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As dementia is a progressive condition, people will require reassessment to respond to changing needs and to plan appropriate, personalised, care and support.

Presumption of capacity

The Act establishes a modern rights-based, person-centred approach that prioritises the safety, health and wellbeing of older people. As such, it places older people and their wishes at the centre of the aged care system.

A key change under the Act is that every older person is presumed to have the ability to make their own decisions and to have those decisions respected and recognised by law. This is known as the presumption of capacity. This means that other people, for example assessors, registered supporters, workers, health professionals and carers, should assume in the first instance that an older person can make their own decisions and do things themselves.

The presumption of capacity applies to every decision to be made. This means that an older person is presumed to be able to make every new decision. If an older person is not able to make a decision on one occasion, it does not mean the older person should be excluded from decision-making on other occasions.

Assessors should implement supported decision-making principles and processes where appropriate, regardless of the presence or absence of a registered supporter, active appointed decision-maker, or other person supporting an older person.

> Note: A diagnosis does not necessarily mean that a person no longer has the ability to make some or all decisions for themselves. This includes diagnoses of dementia, mental illness, intellectual or cognitive disability, or acquired brain injury. For example, simply because a person has been diagnosed with dementia, does not mean that they lack decision-making ability for some or all decisions.

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Guidance for assessors

Assessors should foster links with dementia-specific services, including Dementia Australia and Dementia Support Australia (DSA), and build awareness of local memory, cognition and dementia services available, including cognitive or dementia reablement where appropriate. Where relevant, include dementia expertise in the assessment process. This knowledge and connection will assist assessors to better understand the specific needs of people living with dementia and their care partners, families, and representatives, and assist to improve linkages, integrated care, and access.

Assessors should be particularly alert to concerns about cognitive impairment or people who indicate a previous diagnosis of dementia. Referrals to the National Dementia Helpline or a GP should be considered where concerns about cognitive impairment are raised or where there is a diagnosis of dementia but the person, their registered supporters or other people who support them are not receiving the dementia-specific support they need. Information and appropriate interventions after a diagnosis help people to live well with dementia, and plan for the future.

Assessors can request a call back for carers who have concerns about dementia (with their consent) from the National Dementia Helpline through the Assessor Portal and the Aged Care Assessor App. A trained professional from Dementia Australia will then call the carer and speak to them about dementia-specific services and supports that might be of assistance.

People living with dementia can experience behaviour changes, known as behavioural and psychological changes of dementia (BPSD), which impact their care and quality of life. Personalised support services are available from Dementia Support Australia (DSA) to help carers and service providers anywhere nationally to develop strategies that optimise function and support unmet needs for people impacted by BPSD and assessors can make referrals for support (with appropriate consent of the older person and care network as relevant) via DSA's 24-hour helpline or online.

> Note: A person does not need to have a formal dementia diagnosis to be referred to the National Dementia Helpline or Dementia Support Australia.

Assessors must use their professional judgment where an older person has dementia or is cognitively impaired. In these cases, the input of registered supporters or other people who support the older person and/or advocates is particularly important. However, only a person with active, legal decision-making authority for an older person can make a decision on their behalf.

> Note: assessors should be aware that applying professional judgement might be especially difficult when working with Aboriginal and Torres Strait Islander older people and older people from Culturally and Linguistically Diverse backgrounds living with dementia or cognitive impairment. Factors such as language barriers, different concepts around ageing and dementia, a lack of awareness of dementia among family members and the additional stigma attached to dementia in some cultures can all make assessment more complex. Some culturally appropriate dementia resources are included under further information below.

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The IAT User Guide provides assessors with prompts to help evaluate cognition throughout the assessment, including aspects related to an individual's functional capacity.

Assessors are required to complete a Dementia specific training module in MAC Learning as part of their training and additional educational resources are available through Dementia Training Australia.

Assessors may find the *Clinical Practice Guidelines* and *Principles of Care for People with Dementia* (the Guidelines) useful. The Guidelines provide recommendations for the diagnosis and management of dementia and are intended for use by staff working with people living with dementia in the health and aged care sectors, including GPs. Updated Guidelines are currently in development.

Companion documents to the Guidelines include a Health Professional Quick Reference Guide, and for people living with dementia and their carers the *Diagnosis, treatment and care for people with dementia: A consumer companion guide.*

Free accredited training, education, upskilling and continuing professional development for the workforce providing dementia care in the primary, acute, and aged care sectors, also accessible for aged care assessors, is available through Dementia Training Australia and the Wicking Dementia Centre.

Further information:

Dementia Australia website:

Home | Dementia Australia

Dementia Support Australia website:

Nationwide, 24-hour dementia carer support | Dementia Support Australia

Department of Health, Disability and Ageing website:

My Aged Care – Assessor Portal User Guide 2 – Registering support people and adding relationships

What we're doing about dementia | Australian Government Department of Health, Disability and Ageing

University of Sydney (Cognitive Decline Partnership Centre) website:

Clinical Guidelines for Dementia

University of Tasmania (Dementia Research and Education Centre) website:

The Wicking Dementia Centre

Dementia Respite Education and Mentoring (DREAM) | The Wicking Dementia Centre | UTAS

Culturally appropriate dementia resources:

Dementia and Aboriginal and Torres Strait Islander people | Dementia Australia

Services for people with dementia from CALD communities | Forward with Dementia

Dementia information in multiple languages | Dementia Australia

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12.5. People who live in remote and very remote areas

A small number of older people live in isolated areas. These locations are classified using the Modified Monash Model (MMM). Whilst recognising face-to-face assessment is good practice and should be the first option, this mode of assessment is not always possible for older people living in remote areas. In these circumstances, assessments may be conducted using non-face-to-face technologies such as telephone or telehealth. Where this occurs, a suitably qualified person from within the local health service or community care provider should be present to support the older person and to facilitate the assessment.

Assessors should develop and maintain good working relationships with health and community workers in rural and remote communities who may be called upon to assist with assessments and provide information and community needs and local services.

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12.6. People who are financially or socially disadvantaged

Financial or social disadvantage can often create a significant barrier for people to access a wide range of services in the community. Assessors should ensure that they develop and promote links with organisations in their area which attempt to overcome these barriers and provide assessments to people who may benefit from services regardless of their financial or social circumstances.

People who are financially or socially disadvantaged may also experience difficulties in accessing services after their approval. Assessors should be prepared to engage in a wide range of care coordination activities on behalf of older people to ensure that they receive the care which they need and to which they are entitled.

From 1 November, financial hardship arrangements will continue to be available if an older person can't afford to contribute to the cost of their aged care, both in residential care and in-home care. An older person will be assessed on their specific circumstances. If approved for hardship assistance, the Australian Government will pay some (or all) of their aged care fees. The government will pay any approved amounts to the aged care provider on the older person's behalf. If an older person is required to pay some of their fees, they will continue to pay those to their provider.

To apply for financial hardship assistance, an older person must meet certain requirements and complete the Aged Care Claim for Financial Hardship Assistance form. This form is sent to Services Australia to assess the application, and they will let the older person know in writing of their decision and what assistance they are eligible for. This form should be submitted by an older person once they start accessing aged care services.

Hardship assistance for aged care – Fact sheet

Financial hardship assistance | My Aged Care

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12.7. Veterans or war widows

The Australian Government recognises the aged care needs of the veteran community, in particular, mental health issues including post-traumatic stress. This is creating demand for a wider range of health care and support services in residential and home care services.

Assessors should establish links with relevant veterans' organisations in their communities and develop links between veterans and home care and residential care services. They should aim to facilitate an understanding of veterans' particular needs and to improve integrated care and access.

Assessors should have a good understanding of services provided by the Department of Veterans' Affairs (DVA) including the Veterans' Home Care (VHC) Program, the Coordinated Veterans' Care (CVC) Program and other mental health and rehabilitation programs.

Assessors should advise veterans that if they are an Australian former prisoner of war or Victoria Cross recipient, DVA will pay their basic fee and means tested care fee. They still may need to pay a means tested accommodation payment if their income and assets are above a certain limit. Services Australia will take into consideration DVA compensation payments when assessing a person's income and assets under the Support at Home program.

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Optional learning for all assessors called ‘Supporting older Australians, people with disability and Veterans’ is available through MAClearning.



Department of Veterans’ Affairs website

12.8. People who are homeless or at risk of becoming homeless

Assessors have a responsibility to recognise older people who are experiencing, or are at risk of becoming homeless, and to ensure that they can access an assessment and any aged care services approved for them. Liaisons between assessors and support services for homeless people are particularly important for this cohort because of their extreme vulnerability. Assessments for this cohort will require a flexible and unique approach by assessment organisations. For example, assessors may need to travel to outreach locations in order to undertake the assessment, working closely with the providers already linked to the older person, such as community health clinics, hospitals, emergency housing providers or other community services such as those that provide free meals and laundry services.

People aged 50-64 seeking aged care services under the homeless or at risk of homelessness criteria must meet the appropriate definition as described in Chapter 1 and Chapter 5.

Assessors should also be aware that homelessness alone is not grounds to approve an older person as eligible for residential or other forms of aged care. The person must meet the eligibility criteria set out in the *Aged Care Act 2024*.

Where housing assistance services are not available, assessors should make appropriate referrals and work with their state and territory government housing and homeless services.

Learning for all assessors called ‘Homelessness and older people’ is available through MAClearning.

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For further detail on the definition of homelessness in aged care, see Chapter 1 ‘Homeless or At Risk of Homelessness Eligibility’.

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12.9. Care leavers

The department's website provides information on care leavers, including a description of the term 'care-leaver.'

This term refers to children who were in institutional and other out-of-home care prior to the year 2000, including:

- Forgotten Australians - people who spent a period of time as children in children's homes, orphanages, and other forms of out-of-home care prior to the year 1989.
- Former child migrants - children who arrived in Australia through historical child migration schemes and were subsequently placed in homes and orphanages.
- Stolen Generations - children of Aboriginal and Torres Strait Islander descent who were taken from their families and communities by Federal and State government agencies and church missions under the forcible removal policies from the late 1800s until the 1970s.

Assessors should be particularly sensitive to the effects of care-leavers' childhood experiences with government officials, authorities and institutional care. These individuals may have experienced complex trauma and have general distrust of institutions and Government departments. Assessors should consider how to best support older people in the most sensitive and respectful way with an awareness and understanding of how childhood experiences may influence their concerns, preferences and decisions in relation to aged care, and emphasise that older people can have a support person at the assessment and that they are not obliged to take up any approved care.

In December 2016, the 'Caring for Forgotten Australians, Former Child Migrants and Stolen Generations resource was launched. This package is designed to enhance aged care services and ensure residential and home care providers provide the best possible care to the care leaver groups. Additionally, the Real Care the Second Time Around Project has developed practical tips to assist aged care providers and staff to engage with Forgotten Australians/Care Leavers.

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Important:

Under Support at Home, individuals who are care leavers are eligible for a care management supplement which will be credited to their provider's care management account.

To identify individuals who are eligible for a care management supplement during the assessment, assessors must use the diversity fields in the IAT, which do not currently capture care leavers.

Assessors who have identified individuals who are care leavers during the assessment should select the diversity field 'a person separated from your parents or children by forced adoption or removal'.

This will ensure Services Australia is able to identify these individuals from the assessment and apply a care management supplement to their provider's care management account. Refer to the Support at Home Program Manual for more information on the care management supplement.