

PRESENTATION FOR: Aged Care Assessment Program National Conference

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Presented by Glenn Rees
National Executive Director, Alzheimer's Australia

With few reservations the people with dementia and family carers who gave me comments in preparing this short presentation were positive about their experience with ACAT Teams. Their comments could be summed up as “**The advice of ACATs is valued, their action to resolve problems and access services is priceless!**”

The ACATs have delivered for consumers in two ways. First, they provide the opportunity to be better informed about an individual's physical, social and psychological wellbeing and to develop a considered view about support needs. Second, they are a brake on decisions about residential care, particularly in a time of crisis.

As one who can remember a time before assessment teams and had the opportunity to help put ACATs into place, I feel entirely positive about what has been achieved. And economic studies have demonstrated the benefits.

On the basis of the comments I have from people with dementia and their family carers, there are four things I will mention.

Firstly, the distress **long waiting times** for assessment can cause.

The crisis intervention principle tells us that helpful intervention at the time of crisis is much more likely to lead to adaptive behaviour change than if an intervention is delayed long after the person and their family has struggled to resolve the crisis themselves.

For people with dementia and their families, this helpful intervention needs to happen as quickly as possible to ensure, firstly, that their diagnosis is correct, and secondly, to ensure that families are able to plan appropriate care.

It is disappointing that the National ACAT review by Communito did not result in a significant and immediate increase in the resources for the program. The program provides a valued service to consumers as well as protecting the integrity of a \$5 billion Commonwealth Aged Care Program. Currently, the funding represents about 1.5 % of residential care outlays -hardly a reasonable investment.

Secondly, the importance of the ACAT role in coordination. If consumers value one thing, it is not just getting advice, but having someone help them do something about it. Consumers greatly value those ACATs who perform their networking role well and who resolve sometimes complex issues.

For example, one consumer reported that “It was only after my husband received a diagnosis of dementia that we were alerted to the whole concept of ACATs. An

assessment resulted in visits by a physio and an OT to assess the home modifications required.”

One person with dementia said “My dream is for a case worker for clients to coordinate services or at least check periodically that we are getting the services we need and things are working smoothly”.

For the consumers, the future relationship between ACATs Access Points and the databases they generate will be critical to providing a better service to consumers. It is not just a matter of avoiding continual assessment, but also knowing that there is someone in the system who one can relate to when help is needed.

It is important that the ACATs assessment information is made available to service providers and GPs. Where this does not happen, the older person and their families are the ones to suffer.

One consumer said that “GPs are much to blame for not directing their clients to ACATs. I have a friend, 80 years plus, with a terminal heart condition discharged from hospital, and neither his GP nor the hospital doctor attending to him suggested he be assessed for package. His wife, of a similar age, is his carer and she has emphysema and was recovering from pneumonia. I arranged to get an ACAT done and he now has a package”.

Thirdly, **the importance of good communication between the ACAT and the person with dementia and their family carer.** Some 25% of ACAT clients have dementia. In some regions, the ACAT is the only resource with any expertise to confirm a diagnosis of dementia. And then there is the crucial task of helping the family to make decisions on care and recommending appropriate support services and making referrals.

Carers often feel they are not able to make their views known to ACATs.

Small breakdowns in communications with the carer can be traumatic. One consumer reported that “Our Mum had no insight into her disease, and we asked the Team not to discuss Alzheimer’s disease within her hearing, as this would cause her great distress. However, the ACAT duty officer spoke directly to our mother and caused her great distress – so much so we were scared about what she might do. We eventually persuaded mother that we were not trying to have her committed. The response of the ACAT was that they were following procedures”.

Another consumer commented, “Our biggest problem with ACAT assessments was that the interviewer only spoke with Dad. We knew some of his responses were incorrect, but there was no opportunity for the family to speak privately with the assessor. It was not appropriate to contradict him at the time, and indeed the assessor did not want us to comment. Also some of the questions were too broad. For example, can you feed yourself? The answer may be yes, meaning the person can get food from the plate to mouth, but no if it includes choosing what to eat, food preparation etc”. From a rural carer.

If I could add a comment of my own, I believe the time will come when those older people and their families who want the option of taking control of their own lives and

being able to determine the services they want and when and how they are delivered.

It would make sense to me if ACATs were able to assess an individual as high care and that the older person and their family carer then had the choice, if they wanted it, of either residential care or a high care package. I would encourage you to take an interest in the debate on Consumer Directed Care and to visit the website of Alzheimer's Australia to read some of the interesting papers on the issue as well as the outcome of the seminars we conducted across Australia last year on the issue.

Lastly, I was asked by our National Indigenous Liaison Officer, Venessa Curnow, who is based in Cairns to mention the importance of the Kimberley Indigenous Community Assessment Instrument and the importance she attaches to the work of Dr Strivens, who I believe you have heard from at this conference. Equally, we have been pleased to work with Geoff Rolands on RUDAS, although there seems to be a long way to go yet in rolling that particular assessment out effectively and identifying the funding to do it. Maybe we can look to the Department of Health and Ageing to help us on that one.

Thank you for listening and thank you for all the excellent work that you do on behalf of older people and their families.