

**HON TONY PICCOLO MP**



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Senator Rachel Siewert  
Committee Chair  
Standing Committee on Community Affairs  
PO Box 610, Parliament House  
CANBERRA ACT 2600



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Dear Senator Siewert

Thank you for your letter dated 8 December 2014 to the Premier of South Australia, the Hon Jay Weatherill MP, inviting the South Australian Government to provide a written submission to the Inquiry into the Adequacy of existing residential care arrangements available for young people with severe physical, mental or intellectual disabilities in Australia.

On behalf of Premier Weatherill, I attach the South Australian Government's submission to the Inquiry.

The South Australian Government welcomes the opportunity to make improvements to the lives of young people that currently live in, or are at risk of entering, residential aged care facilities and thanks the Senate Community Affairs References Committee for the opportunity to provide input into the inquiry.

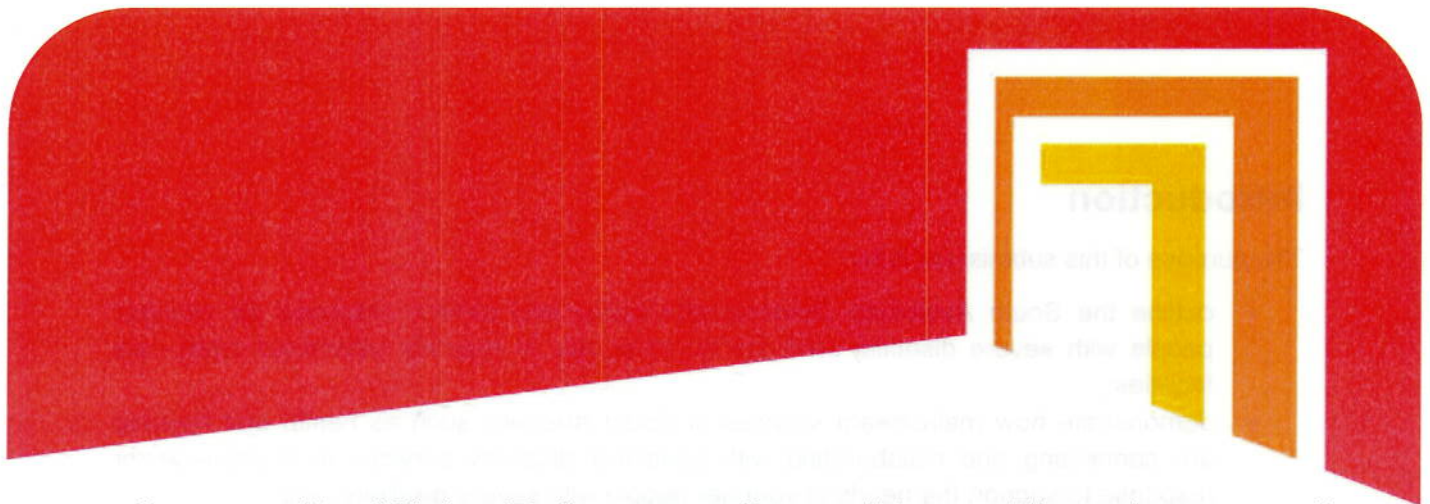
Yours sincerely

**Hon Tony Piccolo MP**  
Minister for Disabilities

3 / 3 / 2015

Encl. South Australian Government Submission

Cc: Hon Jay Weatherill MP, Premier of South Australia



**Community Affairs References Committee — The adequacy of  
existing residential care arrangements available for young  
people with severe physical, mental or intellectual disabilities  
in Australia.**

Submission from the South Australian Government

February 2015

## Introduction

The purpose of this submission is to:

- outline the South Australian Government's policy and service response for younger people with severe disability who are in, or at risk of entering, residential aged care facilities;
- demonstrate how mainstream services in South Australia such as health and housing are connecting and collaborating with specialist disability services in a cross-sector response to support the needs of younger people with severe disability; and
- consider the impact of the National Disability Insurance Scheme (NDIS) in South Australia on the ability of younger people with disability in aged care to find more appropriate accommodation.

This area of public policy is one that would benefit from cooperation between different levels of government so that young people with disability are able to access high quality, seamless, and efficient services to improve the quality of their lives.

The South Australian Government hopes that the Federation White Paper process could be a mechanism for improving outcomes for young people with severe physical, mental or intellectual disability throughout Australia and in particular within South Australia.

This submission has been developed by the South Australian Department for Communities and Social Inclusion (DCSI) in consultation with the Department for Health and Ageing (DHA), on behalf of the South Australian Government.

In South Australia, 15.2% of the population (approximately 210,000 people) under 65 years of age is living with disability<sup>[1]</sup>.

DCSI delivers and funds specialist disability services to eligible people who have substantially reduced functional capacity as a result of:

- acquired brain injury;
- autism spectrum disorder;
- intellectual disability;
- neurological disability; and/or
- physical disability.

The following sections of this submission address each of the terms of reference.

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<sup>[1]</sup> Australian Bureau of Statistics 17/04/2014, *Disability, Ageing and Carers, Australia: South Australia*, 2012, Table 3.1, cat. no. 4430.0, ABS, Canberra, Data Cube Table 3.1.



## Terms of Reference

- a) The estimated number and distribution of young people in care in the aged care system in Australia, and the number of young people who require care but are not currently receiving care

The Commonwealth Government is the custodian of data regarding people living in residential aged care, including younger people.

Each year the Productivity Commission *Report on Government Services* publishes the national data on the number of permanent aged care residents aged under 65 years across Australia. In 2014 there were 6288 people aged under 65 years who were permanent aged care residents. Of these, 587 people were aged under 50 years. For South Australia there were 470 people aged under 65 years in permanent residential aged care including 49 people aged under 50 years<sup>2</sup>.

South Australia collects data on the number of younger people with disability who require care. This 'unmet need' is the assessed need of an individual for support which is currently unable to be met. It is understood South Australia is the only state or territory to publish such comprehensive data on people waiting for disability services.

Unmet need is assessed for the following service types; supported accommodation, personal support, community support, community access and respite. The assessment has four categories:

- Category 1 (Critical) – homelessness / immediate high risk of harm to self and / or others;
- Category 2 (Evident) – risk of harm to self and / or others and risk of homelessness;
- Category 3 (Potential) – deteriorating health and / or ability of client or carer;
- Category 4 (Non-urgent) – improvement in current situation.

This information is collected as part of the assessment and service allocation process.

As at 20 January 2015, there were a total 1014 South Australians aged less than 65 years who had a reported unmet need for supported accommodation. Of these 216 people had a high or intensive need for supported accommodation, and within this group, 129 people were classified as having a Category 1 (Critical) unmet need.

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<sup>2</sup> Productivity Commission (2015) *Report on Government Services 2015*, Chapter 14 Services for people with disability, attachment table 14A.60

## b) Short- and long-term trends in relation to the number of people being cared for within the aged care system

From 2006 to 2014, the number of permanent younger residents in aged care residential facilities in South Australia aged under 50 years decreased by 18.3%, whereas nationally, the number of younger residents decreased by 41.7%.

Over this period, the overall number of permanent younger residents in aged care residential facilities aged under 65 years in South Australia decreased by 2.7%, slightly below the national decrease of 4.1%.

Data from the Productivity Commission *Report of Government Services 2015* demonstrates this at Table 1.

**Table 1: Permanent aged care residents aged under 65 years, 30 June 2014<sup>34</sup>**

Year	South Australia		Australia	
	People aged 0-49	People aged 0-64	People aged 0-49	People aged 0-64
2006	60	483	1 007	6 557
2007	53	476	945	6 577
2008	55	490	856	6 609
2009	54	475	809	6 503
2010	53	475	714	6 478
2011	49	496	657	6 381
2012	45	500	592	6 192
2013	43	481	605	6 209
2014	49	470	587	6 288
<b>Change from 2006 to 2014</b>	<b>-18.3%</b>	<b>-2.7%</b>	<b>-41.7%</b>	<b>-4.1%</b>

<sup>3</sup> Productivity Commission (2015) *Report on Government Services 2015*, Chapter 14 Services for people with disability, attachment table 14A.60

<sup>4</sup> Figures include people with chronic health conditions with functional disability who will not be eligible for specialist disability services under the National Disability Insurance Scheme (NDIS).



### c) The health and support pathways available to young people with complex needs

Significant changes in technology, human rights and the philosophy around disability have changed the support needs and options for people with disability and complex needs. For example, improved medical outcomes for people with severe spinal and head injuries have increased the need for long term, high intensity support. Some people with degenerative neurological conditions, such as Huntington's disease, may require complex medical care and supports for ten years or more.

It is also no longer practice to institutionalise children with severe disability. This has led to a generation of ageing parents who are still caring for their now adult children with high support needs. In many instances these young people will require alternative high support accommodation when their parents become frail or infirm, or when the level of home services available can no longer adequately meet their changing needs. To date this has often led to the younger person being placed into residential aged care.

Health pathways for young people with complex care needs are varied and are dependent on the nature and onset of the disability. The pathways can also be influenced on where the person lives. People with disability living in rural and remote areas may not have access to the same pathways as those in metropolitan areas due to the combined impact of fewer resources, poorer access to services, limited availability of key health professionals, poorer health status, lower socioeconomic status, distance and travel.

Some of the care options for younger clients with complex needs include: supported disability accommodation; SA Health Hospital Rehabilitation Services; and Brain Injury Rehabilitation Unit (BIRU).

Within the Hospital Rehabilitation Services is the 4th Generation Rehabilitation service. This service provides progressive, integrated rehabilitation services specifically developed for people living with a disability. 4th Generation programs can help people living with a disability reach their rehabilitation goals through access to a range of integrated rehabilitation services.

The decision regarding whether an inpatient has completed rehabilitation is based on when identified goals in their medical pathways are met. The decision is based upon functionality according to the principles of the World Health Organisation International Classification of Function. The distinction is made on whether required intervention focusses on restoring function rather than sustaining the person. This is broadly consistent with the NDIS Operational Guidelines regarding the interface with Health.

Pathways from acute care to rehabilitation and community care or supported accommodation can encounter barriers. These include:

- A shortage in suitable accommodation and availability of recurrent funding to fund community support;

- Limitations in rehabilitation options for young people with disability, including slow stream rehabilitation; and
- Many of the funded initiatives supporting transition to community from rehabilitation or acute care are focused on older people.

It is recognised that reducing the numbers of younger people with disability in residential aged care requires collaboration and coordinated service pathways, particularly across the disability, health and housing sectors. Cross-sector service responses available to young people with complex needs in South Australia include:

- Disability Transition to Community (DTC) Program. Younger people with disability and complex needs may be at risk of entering residential aged care from hospital due to an increased need for supports or services. DTC is a partnership between SA Health and DCSI that provides additional funding and inter-agency planning and coordination to support the safe and timely discharge of people with disability from public acute care settings to home or appropriate supported accommodation in the community.
- Improved consistency of practice and equity of access is being progressed through the development of patient-centred, evidence-based models of care for the following conditions:
  - Acquired brain injury
  - Spinal cord injury
  - Amputee injury
  - Complex and progressive neurological conditions
- Shared care models for transitioning patients from SA Health rehabilitation options to disability service providers are currently being explored. The general practitioner continues to play an important role in ongoing medical review and governance of clients with a disability, with specialist intervention only required periodically on a needs basis.
- Centre for Disability Health is a state-wide service supporting the health needs of people with disability who are clients of DCSI. The Centre has a strong focus on increasing the capacity of mainstream health services to deliver evidence-based health care that is inclusive of people with disability. The Centre works in partnership with mainstream health services (e.g. general practitioners, hospitals and mental health services) to facilitate a shared care approach to treatment of complex disability-related health and behavioural issues.
- Disability Acute Health Liaison - a DCSI nursing service which aims to improve health outcomes for people with disability by building effective partnerships with hospitals and acute health units.
- Disability has entered into partnerships with Housing SA and the non-government sector to deliver much needed supported accommodation options.

- The Office for the Ageing and DCSI have worked closely to establish clear guidelines for the planning of appropriate care and referral pathways for younger people with disability who may require care through Commonwealth subsidised aged care services.



d) The appropriateness of the aged care system for care of young people with serious and/or permanent mental or physical disabilities

The South Australian Government's policy position maintains that in almost all circumstances, the placement of younger people with disability in residential aged care is not a preferred option, especially for people under 50 years of age. Aged care facilities are designed for, and respond to, the needs of the frail elderly. The environment of an aged care facility inhibits the ability of a younger person with disability to work towards an independent future, develop life skills and establish social and inclusive networks. Moreover, many people with disability are living longer and, if placed in a residential aged care facility, may spend 10 to 20 years in such a facility while the aged population in such facilities have an average tenure of less than 2 years.

In South Australia the placement of young people with disability in residential aged care will only be considered in exceptional circumstances when the:

- individual chooses residential aged care as their preferred supported accommodation option;
- individual wants to return to their community and no alternative option is available. This is often the case for people living in regional and remote areas;
- person's high health and medical needs cannot be met within the existing government or non-government supported accommodation services.

In these exceptional circumstances, placement of the younger person in residential aged care will only occur after thorough planning with the person with disability and their family or carers through a person centred planning process, to ensure all alternative supported accommodation options have been explored and deemed either inappropriate or unavailable.

DCSI and SA Health have developed operational protocols and guidelines to prevent the admission of younger people with disability to residential aged care, except in these exceptional circumstances.

The Disability SA Younger People In Residential Aged Care (YPIRAC) protocol sets conditions for the referral of a client to the Aged Care Assessment Team (ACAT). This includes a requirement of Executive level approval for any person under 65 years of age who is referred to the Disability SA Accommodation Placement Panel (APP) for an ACAT assessment. The APP is the central mechanism within Disability SA for diverting younger people with disability from residential aged care. APP monitors clients who are registered as Category one on the Disability SA unmet needs register<sup>5</sup> and matches these clients with supported accommodation vacancies across the state.

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<sup>5</sup> Defined in Term of Reference a)

Where ACAT receives a referral for a Disability SA client from a source other than Disability SA, such as directly from a hospital, ACAT is requested to refer back to Disability SA's APP to ensure the usual approval and planning processes occur.

The protocol can be found at <http://www.dcsi.sa.gov.au/services/disability-sa/disability-sa-policies-and-guidelines/ypirac>.

SA Health has in place the *South Australian Disability Protocol for Aged Care Assessment Teams* that ensures all other service options appropriate to the client's needs have been explored before accepting an ACAT referral. The guidelines recognise that while not all younger clients will require, or be suited to, services from Disability SA, the Disability SA assessment and intake process should be followed to ensure the most appropriate placement options have been explored through the APP for those seeking a permanent accommodation service prior to ACAT referral.

Both SA Health and DCSI endorse the rights of the person with disability to choose residential aged care, provided all appropriate options have been explored. Further to this, the policy position is that, wherever possible, younger people with disability who remain living in, or enter a residential aged care facility, should receive enhanced disability support services where resources permit. These services should aim to provide them with opportunities for community access, to maintain family and social relationships and to live a more age appropriate lifestyle.



e) Alternative systems of care available in federal, state and territory jurisdictions for young people with serious and/or permanent mental, physical or intellectual disabilities

The South Australian Government has successfully worked alongside people with disability, and private and non-government organisations to develop alternative cutting-edge technology based systems of care for people with disability. These systems can provide an alternative to more traditional types of supported accommodation such as group homes, and deliver both cost benefits and increased quality of life and independence for people with disability.

In May 2013, eight Smart Living apartments were opened in Adelaide's western suburbs as part of the South Australian Government's Woodville West Urban Renewal Project, The Square. The high-tech apartments use a range of locally developed, cutting-edge technologies to provide remote support and in home monitoring for people with disability who would otherwise need 24 hour onsite care. As the tenants require remote assistance from support workers nearby, strong communication and environmental control technologies were put in place to support this new model of care.

Flinders University's Medical Device Partnering Program provided design advice and technical specifications to ensure the building was equipped with voice and video connection to staff onsite and offsite, environmental control systems, fault tolerance such as power failure and emergency call and alarm facilities. The apartments incorporate sensory alerts so that tenants can make emergency calls, smart communications such as Skype on television, automatic intercoms, passive monitoring and remote controls for doors, blinds, light switches and appliances.

The apartments are a major step forward in supported accommodation because they afford people with disability greater dignity, independence, choice and control over their own lives by reducing reliance on paid support staff that would otherwise be required to be in their homes at all times. The technology-based system of care can deliver 24-hour support to people living independently in their own apartments at the same or lower cost than more traditional models of community based supported accommodation that group people together.

Cutting-edge technology based systems of care were also used during implementation of the South Australian Younger People in Residential Aged Care (YPIRAC) program to enable one of the participants to transition from residential aged care back to his own home in the community. Funding from the program was used to purchase a range of equipment and accessories to enable the participant to use his wheelchair joystick to access a computer and environmental control system within his home. Software was also provided to give independent access to Skype and the Internet that enabled the participant to access the public library, email and play online chess. The use of technology reduced the direct costs of the participant's care by reducing his reliance on paid support staff. This made it possible for him to live independently in his own home rather than an aged care facility or disability group home, thereby maximising his independence.



The lessons learned in both these projects could be transferred to other disability settings. South Australia can provide further detail on these innovative systems of care should you require more information.

f) The options, consequences and considerations of the de-institutionalisation of young people with serious and/or permanent mental, physical or intellectual disabilities

The South Australian Government recognises the equal right of people with disability to live in the community and to have the opportunity to exercise choice and control in relation to their place of residence and where and with whom they live. In this context the South Australian Government is supporting a fundamental change away from institutionalised based care for people with disability towards home and community living with individualised support that provides dignity and enables people to maintain independence and connection with family, friends and community.

Currently Strathmont Centre, Highgate Park and Minda Incorporated provide the only specialised care in large congregate facilities for people with disability in South Australia. Highgate Park caters for the needs of younger people with physical and neurological disability and acquired brain injury under 65 years of age, while Strathmont Centre and Minda Inc. cater for the needs of younger people under 65 years of age with intellectual disability, including people with severe and multiple disability. These large facilities offer full support with meals, laundry, personal care and hygiene, nursing care and social activities. The Strathmont Centre and Highgate Park are government services while Minda Inc. is a non-government service.

The South Australian Government's planned staged devolution of its two large institutions is advanced. The final stage of the Strathmont Centre closure is underway, supporting the remaining 22 residents to move to community living. This final stage comprises 15 new builds and four property purchases, with completion expected in September 2015. Of the 86 people currently living at Highgate Park, those who wish to relocate are being actively supported to move to community-based accommodation that meets their individual requirements. Deinstitutionalisation is being achieved through person-centred planning which identifies individual preferences, goals and needs for community-based accommodation and support. Each of these facilities housed in excess of 700 residents in the past.

South Australia commissioned an evaluation of the impact of the Strathmont devolution. This evaluation was undertaken by Flinders University and the University of Adelaide. Key findings of the evaluation included:

- improved health, family contact, privacy, personal control over money, and access to community amenities for residents who had moved to community as well as a significant reduction in behaviours of concern; and
- generally positive responses from families about the move to community in contrast to their anxieties at the outset of the Strathmont devolution.

The evaluation also noted that while changes in housing arrangements and daily support can bring important benefits to the person with disability, these arrangements on their own may not result in community inclusion for the person with disability. It was recommended that further work was needed to improve the engagement of residents in the life of their local community

after transition. The South Australian Government acknowledges that it is a challenging task to overcome the many years of institutionalisation that some residents have experienced and that it takes time to re-establish links with extended family and community. A number of improvements have been implemented to address this issue including:

- increased individual lifestyle planning with people with a greater emphasis on quality of life, inclusion and personal developmental opportunities;
- increased training for all staff, particularly in regards to the Person Centred Active Support model across accommodation services. This model requires staff to support residents to explore opportunities in everyday, ordinary activities to promote and develop new relationships and increase social inclusion. This ensures residents exercise choice and control, develop skills and are occupied in a meaningful way throughout the day;
- greater access to individualised funding options;
- greater focus on supporting people to link into community life; and
- encouraging more family connection and involvement in the life of the person with disability.



g) What Australian jurisdictions are currently doing for young people with serious and/or permanent mental, physical or intellectual disabilities, and what they intend to do differently in the future

In addition to the core disability support services provided to eligible young people with complex needs, (such as therapy, personal support, respite, positive behaviour support and equipment), the South Australian Government's commitment to increasing choice and control for people with disability is driving a change in how services are aligned and delivered.

As outlined previously, the move by Government and non-government providers away from institutional approaches is advanced. The role of the SA Health Hospital Rehabilitation Service is expected to change over time to provide a range of ambulatory and home-based rehabilitation options. The State is currently investing in housing supply, including innovative options such as the Smart Living initiative. However, South Australia recognises there is still a role for services to accommodate younger people with disability who have very high and complex health needs, such as the requirement for ventilator and tracheostomy support, in congregate care arrangements. Currently, such intensive support is provided at the Highgate Park campus.

South Australia is also emphasising choice and control through its method of delivering funding. The current implementation of Individualised Funding represents an important element of South Australia's commitment to improving the lives of people with disability, their families and carers through greater choice and control in the supports they need in achieving their goals and aspirations. Individualised Funding entitles the person with disability to know the specific sum of funding available to them to purchase disability services of their choice, and control over the use of those funds. It is an essential mechanism in aligning the State's disability support system with the NDIS.

Both Individualised Funding and the NDIS allocate funding for specialist disability support directly to the individual rather than the service provider. This creates greater flexibility and portability of services for the individual. When determining what South Australia will do differently in the future, much of its response will be driven by the choice of people with disability. While South Australia has invested heavily in group homes or cluster accommodation, in future people with disability may choose a cluster approach for their accommodation support, or select more individualised options. A further level of ambiguity stems from uncertainty around what the National Disability Insurance Agency (NDIA) will fund. South Australia is participating in a children's trial and the experience of other NDIS trial sites in relation to supported accommodation options is not sufficient to provide clarity about the range of options that may be funded by the NDIA in the future. However, the State is keen ensure the benefits from the NDIS are realised by people with disability in, or at risk of entering, residential aged care and will continue to advocate on this issue.

The growing importance of the National Disability Strategy (NDS) is also recognised – to support the NDIS and to facilitate the necessary cultural change in our society to make all areas of

service and amenity across all domains and community, accessible and inclusive for people with disability. Examples of current cross-sector responses to meet the needs of young people with complex needs are detailed previously. Collaboration such as this facilitates a greater understanding of the NDS within mainstream providers, and should ultimately improve options for young people in, or at risk of entering, residential aged care.



h) The impact of the introduction of the National Disability Insurance Scheme on the ability of young people in aged care facilities to find more appropriate accommodation.

The South Australian trial of the NDIS is specifically focused on children aged between birth and 14 years. For this reason, South Australia has not been in a position to assess the impact of the NDIS on the ability of young people in aged care facilities to find more appropriate accommodation, and will be following the results and findings of other jurisdictions with great interest.

It is expected that, where resource constraints prevented young people in aged care from finding more appropriate accommodation, this will no longer be the case under the NDIS. The NDIS will provide the funding for reasonable and necessary specialist disability supports that enable this group to live in more age appropriate community based accommodation if this is based on their goals and aspirations. However, the availability and range of affordable and accessible housing must also be improved if the vision of greater choice and control over accommodation is to be realised.

The South Australian Government recognises that it is the implementation of the National Disability Strategy which will drive improvements beyond the specialist disability services funded by the NDIS, ensuring that the private, public and community housing sectors take responsibility for generating accessible and affordable housing for people with disability.

The South Australian Government is playing its part in increasing the range of suitable and affordable accommodation available to people with disability in South Australia, consistent with the outcomes of the National Disability Strategy. Specific initiatives include:

- The inclusion of housing targets in South Australia's Strategic Plan which provide guidance and priorities for government, the private sector and communities to work together. Under Target 7: Affordable Housing, South Australia seeks to lead the nation over the period to 2020 in the proportion of homes sold or built that are affordable by low and moderate income households. Under Target 11: Housing for People with Disability, South Australia seeks to increase the number of people with disability in stable, supported community accommodation to 7,000 by 2020.
- The Bedford Homes for 100 project which was a joint funded partnership between the South Australian Government and Bedford Industries to create homes for people with disability. The final budget for the project was \$10.6 million, with the South Australian Government and Bedford Industries each contributing \$5.3 million.
- Committing \$27 million from the Nation Building Economic Stimulus Plan to housing projects, including up to 90 new specialised disability dwellings across metropolitan and regional areas of South Australia in March 2013. It is expected that 122 people with disability will be accommodated within these dwellings.



- The South Australian Government's \$220 million Affordable Housing Stimulus Program which includes \$30 million for a social housing investment program to build 100 new social housing dwellings, and \$20 million for a capital grant program for community housing to partner with community housing providers to activate stalled developments and deliver approximately 75 homes. Of the 175 new housing dwellings, 15 per cent will be for people with disability on the Category 1 waiting list.
- Establishing a new disability housing organisation in April 2014 to provide specialist housing and tenancy management services for people with disability. The new organisation, named Access 2 Place Ltd, has been established by the State Government as an independent, non-government organisation with an independent board of directors. Access 2 Place Ltd has received an initial transfer of properties from Housing SA and is expected to receive more as the service develops.

These initiatives and investments in affordable and accessible housing will provide for some of the most disadvantaged people in the community, including people with disability who are in, or at risk of entering residential aged care.

- i) State and territory activity in regard to the effectiveness of the Council of Australian Governments' Younger People in Residential Aged Care initiatives in improving outcomes for young people with serious and/or permanent mental, physical or intellectual disabilities, since the Commonwealth's contribution to this program has been rolled into the National Disability Agreement and subsequent developments in each jurisdiction

The five year Younger People in Residential Aged Care (YPIRAC) program was implemented in South Australia from 1 July 2006 and concluded 30 June 2011.

During the period of implementation the South Australian YPIRAC program team developed three shared housing/group home arrangements with provision of 24 hour supported accommodation, with four tenants per house and six cluster sites for up to six people per site.

Tenant numbers were limited in each group home and cluster site to enable the 24 hour support service to be more individualised and tailored to the support and lifestyle needs of each person.

As per the original Bi-lateral Agreement between the Commonwealth and South Australian Government, the total number of people to be assisted across the three priority areas at the end of the five year period was between 79-91 people. At the end of year five, South Australia had assisted a total of 93 people, with the funding fully acquitted and the \$5.8 million rolled over as recurrent funding. The ongoing funding was transferred into Disability SA for acquittal against each individual under either grant funding or as a brokerage package depending on the community living option or support service provided.

Under the National Disability Agreement the South Australian Government remains committed to maintaining efforts consistent with the former YPIRAC program. South Australia has focused particular effort on reducing the number of people in the youngest aged groups in residential aged care.

Both DCSI and SA Health have developed protocols which detail current service responses to the YPIRAC cohort as part of a project to improve outcomes for this client group<sup>6</sup>.

South Australia has case managers within DCSI who provide direct assistance to younger people in, or at risk of entering, residential aged care. This includes undertaking a comprehensive assessment of needs and helping to coordinate disability supports. Case managers work alongside people to develop their own Integrated Services Plan which identifies those services and supports required to meet both current and future needs. The assessment process is pivotal in identifying and proactively pursuing alternatives to residential aged care for younger people with disability.

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<sup>6</sup> The process has been described in detail in the response to Term of Reference (d).

All people under 65 years of age (under 50 years of age for Aboriginal and Torres Strait Islander people) residing in residential aged care who wish to move to alternative community accommodation are accorded the highest priority by DCSI's APP and matched with suitable accommodation vacancies.

Vacancies arising within accommodation services developed under the national YPIRAC initiatives are filled by those on the unmet needs register who meet the YPIRAC criteria.

South Australia is also a participant in the national principles and protocols working group; Review of National Guiding Principles for the Referral and Assessment of Younger People with Disability between state and territory disability services and Aged Care Assessment Teams.



## j) Any related matters

The South Australian Government welcomes the opportunity to make improvements to the lives of young people that currently live in, or are at risk of entering, residential aged care facilities and thanks the Senate Community Affairs References Committee for the opportunity to provide input into the inquiry.