

19.12.23

Response to Webinar 14.12.23

Re: Final Proposed Registration Category for Social Groups

Social Groups should remain in Category 3 and should not be subject to the new Aged Care Quality Standards.

During the webinar on 14 December New Aged Act and Support at Home program update we were advised by [REDACTED], that registration for Social Support is now in Category 4. This has changed since the initial proposed registration category, where Social Support was categorised in Category 3.

This has significant implications for providers, including many Local Government Authorities, who deliver social group programs for older residents. The change of category now changes the requirement for local Councils to adhere to the new Aged Care Quality Standards.

Compliance and auditing against the Quality Standards creates a significant administration burden and complexities around governance for Councils, who's core business is not solely aged care. However, Councils are vital in providing services which create community connection and belonging. Being at the forefront of the community, Councils have a long history and expertise in delivering excellent social and group programs to cater for all age groups in the community, including older people. Commonwealth funding allows Councils to continue the delivery of social programs for older people to reduce their risk of social isolation.

With the move of social groups into Category 4, Councils who deliver social groups are now required to adhere to the Quality Standards for one service type only. Many Councils also deliver transport which is in Category 1.

The social groups Councils deliver include social bus outings, knitting groups, gentle exercise groups, coffee/friendship groups etc. Residents who participate in these activities do so for their enjoyment and social wellbeing. Clients who participate in these activities have fewer health and mobility support needs. The inherent risk for these activities is low and does not equate to the same risks of other services also grouped into Category 4. This creates unnecessary monitoring for regulative bodies when the focus should be on services carrying a higher level of risk.

For example, personal care requires the support worker to have greater access to the client, their home and information, placing the client in a vulnerable situation. This is very different to a client attending, for example, a knitting group, where the client is amongst a group of other people in a community center.

Similarly, allied health requires the worker to have close contact with individual clients e.g., OT home visits, PT treatment. These services consequently carry a higher level of risk in comparison to a client attending a social bus outing with a group of other people, purely for recreational enjoyment.

If social groups were placed into Category 3, so that adherence to the Quality Standards was no longer applicable, Councils will continue to maintain high quality services for older people. In addition to the new provider obligations, Councils will continue to apply robust WHS planning and management strategies, continuous improvement, and consumer consultation/feedback when implementing social group programs for older people.

In summary, I request that Social Groups be returned to Category 3 which better aligns with the level of risk for this service type. Maintaining Social Groups in Category 4 creates unnecessary regulation and reduces the capacity of the regulatory bodies to manage and address the significant risks associated with other services associated with greater client vulnerability.

Regards,

[REDACTED]
[REDACTED]