2025 Specialised support services (SSS) consultation – Insights and Outcomes
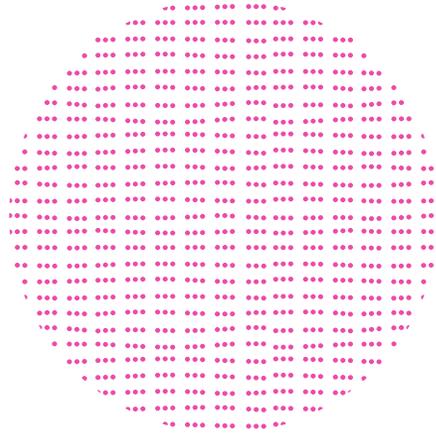
Australian Government
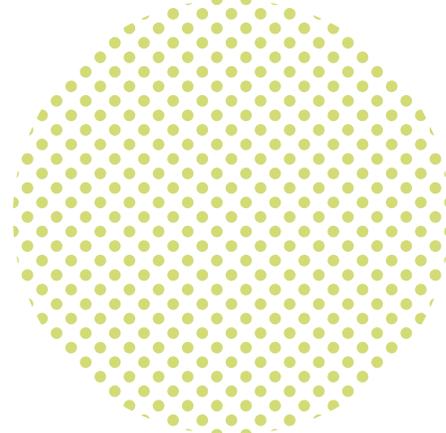Department of Health, Disability and Ageing

SSS Consultation objectives
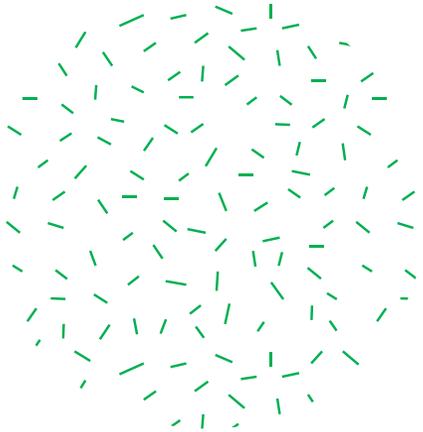
Objective 1
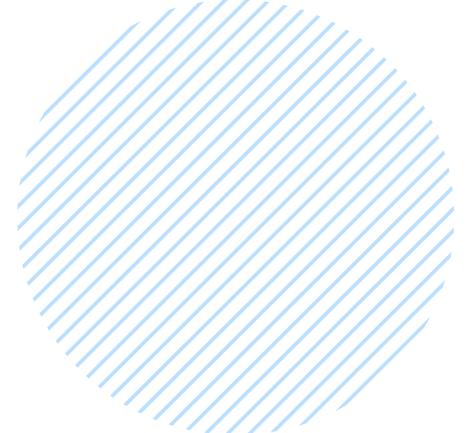Identify the specific activities currently delivered under SSS

Objective 2
Understand how these activities are delivered in the community

Objective 3
Identify the types of professionals involved in service delivery

Objective 4
Obtain a breakdown of funding used for SSS services

High Level Outcomes
Consultation on the remapping of services for 94 organisations identified levels of agreement, prevailing remapping preferences and key themes across various advisory services. The consultation also provides practical recommendations to inform policy development and support alignment of service pathways.

Next Steps
SSS providers will be contacted about their funding arrangements for 2026-27 by mid-March.

Dementia advisory services – Insights

1 Social support and community engagement – Individual social support

2 Nursing care – Registered nurse

3 Social support and community engagement – Group social support

4 Social support and community engagement – Assistance to maintain personal affairs

Provider submissions indicated that dementia advisory services were delivered through a mix of navigation, education, and social connection activities (remapped to Social Support), as well as clinical advisory assessments (remapped to Registered Nurse). These outcomes reflect the diverse service models used by providers.

Overall, the submissions demonstrated significant variability in how dementia advisory services are structured and delivered across the sector rather than a single, consistent model.

Vision advisory services - Insights

1	Social support and community engagement – Assistance to maintain personal affairs

2	Social support and community engagement – Individual social support

3	Orthoptics* *Refer to Insights*

4	Orientation and mobility services* *Refer to Insights*

Provider submissions indicated that vision services were most often remapped to non-clinical social support or navigation functions—such as Assistance to Maintain Personal Affairs—alongside practical supports like shopping and transport that enable access and participation.

Providers also identified several important clinical gaps not captured on the legislated service list, particularly orthoptics and specialised orientation and mobility supports for people with vision impairment.

Overall, the submissions show that while most vision supports fall within non-clinical service categories, key clinical components remain insufficiently available across the sector.

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1	Nursing care – Registered nurse
2	Social support and community engagement – Individual social support
3	Social support and community engagement – Assistance to maintain personal affairs
4	Personal care – Assistance with self-care and activities of daily living

Continence advisory services - Insights

Provider submissions showed a clear shift toward clinical delivery for this service, with most activity remapped under Registered Nurse. Where providers described education-focused or navigation-related functions rather than direct clinical care, these elements were remapped to individual social support.

Overall, the submissions indicate that while clinical delivery predominates, non-clinical components continue to play an important supplementary role when the service extends into education or navigation.

Hearing advisory services - Insights

1	Social support and community engagement – Assistance to maintain personal affairs
2	Social support and community engagement – Group social support
3	Nursing care – Registered nurse
4	Social support and community engagement – Individual social support

Provider submissions indicated that this service most commonly remapped to Assistance to Maintain Personal Affairs, covering activities such as help with appointments, paperwork, and service navigation. These functions emphasise linkage, advocacy, and practical support rather than clinical service delivery.

Overall, the submissions show that this service is primarily understood as a non-clinical, navigation-focused support aimed at enabling access and coordination rather than providing direct clinical care.

Other clinical advisory support - Insights

1 Social support and community engagement – Individual social support

2 Nursing care – Registered nurse

3 Social support and community engagement – Assistance to maintain personal affairs

4 Social support and community engagement – Group social support

Provider submissions reflected the undefined nature of this service through a mixed pattern of remapping outcomes. Some providers described "Other support" as clinical in nature, resulting in its alignment with Registered Nurse, while others characterised it as navigation- or education-focused, leading to remapping under Assistance to Maintain Personal Affairs or Individual Social Support.

Overall, the submissions show that this service category is interpreted inconsistently across providers, functioning as a catch-all for both clinical and non-clinical activities depending on local service models.

1	Social support and community engagement – Individual social support
2	Nursing care – Registered nurse
3	Social support and community engagement – Assistance to maintain personal affairs
4	Allied health and therapy services – Social work

Client advocacy – Insights

Provider submissions showed that advocacy services were predominantly remapped to Individual Social Support and Assistance to Maintain Personal Affairs, reflecting their focus on linkage, coordination, and practical support. In some cases, services were remapped to Registered nurse where advocacy functions were incorporated into nurse-led models, or to Social work when delivered by a qualified social worker.

Provider responses also revealed that elements of these advocacy functions overlap with existing government-funded programs, such as Care Finders and OPAN/NACAP, indicating potential duplication in the broader service system.

Overall, the submissions suggest that advocacy is largely viewed as a non-clinical support function, with clinical or professional classifications applied only in rare occasions where services are practitioner-led, and that clearer boundaries may be needed to avoid duplication with established advocacy programs.

TABLE A

This table identifies the most common service types as advised by providers
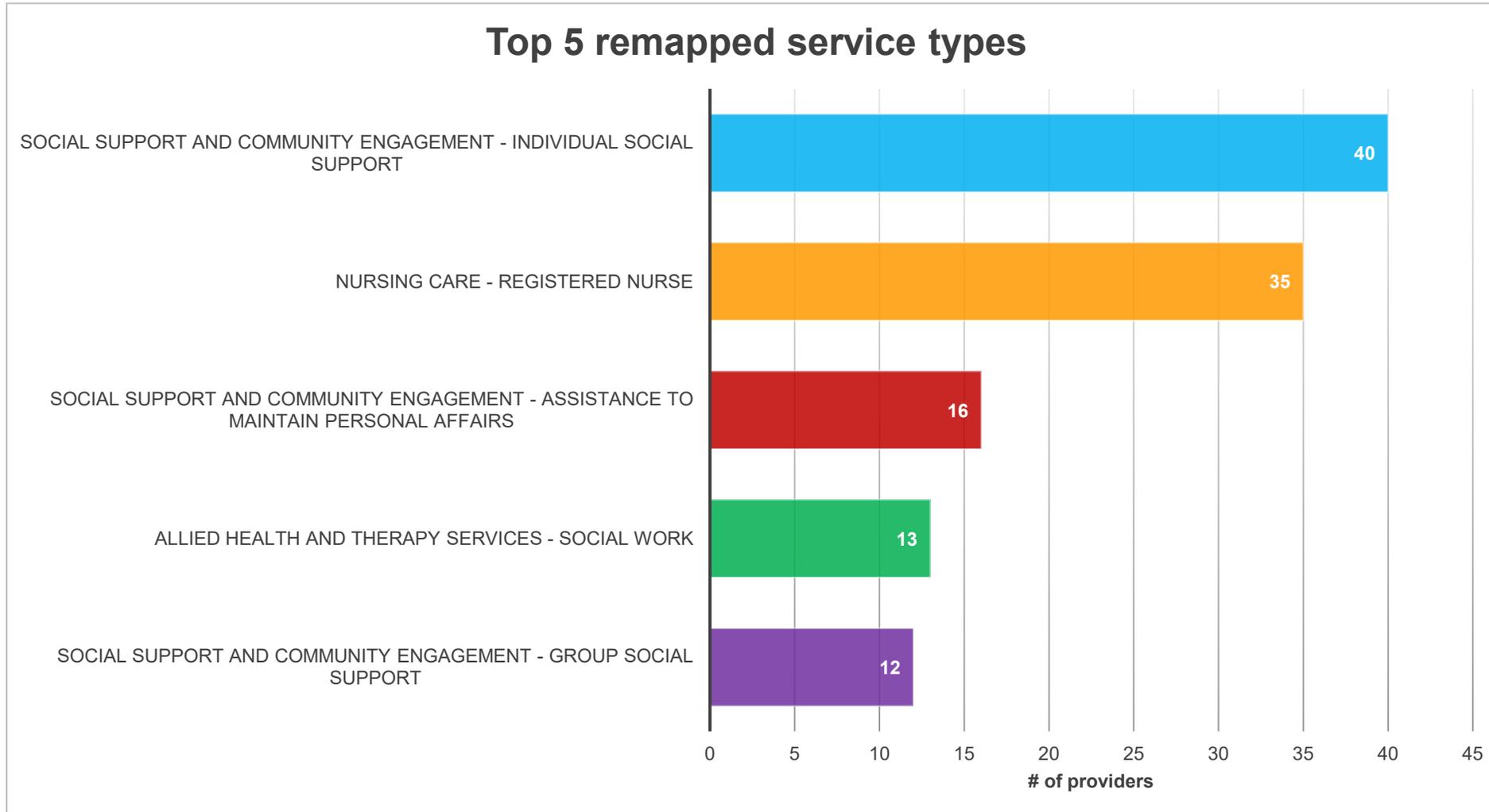

Top 5 remapped service types

Service Type	# of providers
SOCIAL SUPPORT AND COMMUNITY ENGAGEMENT - INDIVIDUAL SOCIAL SUPPORT	40
NURSING CARE - REGISTERED NURSE	35
SOCIAL SUPPORT AND COMMUNITY ENGAGEMENT - ASSISTANCE TO MAINTAIN PERSONAL AFFAIRS	16
ALLIED HEALTH AND THERAPY SERVICES - SOCIAL WORK	13
SOCIAL SUPPORT AND COMMUNITY ENGAGEMENT - GROUP SOCIAL SUPPORT	12

TABLE B

This table shows the split between clinical vs non-clinical service delivery

Clinical vs Non-clinical split

Non-clinical (102 Total): 40 | 16 | 12 | 11 | 6 | 5 | 3 | 2 | 2 | 2 | 1 | 1 | 1

Clinical (77 Total): 35 | 13 | 9 | 5 | 5 | 4 | 3 | 2 | 1

# of providers
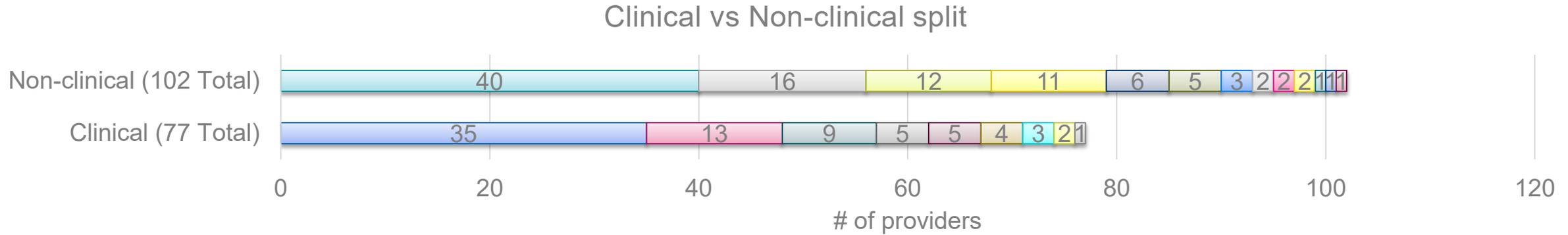
- ☐ Social support and community engagement - Individual social support
- ☐ Nursing care - Registered nurse
- ☐ Social support and community engagement - Assistance to maintain personal affairs
- ☐ Allied health and therapy services - Social work
- ☐ Social support and community engagement - Group social support
- ☐ Social support and community engagement - Cultural support

health.gov.au/aged-care-reforms

Phone **1800 200 422**
(My Aged Care's free call phone line)