as a whole. There are others members of these Groups:

The Aged Care Gateway Consultation Forum

- COTA Australia, Ian Yates
- Aged and Community Services Australia, Peta Braendler
- Occupational Therapy Australia, Jan Erven

Standards Technical Advisory Group

- *(Provider representative to be advised)*
- National LGBTI Health Alliance, Samantha Edmonds
- Speech Pathology Australia, Ronelle Hutchinson
- Leading Age Services Australia, Sharyn McIlwain

Quality Indicators Technical Advisory Panel

- Australian Association of Gerontology, Colleen Doyle
- Anglicare Australia, Lesley Jeffers
- Dietitians Association of Australia, Annette Byron

Quality Indicators User Group

- Australian Association of Gerontology, Louise Beaumont
- Leading Age Services Australia, Glenn Bunney
- UnitingCare Australia, Fonda Voukelatos
- Returned & Services League of Australia, Wendy Bateman

NACA Committees and Advisory Groups

These appointments are subject to a constituency based nominations process, and are not individually or organisationally appointed.

Home Care Reforms Advisory Group

- Aged and Community Services Australia, Michelle Newman
- Carers Australia, Anne Muldowney
- COTA Australia, Jane Mussared
- Exercise & Sports Science Australia, Martin Bending
- Leading Age Services Australia, Kerri Lanchester
- Federation of Ethnic Communities Councils of Australia, Mary Patetsos
- Health Services Union, Tim Jacobson
- National Presbyterian Aged Care Network, Paul Sadler
- Occupational Therapy Australia, Roxanne Gelle
- United Voice, Melissa Coad
- Aged and Community Care Officials, Jeanette Walters
- Department of Health, Shona McQueen, David Braggett & Paul Linden
- NACA Aged Care Reform Secretariat, Judy Gregurke/Corey Irlam

Quality Indicators Reference Group

- *(two Provider representatives to be advised)*
- Anglicare Australia, Paula Trood
- Australian Aged Care Quality Agency, Ingrid Fairlie
- Australian Association of Gerontology, Gill Lewin
- Australian Nursing and Midwifery Federation, Lee Thomas
- Carers Australia, Sue Elderton
- Catholic Health Australia, Nick Mersiades
- COTA Australia, Ian Yates
- Dietitians Association of Australia, Annette Byron
- Federation of Ethnic Communities Councils of Australia, Ljubica Petrov
- Lutheran Aged Care Australia, Adrian Morgan
- Public Sector Residential Aged Care Leadership Cte, Don McRae
- Returned & Services League of Australia, Wendy Bateman
- Department of Health, Amy Laffan & Mary Ann Fisher
- NACA Aged Care Reform Secretariat, Judy Gregurke

Quality Advisory Group

- Attendant Care Industry Association, Danielle Bennett
- Australian Nursing and Midwifery Federation, Lee Thomas
- Dietitians Association of Australia, Annette Byron
- National LGBTI Health Alliance, Samantha Edmonds
- COTA Australia, Anne Burgess
- Catholic Health Australia, Clare Grieveson
- Department of Health, Amy Laffan, Ingrid Leonard and Amy Burchell
- NACA Aged Care Reform Secretariat, Judy Gregurke

Commonwealth Home Support Programme Advisory Group

- Aged and Community Services Australia, Michelle Newman
- Alzheimer's Australia, Kaele Stokes
- Australian Meals on Wheels, Nelson Mathews
- Carers Australia, Sue Elderton
- COTA Australia, Ian Yates
- Federation of Ethnic Communities Councils of Australia, Tina Karanastasis
- Health Services Union, Dustin Halse
- Leading Age Services Australia, Kerri Lanchester
- National LGBTI Health Alliance, Samantha Edmonds
- National Presbyterian Aged Care Network, Paul Sadler
- National Seniors Australia, Jan Herbert
- Occupational Therapy Australia, Roxanne Gelle
- Royal Society for the Blind, Robert Depold/Lia Bellchambers
- UnitingCare Australia, Glenys Webby
- Aged and Community Care Officials, Stefanie Williams
- Municipal Association of Victoria, Jocelyn Fuller
- National Aboriginal and Torres Strait Islander, Priscilla McFadzean
- Home Modifications Australia, Michael Bleasdale
- Australian Community Transport Association, Bethany Simmonds
- Department of Health, Karen Pickering, Elizabeth Szabo & Genevieve Herbert
- NACA Aged Care Reform Secretariat, Judy Gregurke/Corey Irla

The Aged Care Gateway Advisory Group

- Aboriginal and Torres Strait Islander, Matthew Moore
- Aged and Community Services Australia, Peta Braendler
- Australian Medical Association, Richard Kidd
- Anglicare Australia, Jeremy McAuliffe
- Australian and New Zealand Society for Geriatric Medicine, Glenise Berry
- Australian College of Nursing, Tracey McDonald
- Carers Australia, Anne Muldowney
- Catholic Health Australia, Lanna Ramsay
- COTA Australia, Ian Yates
- Diversional Therapy Australia, Judy Nolan
- Federation of Ethnic Communities Councils of Australia, Tina Karanastasis
- National LGBTI Health Alliance, Sam Edmonds
- National Seniors Australia, David Carvosso
- National Rural Health Alliance, Pauline Wardle
- Occupational Therapy Australia, Jan Erven
- UnitingCare Australia, Fonda Voukelatos
- Department of Health, Craig Harris & Rachel Goddard
- Department of Health Clinical Reference Group, Eddy Strivens
- NACA Aged Care Reform Secretariat, Judy Gregurke/Corey Irlam
- *(Professional representative to be advised)*

The Aged Care Gateway Delivery Sub Group

- Aged and Community Services Australia, Peta Braendler
- Australian and New Zealand Society for Geriatric Medicine, Glenise Berry
- Catholic Health Australia, Lanna Ramsay
- National LGBTI Health Alliance, Samantha Edmonds
- Occupational Therapy Australia, Jan Erven
- Department of Health, Rachel Goddard
- NACA Aged Care Reform Secretariat, Judy Gregurke/Corey Irlam

Internal NACA Working Groups

Appointments to these groups are open to all Alliance members by self nomination through the NACA ACR Secretariat.

Ageing and Disability Interface Working Group

- Aged and Community Services Australia, Ross Low
- Attendant Care Industry Association, Barbara Merran
- Audiology Australia, Sandra South
- Baptist Care Australia, Nicole Hornsby
- Carers Australia, Sue Elderton
- COTA Australia, Anne Burgess
- Dietitians Association of Australia, Sharon Lawrence
- Health Services Union, Leigh Svendsen
- Home Modifications Australia, Michael Bleasdale
- Macular Disease Foundation Australia, Julie Heraghty
- National Aboriginal Community-Controlled Health Organisation, Noeleen Tunny
- National Stroke Foundation, Juliana Stackpool
- Occupational Therapy Australia, Jan Erven
- Royal Society for the Blind, Lia Bellchambers
- Speech Pathology Australia, Jade Cartwright
- Vision Australia, Marcus Bleechmore
- NACA Aged Care Reform Secretariat, Judy Gregurke/Corey Irlam

Quality Accreditation Marketplace Internal Working Group

- Aged and Community Services Australia, Heather Witham/Deidre Gerathy
- COTA Australia, Anne Burgess
- Dietitians Association of Australia, Annette Byron
- Leading Age Services Australia, Glenn Bunney
- The Salvation Army Aged Care Plus, Peter Bewert/Karen Noble
- Australian College of Nursing, Tracey McDonald
- Attendant Care Industry Association, Danielle Bennett
- Australian Nursing & Midwifery Federation, Lee Thomas
- Home Modifications Australia, Michael Bleasdale
- Australian Healthcare and Hospital Association, Nina Bowes
- United Voice, Melissa Coad
- National LGBTI Health Alliance, Samantha Edmonds
- NACA Aged Care Reform Secretariat, Judy Gregurke/Corey Irlam

Workforce Development Strategy Working Group

- Aged and Community Services Australia, Darren Matthewson
- Australian Nursing & Midwifery Federation, Lee Thomas
- Australasian Services Care Network, Fiona Hearn
- Attendant Care Industry Association, Danielle Bennet
- Australian Physiotherapy Association, Rik Dawson
- Catholic Health Australia, Richard Gray
- COTA Australia, TBC
- Dietitians Association of Australia, Annette Byron
- Health Services Union, Tim Jacobson
- The Royal Society for the Blind, Lia Bellchambers
- United Voice, Melissa Coad (Chair)
- UnitingCare Australia, Penny Farnsworth
- NACA Aged Care Reform Secretariat, Judy Gregurke/Corey Irlam

Home Care Reforms Internal Working Group

- Aged and Community Services Australia, Michelle Newman/Lisa Ralphs/Patricia Mitchell/Helen Dymond/Peta Braendler/Pat Sparrow
- Carers Australia, Anne Muldowney
- Catholic Health Australia, Nick Mersiades
- COTA Australia, Jane Mussared
- Exercise & Sports Science Australia, Martin Bending
- Federation of Ethnic Communities Councils of Australia, Mary Patetsos
- Health Services Union, Dustin Halse
- Leading Age Services Australia, Kerri Lanchester
- National Aboriginal Community-Controlled Health Organisation, Noeleen Tunny
- National LGBTI Health Alliance, Samantha Edmonds
- National Presbyterian Aged Care Network, Paul Sadler
- Occupational Therapy Australia, Roxanne Gelle
- Southern Cross Care, Barbara Merran
- Speech Pathology Australia, Trish Johnson
- The Pharmacy Guild of Australia, TBC
- United Voice, Melissa Coad
- UnitingCare Australia, Sue McKechnie
- NACA Aged Care Reform Secretariat, Judy Gregurke/Corey Irlam

Blueprint 2 and Roadmap Implementation Working Group

- Aged and Community Services Australia, Pat Sparrow
- Anglicare Australia, Sandra Hills
- Australian Healthcare and Hospital Association, Nina Bowes
- Australian Physiotherapy Association, Rik Dawson
- Catholic Health Australia, Nick Mersiades
- COTA Australia, Ian Yates
- Federation of Ethnic Communities Councils of Australia, Mary Patetsos
- Health Services Union, Dustin Halse
- National LGBTI Health Alliance, Rob Collins
- National Presbyterian Aged Care Network, Paul Sadler
- Occupational Therapy Australia, Roxanne Gelle
- The Pharmacy Guild of Australia, TBC
- The Salvation Army Aged Care Plus, Peter Bewert
- UnitingCare Australia, Glenys Webby
- NACA Aged Care Reform Secretariat, Judy Gregurke/Corey Irlam

Affordable Housing Interest Group

- Aged and Community Services Australia, TBC
- Australian Association of Gerontology, Tonye Segbedzi
- Anglicare Australia, Roland Manderson
- Anglicare SA, Jackie Howard
- Australian Red Cross, Eleanor Kennett-Smith
- Baptist Care Australia, Mike Furner
- Catholic Health Australia, Richard Gray
- COTA Australia, Anne Burgess
- Federation of Ethnic Communities Councils of Australia, Mary Patetsos
- Leading Age Services Australia, Glenn Bunney
- Occupational Therapy Australia, Jan Erven
- Retirement Living Council, Ben Myers
- The Salvation Army Aged Care Plus, Netty Horton

Red Tape Reduction Working Group

- Aged and Community Services Australia, Heather Witham
- Anglicare Australia, Mary McConochie
- Australian College of Nursing, Tracey McDonald
- Australian Healthcare and Hospital Association, Alison Verhoeven
- COTA Australia, Ian Yates
- Health Services Union, Leigh Svendsen
- Leading Age Services Australia, Glenn Bunney
- Returned & Services League of Australia, Wendy Bateman
- NACA Aged Care Reform Secretariat, Judy Gregurke/Corey Irlam

Equity of Access & Outcomes Internal Working Group

- Australian Association of Gerontology, James Beckford Saunders, Tonye Segbedzi
- Australian Healthcare and Hospital Association, Nina Bowes
- Australian Nursing & Midwifery Federation, Julie Reeves
- Anglicare Australia, Roland Manderson
- COTA Australia, Anne Burgess
- Federation of Ethnic Communities Councils of Australia, Mary Patetsos, Cristina Giusti
- National Aboriginal Community-Controlled Health Organisation, Noeleen Tunny
- National LGBTI Health Alliance, Samantha Edmonds
- The Salvation Army, Netty Horton
- Speech Pathology Australia, Trish Johnson, Jade Cartwright
- NACA Aged Care Reform Secretariat, Judy Gregurke/Corey Irlam

Contact Us

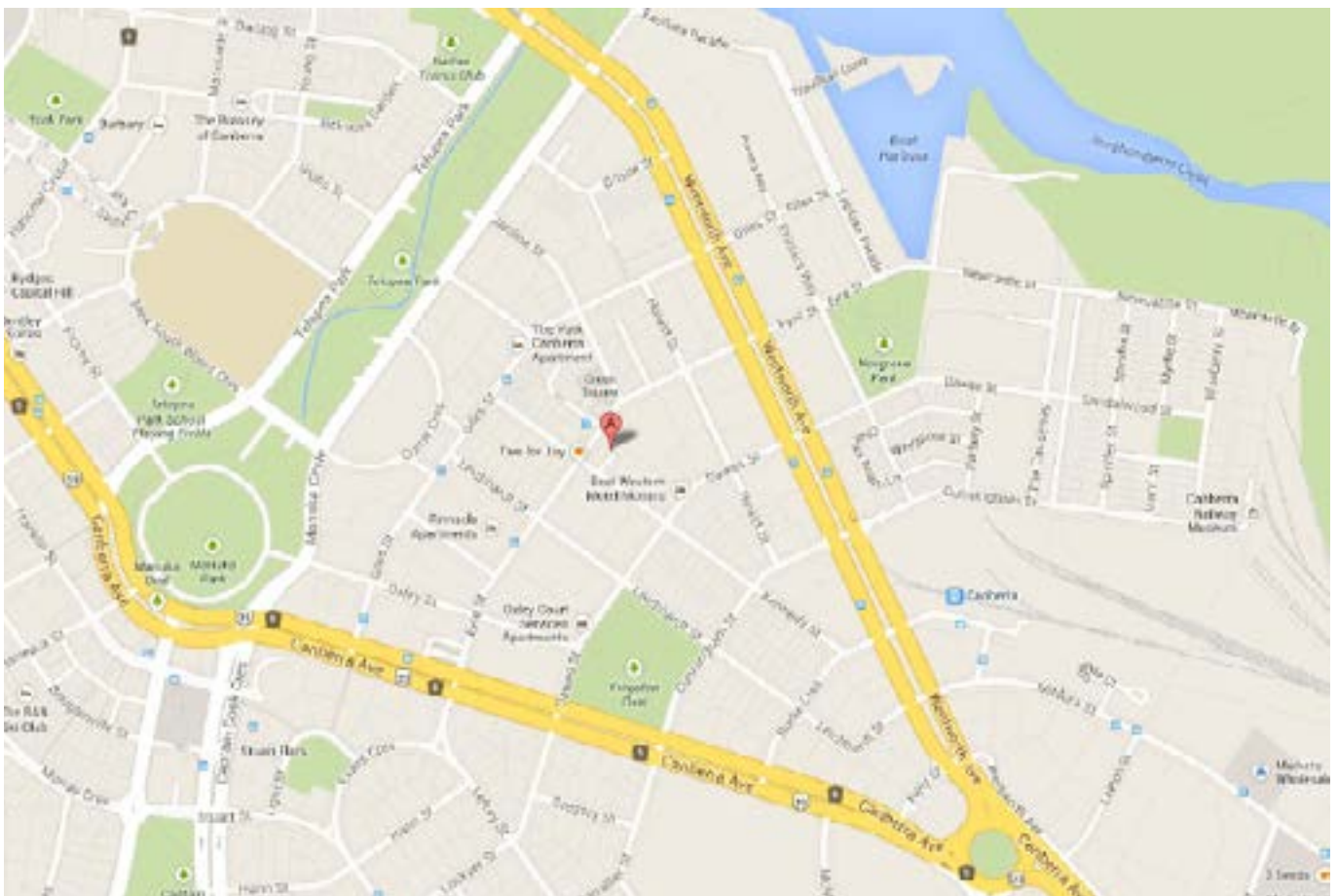
For more information about the National Aged Care Alliance, what we do, or how to join, please contact the NACA Secretariat:

Phone: 02 6232 6533

Email: nacasecretariat@anmf.org.au

Post: PO BOX 4239 Kingston ACT 2604

Web: www.naca.asn.au



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AGED CARE alliance