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The new voice of Alzheimer's Australia

Streamlined Consumer Assessment for Aged Care

Submission from Dementia Australia

February 2019

About Dementia Australia

Dementia Australia (formerly known as Alzheimer's Australia) is the peak, non-profit organisation for people with dementia and their families and carers. We represent the more than 438,000 Australians living with dementia and the estimated 1.5 million Australians involved in their care.

Dementia Australia works with individuals, all governments, and other key stakeholders to ensure that people with dementia, their families and carers are appropriately supported – at work, at home (including residential aged care) or in their local community.

Our close engagement with people living with dementia, their families and carers means that we are an important advocate for those impacted by dementia and we are also well placed to provide input on policy matters, identify service gaps and draw on our expertise to collaborate with a wide range of stakeholders, including researchers, technology experts and providers.

In addition to advocating for the needs of people living with all types of dementia, and for their families and carers, Dementia Australia provides support services, education and information aimed at addressing the gaps in mainstream services.

Dementia Australia is a member of Alzheimer's Disease International, the umbrella organisation of dementia associations around the world.



EXECUTIVE SUMMARY

Dementia Australia welcomes the opportunity to provide input on the Department of Health's Consultation on streamlined consumer assessment for aged care.

Dementia remains one of the largest health and social challenges facing Australia and the world. It is the leading cause of death of women in Australia, the second leading cause of death in this country and it is predicted to become the leading cause of death within the next five years¹. Dementia is not a natural part of ageing. It is more common in older people but it can affect people in their 40s, 50s and even their 30s.

It is estimated that there are more than 438,000 Australians living with dementia and 1.5 million people involved in their care; by 2058 it is estimated there will be almost 1.1 million people living with dementia. These numbers include the more than 27,000 people with younger onset dementia, that is, dementia that develops before the age of 65.

Dementia Australia acknowledges that the move towards a streamlined assessment service should decrease the confusion many older Australians, especially those living with dementia, experience in relation to being assessed for aged care services. The current system of assessment is complex, the array of subsidised aged care programs are not well understood by many individuals, and the assessment streams which required to access particular services are difficult to navigate.

Overall, we welcome the approach towards a single or streamlined assessment procedure for entry into aged care. However, we are mindful that for people living with younger onset dementia – that is, who are under the age of 65 – both the current and proposed assessment procedure fails to meet their needs. People under the aged of 65 who are in need of residential care are currently falling through the gaps. In addition, the proposed assessment process does not specifically target the challenge that many people with dementia, families and carers highlight, which concerns the difficulty in identifying supported decision makers to act on behalf of a person with dementia – the challenge in demonstrating these can significantly lengthen the time it takes to be assessed and access a service.

In short, then, our position is that any assessment system needs to be inclusive of family members, carers and advocates for a person living with dementia. An individualised approach may work for many Australians who are independent and who are able to understand their rights in terms of accessing aged care services and supports. However, many people require additional assistance, due to frailty, lack of systems knowledge, communication barriers and barriers caused by living with disabilities, including cognitive impairment and dementia.

For people living with dementia one of the most significant issues is coping with change. Changes might include memory loss, problems with thinking and planning, difficulties communicating, confusion about time or place, sight and visual difficulties, apathy and withdrawal². It is therefore of the utmost importance that any engagement for the delivery of an assessment is nuanced for people living with dementia. This cohort require to be approached by informed and educated health professionals who intimately understand the daily challenges which they face and who can conduct an assessment in an empathetic and professional manner.

Dementia Australia has consulted with its advocates regarding this consultation. Responses to the survey have been included throughout this submission and contributors are de-identified.

¹ Australian Bureau of Statistics (2018). *Causes of Death, Australia, 2017* (cat. no. 3303.0).

² Dementia Australia, *The Dementia Guide*, p. 57.

Response to Specific Consultation Items

Design Principles:

Question 1: Are the proposed design principles appropriate for a streamlined assessment model? Are there any other principles that you believe should be included?

The design principles are generally sound; however the principle of **Equity** is lacking. The new assessment model requires strategies to be implemented which provide equity of access and outcomes for all special needs groups, and most importantly for Dementia Australia, this is of significance for the intersections between dementia and special needs. Dementia Australia recommends that the Department consults with the Aged Care Sector Committee – Diversity Sub Group on how best to assess people who identify as identifying with a special needs group, as defined by the *Aged Care Act 1997*.

Whilst people living with dementia are not included as a special needs group, all providers and government agencies interacting with senior Australians should have policies and practices that address the provision of care and supports for people living with dementia with diverse needs and characteristics.

Senior Australians who have a diagnosis of dementia or a cognitive impairment will benefit from a case management approach from the moment they access the gateway and in particular for assessment purposes in order for their experiences to be equitable. Moreover, people who have cognitive impairment or a diagnosis of dementia who are from a culturally and linguistically diverse (CALD) background or who identify as Aboriginal and Torres Strait Islander (ATSI) will require additional measures to be in place for optimum communication outcomes. It is essential that bilingual and/or bicultural assessors are able to assist people living with dementia from CALD and ATSI backgrounds in order to enable an understanding of firstly the assessment process and secondly the content of the assessment. It is important that they are trained appropriately, in particular to have knowledge of cultural safety and who understand culturally appropriate engagement with individuals of diverse needs and life experiences. It is also important that interpreters have competencies in aged care.

People living with younger onset dementia (YOD) who require access to residential aged care services typically fall through the gaps at the intersection of NDIS and ACAT processes. For this cohort, it is imperative that seamless processes are established so they can access services which meet their needs. Assessing acute clients such as those who are YOD needs to be factored into the design principles under the recommended principle of **Flexibility**.

Dementia Australia considers that a foundation principle should be articulated in the design principles which is - **Timely access to services**. For people living with dementia, their families and carers, it is imperative that they are triaged to an assessment service due to the nature and complexity of their needs, which is articulated in *5.1 Entry processes* in the discussion paper.

There should be no age limits for ACAT assessments as illness, frailty and dementia can strike at any age. So there are many who cannot access any assistance as they are not eligible to be assessed...We need to be able to load up all our financial documents to be assessed for what we can afford to pay for a homecare package... There should be a checklist provided to all carers when a loved one is first diagnosed so they know the steps they need to undertake. Or when they first contact My Aged Care They should also ask about the family members so it is on

*file, are they the sole carer, as they have no other family, or have family and no one else will help in any way. List family members, some have large families who will help.*³

Question 2: What issues need to be considered for assessment providers to manage intake and triage under a streamlined assessment model? (e.g. staff skills required of a triage function; consistency of operational processes; and resource implications).

Dementia Australia strongly urges that assessors capture a person's cognition status on the intake and assessment form. This data should be collected at a systemic level so that clear information is available on cognition status which can be disseminated and utilised for future planning purposes, including ensuring that adequate staff is available to service individuals at assessment stages. The intake team should be qualified to identify cognition status and additionally be able to manage the symptoms and/or diagnosis of dementia. For people living with dementia who are not able to speak comfortably for themselves, this needs to be acknowledged by intake staff and accordingly understand the importance of support people or carers. The intake and triage personnel should then refer people with dementia to the National Dementia Helpline.

For population groups who have complex needs such as language barriers, financial disadvantage and who are socially isolated, the My Aged Care entry portal for registration does not meet their needs. For many people living with dementia the current entry portal is also not adequate. The notion of self-assessment and reporting may not suit all people living with dementia and will create a confusing environment. The Better Access to Care – aged care system navigator⁴ is a pilot initiative which was introduced in the 2018-19 Federal Budget. It is envisaged that this program will assist greatly senior Australians who are identified as having complex needs. Included in the proposed streamlined assessment model should be a complementary and supplementary portal specifically targeted at capturing the needs of these vulnerable Australians so that they are treated equitably during intake and assessment.

Specialist training should be a key element of the triage function, and only dementia-trained staff should hold these roles. This is a key feature in the design of a streamlined assessment model. Staff registering individuals through the *My Aged Care* contact centre should also understand or have more substantial training in dementia, and able to understand the impact of the disease through several lenses, including knowledge of the dementia experience, knowledge of service provision and the interrelationship with people living with dementia, their carers and families. Additionally, registration staff should understand the NDIS and the intersectionality of the NDIS and *My Aged Care*. There should also be clear rules around triaging people with YOD. As people living with dementia are a heterogeneous group with different forms of dementia at different stages, accompanied by varied levels of insights regarding their condition, social services and health systems, along with varied levels of supports and at varied stages of supported or substitute decision making; any triaged assessment system needs to take a truly person-centred approach which operates within a flexible environment.

The interface between disability and aged care systems is increasingly difficult to navigate – this is particular issue in relation to the Aged Care Assessment Team (ACAT). The most age and disease appropriate short-term accommodation or supported independent living options for people with younger onset dementia are often residential aged care facilities, for which

³ Dementia Australia Survey Respondent

⁴ The Department of Health, *Better Access to Care – aged care system navigator*, <http://www.health.gov.au/internet/budget/publishing.nsf/Content/budget2018-factsheet77.htm>

an ACAT is required. However, Dementia Australia is aware that ACAT refuses to provide assessments without “evidence that more appropriate disability accommodation can be found”. Typically, in the past, this evidence has been provided by state disability services, however in NSW for example, this service no longer exists as it has been rolled into the NDIS.

Self-registration and self-screening may not be suitable for people living with YOD as family members and key workers remain crucial for enabling access to *My Aged Care*. Self-registration is problematic and will present as a significant issue for a person living with YOD alone in the community, unless they are supported by a person who is systems aware or a YOD key worker.

Dementia Australia strongly recommends that face to face assessment is made compulsory for people living with dementia.

Individuals need to know at the time of referral how long they will have to wait to get [an] assessment. I suggest the person with dementia's GP or specialist should initiate referrals to ACAT on behalf of the person with dementia and also determine the priority for early assessment as needed. The GP or specialist should also give the PWD [person with dementia] and/or family carer the National Dementia Hotline number and an information brochure on Dementia Australia's dementia services. The ACAT team should provide information and contacts to the PWD and /or family carer on local services relevant to the PWD's disabilities.⁵

Assessment Model:

Question 3: How can a streamlined assessment model enhance referrals and collaboration between health professionals, My Aged Care and a national assessment workforce?

The discussion paper notes that health professional referrals have increased 19 per cent over five consecutive quarters. This may be the result of a heightened awareness of health professionals of the aged care system entry portal combined with an understanding that many older people require a third-party referral to escalate an actual referral due to an unmet need which requires aged care service provision. Health professionals could ideally conduct assessments, particularly for people who have acute needs. A similar process to developing a chronic-diseases care plan could be initiated for aged care assessment in a familiar environment as in the trusted GP clinic; or could be referred to the Nurse Practitioner or nursing staff (or GP). GPs (or their trained clinical staff) are ideally positioned to capture this information at the time of need. This would tackle the current situation of the repetitive nature of assessments which has been and continues to be a criticism of the current assessment journey.

Increased referrals by GPs possibly indicate that people access aged care services at a later stage, with increased frailty which more often than not is accompanied by a lack of awareness of aged care services and availabilities. It is also more likely that people who are referred to *My Aged Care* by GPs, will require an ACAT assessment, therefore the streamlined process to assessment will be beneficial. Additionally, Dementia Australia supports increased engagement by GPs and Health professionals with the portal.

The current form used by GPs (both online and printable form) provides sufficient information about individuals for assessment services to undertake their jobs. Also, medical professionals are the most suitably qualified to provide recommendations when they

⁵ Dementia Australia Survey Respondent 5, Question 11.

establish that a person is in need of aged care services. For people living with YOD, their GPs are their key link to medical services, and as their needs increase and their conditions deteriorate, GPs are their link in the transitioning from disability services (NDIS) to aged care. However, Dementia Australia is aware that people living with YOD referred to *My Aged Care* through GPs fail to be connected or unable to receive ACAT assessments as described previously. For instance, Dementia Australia is currently aware of a fifty-nine year old client with dementia who has been waiting for six months from the original GP referral to an ACAT assessment. In the assessment process, the ACAT team leader requested a number of additional documents to be submitted, including a letter from the NDIS, even though the NDIS does not issue letters of referral. In the process of waiting for the finalisation of an ACAT assessment, the client lost 8 kg in weight which resulted in a hospital admission following a serious fall due to his increasing frailty. The client is currently in hospital whilst awaiting residential placement. Clearly, this situation is cause for considerable concern and clear protocols need to be developed around access to assessment for people under the aged of 65 who have conditions which are at the intersection of aged relevant and disability.

This case also highlights the significant risks which individuals face if they are unable to gain timely access to an ACAT assessment, as well as the differing views on the process held by various government departments/agencies who provide services to vulnerable population groups. It is therefore the view of Dementia Australia that the assessment principle of flexibility be added in order to service people living with dementia and other disabilities who are in need of residential aged care services and supports.

*I think more weight should be given to health professional referral. These referrals are likely to be more in touch with the individual's needs as it is probable that the health professional has known the person and their presenting problems for some time.*⁶

Entry Process:

Question 4: How do you think the triage process should operate to expedite access to a single time-limited CHSP service? What are the risks and how could these be managed?

Dementia Australia believes that there needs to be a flexible approach for this type of assessment screening. For example, the development of a shortened version of the screening form for time-limited services or 'one-off' services, such urgent access to carer respite or transport to urgent medical appointments etc. This way there is contact with the individual and with the shortened version of the form assessment will be conducted efficiently. Essentially, all triage needs to be conducted face-to-face, this will identify where there are urgent but non life-threatening/non-clinical care in nature.

Question 5: How can support plan reviews be better managed under a streamlined assessment model?

Building on Dementia Australia's recommendation for an identifier for a diagnosis of dementia or cognitive impairment to be included in the capture of information at assessment, it is likely that dementia will become embedded into the support plan. This will lead to identification of services required to successfully manage the disease. If this occurs, it will be unlikely that continuous reviews of plans will be necessary, due to services being engaged at correct times which will in itself automatically hold in built reviews. The skills of the

⁶ Dementia Australia Survey Respondent 3, Question 12

assessment workforce will be crucial in identifying and planning appropriate supports for people living with dementia.

To ensure support plans holistically support each individual's needs, the assessment workforce need to be able to consider a wide range of interventions, including reablement, counselling and support offered through Dementia Australia and other organisations. People with dementia also rarely have access to shorter term reablement goals – which should be another key element built into support plans, to help people with dementia manage symptoms of the disease and improve their ability to live as independently as possible.

Dementia Australia believes that the integration of the current RAS and ACAT assessment functions should expedite review processes and services outcomes across the sector. Review assessment processes should not be overly onerous and should concentrate on assessment in the area of change, and not trigger another full assessment.

The Assessment Workforce:

Question 6: What qualification and competency requirements do you believe are needed for a national assessment workforce? What particular areas of assessment practice require clinical expertise and/or multidisciplinary team-based approaches?

Staff of the national assessment workforce should have a combination of skills, similar to current ACAT assessors, however, with clear competencies in dementia. They should also understand the enormous importance of linkage services such as those provided by Dementia Australia. Assessment staff should be from a social science, social work or psychology background with the capacity to liaise with clinical/medical and specialist staff as appropriate. Their skill pool should be supplemented by staff with vocational education and training (VET) qualifications in aged care and community services.

Clinical expertise along with an understanding of the social model of care and multidisciplinary team-based approaches are particularly relevant for people living with dementia. Additionally, the staff of the National Assessment Workforce should all be trained in dementia and also YOD who are a particularly vulnerable group whose unique needs are understood. Assessors or assessment team leaders should also be trained in understanding the NDIS and the intersections between the NDIS and *My Aged Care*. Dementia Australia YOD Key Workers across the country are reporting ongoing and repeated challenges in obtaining ACAT assessments to enable temporary or permanent accommodation, regardless of whether it is already funded through an NDIS plan. The requirements for evidence of more disability appropriate accommodation for clients under the age of 65 with dementia is an unnecessary layer of bureaucracy. Furthermore, the ability to source this evidence is impeded by the closure of state funded disability services as they transition to the NDIS. The end result is that individuals are spending much longer in hospital than necessary (months in many cases) while awaiting approval from *My Aged Care* to allow for accommodation assessments.

Question 7: What design features will enable assessment providers to operate an integrated workforce which is capable of delivering assessment for people across the full continuum of aged care needs?

The design features described in the discussion paper are all appropriate – robustness built into the triage and intake processes, ensuring that clinical qualifications from health disciplines are considered, a multidisciplinary approach to support collaboration and collegiality and a thorough approach towards operating in a professional and compliant manner. Dementia Australia urges that when building a diverse assessment workforce that

special attention is paid to the needs of people with dementia, including younger people living with dementia under the age of 65 who are seeking aged care services. Assessment staff should be trained to understand their particular needs. An appropriate approach could be to ensure that there is one service that will operate different teams for different special needs groups, including those living with dementia. Diversity within teams is essential and it is beneficial to connect with CALD and ATSI community groups which understand the needs of their particular communities. Assessment teams could co-opt specialised bilingual and bicultural staff on a per needs basis.

It is also essential to not complicate assessment procedures and to minimise the repetition of information capture. Clear instructions and clear expectations of the assessment process needs to be articulated in the most appropriate manner which considers the needs of each individual.

Question 8: What training and other initiatives should be considered to build the capability of the national assessment workforce?

As referred to above, Dementia Australia urges that all assessors have a foundational education of dementia, which includes understanding the symptomology of people with dementia, the experience of living with dementia and the trajectory of the disease. Ongoing opportunities to upskill knowledge and refresher education should also be available and encouraged to all assessors. It is also important for assessors to understand the appropriate manner in which to communicate with people living with dementia. Such specialised training should be extended to understanding the needs of YOD and the NDIS and the intersections between *My Aged Care* and the NDIS.

As articulated in the discussion paper, the self-audit tool which was introduced in July 2018 should be utilised and updated accordingly to reflect the analysis and evaluation of the individual survey results. It is important that assessors are given adequate time to complete the survey periodically and encouraged to maximise the individuals experience on an ongoing basis.

Question 9: What assurance mechanisms should be put in place to ensure the achievement of quality assessment outcomes for senior Australians?

Dementia Australia is strongly supportive of a case management approach being adopted. The efficiencies listed in the discussion paper have merit. However, in some cases when value for money is a key consideration it does not always lead to optimum outcomes for individuals. For instance, with the current RAS service, assessors are often under time pressure to complete an assessment. Monetary constraints such as caveats on the use of interpreters fails to provide equity of access for people with language barriers. Similarly, for people living with dementia, assessments may require greater investments of time and resource to be completed thoroughly and empathetically – and considering the limitations which accompany frailty and vulnerability. Technology adopted in assessment processes needs to be tested prior to conducting assessments and they should not create further difficulty or confusion for older and frail people. This mechanism needs to be approached in a flexible manner and contingencies set in place for when there are failures and/or rejection of this mode of communication.

All of the outcomes and value for money strategies need to be regularly reviewed for performance and indicators should be developed for this purpose. Mechanisms are required to capture individuals' feedback and an agile approach should be adopted in order to institute changes or refinements as required.

There needs to be recognition that a holistic assessment may be required, for example an individual may need to be supported by a collective or family group as the most appropriate and responsive method for successful assessment. A greater intersection between the carers gateway could help facilitate this (where appropriate) to ensure the needs of both the carer and care recipient are met effectively and seamlessly. This would not only address the holistic needs of the individual, but ensure carers do not fall through the gaps also.

Question 10: What should be considered in the design of a streamlined assessment model and a new national assessment workforce to achieve efficiency and deliver the best value for money?

Where appropriate, the assessment workforce should consider leveraging existing expertise found in community/health assessment services such as in remote communities. A strict brokerage and procurement model could be designed to facilitate localised services to cover the assessment needs of older people and people who require aged care services who are under the age of 65.

Dementia Australia cautions that adopting efficiency measures at the expense of quality outcomes should be avoided. The current two-tiered system has experienced difficulties and time limits on assessments and other cost cutting measures should be discouraged.

Responsive services delivery models are recommended such as;

- In person
- Online
- Telephone
- In partnership with organisations which understand the needs of their communities (ATSI, CALD, LGBTI, Homelessness, Care-leavers, Veterans and other special needs groups)

At times there may be a need to offer a flexible approach which utilises two or more of the strategies listed.

Assessment in a hospital setting:

Question 11: How should aged care assessment work for people in a hospital setting under a streamlined assessment model? What issues need to be considered?

For people living with dementia it is critical that assessors understand dementia, delirium, carer supports and the impact of transitions between care settings. Ideally, a family member, support person or advocate should be involved at the time of assessment and discharge planning. It is imperative that discharge should be not authorised unless care and supports are established. This may mean that interim home care services are arranged at quick notice. Ideally, an assessor could be located in a hospital in order to arrange emergency access to services in a timely manner.

Where possible and appropriate, an assessment review should be conducted in a person's home post discharge. A thorough assessment will consider issues at hand as well as contingencies identified for future care if needed to ensure sustainability of care in a recommended setting. There should also be a focus on timely discharge and additional considerations of conducting assessments when patients are able to psychologically and physically withstand the process. Hospital staff should be approached and encouraged to assist in informing the assessment. Patients will require a seamless approach to assessment and at times a multidisciplinary approach works best.

Assessment in remote Australia

Question 12: How can a streamlined assessment model support timely, high quality assessment in remote Australia? What flexible assessment approaches would you support and why?

Dementia Australia supports linking with local community services who are often trusted by local people. It is important to utilise as much as possible these linkages to provide assessment services. Community services or contacts will understand issues such as cultural safety and any challenges the individual may face.

Dementia Australia supports the proposed approach of collaboration with local health and disability services (under the NDIS) to share resources and integrate services. It also supports flexible approaches to undertaking assessments such as the use of technology only if it does not compromise the outcome of the assessment.

Wellness and Re-ablement

Question 13: How should wellness and reablement be further embedded in assessment practice under a streamlined assessment model? What strategies do you support and how should they be implemented?

Dementia Australia considers that the outcomes of the reablement practice approach trials described in the discussion paper should be evaluated prior to the final design of the streamlined assessment model. The principles of enhancing independence, empowerment and 'living well' should be embedded into assessment practice. This can be achieved through proactive recruitment of suitably qualified staff who are supported by ongoing professional development. Professional development should include information and education about limitations to wellness and reablement in scenarios associated with age related issues. Reablement approaches need to be dealt with in a sensitive manner for people living with dementia.

Additionally, the terms 'wellness' and 'reablement' are not always understood by people with dementia, their families or representatives. Often these terms need to be deconstructed to provide context and meaning to people.

First of all ensuring that the general population understand what professionals mean when talking about wellness. That it includes factors that support health and wellbeing, rather than pathogenic factors that cause disease and ill-health. An approach that takes us beyond problems and symptoms towards joy, happiness, enthusiasm, hope, and even excitement. That emphasises the world as being manageable, that is, the ability to manage day-to-day physical realities; staying warm, dry, clean, rested and nourished, and other maintenance of their physical lives. Also that includes understanding that the world has meaning. Foundational of the desire to live. It is meaningfulness that gives life forward thrust, strengthens the will to live. Also ensuring the word Re-enablement is understood. For example it must include:

- *Involving the consumer (person living with dementia) in advisory groups / conferences / training, etc*
- *Involving people in developing dementia friendly communities*
- *Ensuring respecting languages is used to describe people living with dementia*
- *Creating a dementia friendly website for consumers*
- *Meeting in dementia friendly locations*

- *Plus a range of a whole lot more.*⁷

Linking Support

Question 14: How can more effective and consistent linking services to vulnerable older people be delivered under a streamlined assessment model?

For the provision of linking services it is important for people living with dementia to be shown a defined and agreed pathway to services such as Dementia Australia. People living with dementia are responsive to organisations such as Dementia Australia that understands the challenges that face them as well as understanding the condition and the trajectory of the disease. It is important for people living with dementia to trust services and trust is gained through positive engagement with services that are able to understand individual needs. It is important to understand that people living with dementia each have their unique experiences and do not experience the same pathway throughout the course of the disease. Therefore, understanding dementia is critically important when providing services to people living with dementia and prefer to deal with single agencies rather than a multitude of agencies.

Dementia Australia has identified that the creation of a navigator service for people living with dementia is a critical initiative, as outlined in its [Federal Pre-Budget submission](#). Working directly with people living with dementia, their carers and families, the dementia care navigator will assist people living with dementia with navigating aged care, disability and health care services, and most importantly navigating the changes experienced as the disease progresses.

By ensuring appropriate respectful training that equips assessors with the skills to identify and appropriately support vulnerable older people and people living with dementia.

- *Using a collaborative team-based approaches which incorporate specialist clinical and case management expertise, and consumers to support assessors to manage complex cases*
- *By improving networks, relationships and referral pathways between the national assessment workforce and local service systems*
- *By Improving functionality in the My Aged Care system by providing a Flow chart diagram that shows pathways and highlights what is available and the means for gaining access to a specific service.*⁸

Additional Comments

Question 15: What do you believe are the key benefits, risks and mitigation strategies of a streamlined assessment model for aged care?

Dementia Australia supports all the proposed strategies for the improvement of linking supports, particularly around the strategy of improving networks, relationships and referral pathways between the national assessment workforce and the local services systems.

Specifically, having a single point of contact and one simplified form of assessment will ease the confusion many often experience when trying to navigate the referral pathway to access the services they need. A streamlined assessment model will also limit the need for individuals to repeat the same information to multiple sources – which is a common issue raised by individuals attempting to access services.

⁷ Dementia Australia survey respondent 7, Question 17.

⁸ Dementia Australia survey respondent 6, Question 18

One of the key risks however, is that the lack of understanding and awareness of dementia in the assessment process remains. Currently, due to a lack of understanding around dementia, including the symptoms and characteristics typical of a person with dementia, can make it difficult for people to access the right services and support. As mentioned above, improving education around dementia will be key to ensuring the streamlined model is effective for people with dementia.

In addition, for people living with YOD the Dementia Australia Key Worker program is often crucial for these individuals to receive supports and assessments when transiting from NDIS to aged care. Having a continuous link and engagement between the assessors and the YOD key workers and NDIS service providers will be beneficial for the approximate 27,000 people living with YOD currently in Australia.

Question 16: What implementation and transition issues will require consideration in the design of a streamlined consumer assessment model?

Dementia Australia advocates for clear communication around any change to the assessment model for the provision of government subsidised aged care supports and services. It is imperative that clear pathways exist and that these pathways are well understood by all individuals accessing services and support, their families and carers. Language used in any communication needs to be in clear uncomplicated English with the provision of translated resources to assist those people who may require them. All assessment staff should also be aware of the changes and communication designed for ease of learning. Clear and adequate education pathways for staff should also be embedded into the model, to ensure staff are equipped with the skills and knowledge to appropriately support people with dementia.

Dementia Australia is available to discuss any of the points raised in this submission and looks forward to working with the government to developing a streamlined consumer assessment for aged care which fully supports the needs and preferences of people living with dementia.