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The Partners in Culturally Appropriate Care (PICAC) Alliance provides a national conduit for collaboration between PICAC organisations in every state and territory. Funded by the Commonwealth Government since 1997, PICAC organisations support aged care providers to deliver culturally appropriate care and strengthen cultural responsiveness through collaboration, training, and advocacy.

PICAC ALLIANCE SUBMISSION ON INQUIRY INTO THE SUPPORT AT HOME PROGRAM

INTRODUCTION

About the Alliance

Funded by the Commonwealth Government since 1997, the Partners in Culturally Appropriate Care (PICAC) program supports aged care providers to deliver culturally appropriate care and strengthen cultural responsiveness through collaboration, training, and advocacy. The (PICAC) Alliance provides a national conduit for collaboration between the seven PICAC organisations in every state and territory.

This submission

This submission is made by the PICAC Alliance to the Federal Parliament Standing Committee on Community Affairs' Inquiry into the Support at Home Program.

The scope of this submission is to respond to the inquiry's Terms of Reference. The submission responds particularly to Terms of Reference 1, 2, 3, 4, 5, 6, 7 and 8, with a specific focus on how Support at Home design, pricing, assessment, language access, navigation and thin-market settings affect older people from culturally and linguistically diverse communities. This submission focuses on the implementation conditions required for CALD older people to realise the rights, choice and access intended by aged care reform. PICAC Alliance submits that Support at Home should be assessed not only by whether services are available, but by whether older people from CALD backgrounds can understand, access, navigate and use those services in practice.

Recent CALD CHSP provider roundtables facilitated by Multicultural Aged Care (PICAC SA) identified consistent concerns about aged care reform implementation, including system complexity, client registration and reassessment requirements, DEX reporting, provider registration categories, service accessibility, workforce capability, cultural safety and increasing client contributions. Providers reported that CALD older people continue to face language and communication barriers, difficulty understanding aged care terminology and processes, reliance on family and peer networks for information, confusion around service agreements and payment obligations, and challenges accessing assessments, reassessments and support services. Trust, face-to-face engagement and community-led outreach were consistently identified as key enablers of access.

This submission focuses on the culturally and linguistically diverse component of Term of Reference 8.

PICAC Alliance does not speak on behalf of First Nations communities and acknowledges the distinct leadership, rights and policy architecture required for Aboriginal and Torres Strait Islander aged care.

Our key recommendations for this submission

Recommendation 1: Maintain the Commonwealth Home Support Program (CHSP) as an option for providers who only deliver 1 or 2 service types – especially Social Support Groups delivered by small CALD groups and associations or introduce a similar block funded model - especially for more group-based service types such as Social Support Group and transport (especially when shared).
CALD Social Support Groups should be recognised as prevention infrastructure rather than discretionary community activity.

Recommendation 2: Develop a supplement to the Support at Home Package that offsets the additional time needed by older people when communicating with their provider via an interpreter or restore the Care Management to 20% for CALD clients.

Recommendation 3: Develop a multicultural communication and engagement strategy that recognises that one communication method will not reach everyone and review Departmental and Commission materials to develop priority lists for translation into community languages.

Recommendation 4: Develop a workable solution for the translation of service agreements that scopes:

- translation of agreements and/or detailed guides to service agreements into community languages. providing guidance to consumers and the sector about how an agreement should be explained, negotiated, and ultimately signed - including the use of support persons and interpreters.
- an option to fund and establish an online consumer legal advisory service with multilingual legal practitioners that advise and represent the consumer when they are reviewing, negotiating and signing a service agreement.

Recommendation 5: Expand the range of material eligible for free translation by the Aged Care Translation Service to include providers' consumer-facing service information.

Recommendation 6: Create a system navigator program for older people that includes bilingual workers with established experience and knowledge of older people and aged care in order to address the gap between the current care finder and the former CHSP Specialised Support service type which more actively supported the person through the complex pathway of assessment, finding, choosing and accessing aged care services.

Recommendation 7: Ensure Support at Home assessment and reassessment processes, including use of the Integrated Assessment Tool, are culturally and linguistically safe, include appropriate interpreter access, and allow human judgement to consider context, family dynamics, communication barriers and cultural factors that may affect how need is expressed.

DETAIL OF OUR SUBMISSION

Recommendation 1: *Maintain the Commonwealth Home Support Program (CHSP) as an option for providers who only deliver 1 or 2 service types – especially Social Support Groups delivered by small CALD groups and associations or introduce a similar block funded model - especially for more group-based service types such as Social Support Group and transport (especially when shared).*
CALD Social Support Groups should be recognised as prevention infrastructure rather than discretionary community activity.

Emerging evidence from linked-data ageing research, including findings generated through the Registry of Senior Australians (ROSA), increasingly highlights the importance of supporting older people to remain independent and connected within the community for as long as possible.[1]

PICAC Alliance notes that many culturally and linguistically diverse communities function as CALD micro-markets: language-defined, trust-dependent and often low-volume markets that may be hidden within larger metropolitan areas. These markets may be thin not because of geography, but because of language requirements, cultural preferences, trust relationships and the small scale of demand. These communities can experience thin-market conditions even where overall aged care market supply appears strong. The key objective, of the PICAC Alliance, for this submission is to ensure that small new and emerging communities of diverse languages and ethno-cultural origins are funded to provide critically needed Social Support Groups (SSG) to older individuals in their communities.

These groups help to reduce social isolation, promote social inclusion and wellbeing and prevent premature entry into residential aged care which in states such as Western Australia experiencing 97% occupancy of residential aged care homes, can have a deleterious impact on acute inpatient beds while a person waits for a place in a residential aged care home. Social support groups also support families as primary carers to keep caring for their loved ones at home for longer. The impact of transitioning social support groups wholly to Support at Home is the ability to afford multiple days a week at a social centre due to the cost of co-contributions. Maintaining the involvement of small culturally and linguistically diverse organisations where staff, volunteers and/or other individuals who attend the group speak the same language as an older person who may also have cognitive changes associated with dementia become critical if the person reverts to their first language.

Community Need and Cultural Safety

Commonwealth Aged Care data for the Commonwealth Home Support Program (CHSP) [2] shows that in 2023-24:

- 834,981 people used the CHSP program of which 98.2% were 65 years or older
- 88,842 (10.64%) of people using CHSP attended Social Support Groups (SSG)
- Social Support Groups represented the single largest support type of the 13 types countable by hours, accounting for 9,779,456 hours or 28.13%, but only 13.69% of the expenditure on these same services, showing high efficiency with respect to the cost of hours of support used.

[1] Registry of Senior Australians (ROSA). Annual Report 2024–25. South Australian Health and Medical Research Institute, Adelaide. https://rosaresearch.org/

[2] Australian Institute of Health and Welfare. Gen Aged Care Data. Commonwealth Home Support Programme aged care services dashboard: supplementary data tables. Sourced from: https://www.genagedcaredata.gov.au/resources/access-data/2025/august/gen-data-dashboard-supplementary-data-tables

- 20.91% of CHSP users were born in a non-English speaking county

Many older people from CALD backgrounds participate in Social Support Groups (SSG) auspiced by their cultural communities – such as incorporated community associations.

For some, mainstream services may feel culturally unsafe or difficult to access due to language barriers. These groups are much more than 'services'. They are safe, familiar spaces where people feel understood through shared language, culture and trusted relationships. People do not just use these services, they participate, contribute and belong to these groups.

The Federal Parliament Standing Committee on Community Affairs has already heard in its recently concluded Inquiry into the transition of the Commonwealth Support at Home Program of the challenges and overall increase in costs which would result from transitioning more than 800,000 older Australians to the Support at Home program. This includes the risk of losing those scale efficiencies of a demonstrated robust and relatively lower cost intervention focussed on maintaining the independence of older Australians.

If CHSP funded Social Support Group programs are unable to transition to the Support at Home model and are forced to close, many older people are unlikely to move to new providers. Trust that has taken years to build cannot be replaced very quickly. For some, mainstream services may feel culturally unsafe or difficult to access due to language barriers. As a result, some older people may stop attending services altogether. This increases the risk of social isolation, poorer mental and emotional wellbeing, reduced connection to community life, and earlier decline in health, especially for people from minority cultural and linguistic backgrounds.

Supporting small community-run organisations helps protect older people from harm. It ensures continuity of care, maintains trusted relationships and supports the wellbeing of highly vulnerable communities. Mainstream organisations also rely on smaller ethno-specific SSG providers as trusted third-party suppliers to provide culturally appropriate Social Support Groups for their culturally and linguistically diverse clients. In fact, building such relationships is a key component to the Department of Health, Disability and Ageing's application criteria for Specialisation Verification for Cultural and Linguistic Diversity.

> *[C2.3] There are established connections and regular engagement with a community organisation which best represents the cultural, ethnic and linguistic demographic of aged care recipients.*

Demonstrating connections with providers and outsourcing/ brokering services such as SSG ensures cultural safety and culturally appropriate services for CALD clients.

A further consideration is the work required to negotiate and forge partnerships. The pricing for Support at Home should efficiently support and sustain these partnerships. If unit prices do not reflect the additional coordination and partnership cost involved (which is often not billed to client as it is not directly client facing), mainstream provides may be less able to engage specialist community organisations or maintain CALD verification appropriately. This could reduce the availability of culturally safe social support options for older people form diverse backgrounds.

CHSP block funding versus the SAH unitised/ marketised model.

Theoretically, marketisation per the Support at Home model may increase choice for consumers, improve service offerings and quality through the effects of competition, and reduce prices in unregulated and well supplied markets where there is elasticity of supply.

However, thin markets can occur for services, and suppliers can 'cherry pick' the types of services that are most profitable for them to supply, leaving more costly sub-markets under-serviced due to dispersed consumers, geographically hard to reach clients, and requirements for distinct services features (e.g. competency in a particular language and culture, or other diversity characteristic).

Older individuals who belong to a small and emerging ethno-cultural group (a minority) may be largely hidden in the market. In the SAH model – they need the market to have knowledge of their need to provide the response (e.g. an ethnocultural-specific social support group).

In the CHSP block funded model, a given community of older people (and their family/community representatives) have the opportunity to seek funds and create their own market response that ensures highly culturally appropriate and language accessible services. The CHSP block funded model enables government to listen to the community and create a response with that community.

Recommendation 2: *Develop a supplement to the Support at Home Package that offsets the additional time needed by older people when communicating with their provider via an interpreter or restore the Care Management to 20% for CALD clients.*

Background

The reduction from 30% to 10% of the quantum of a Support at Home Package, that can be allocated to Care Management, disadvantages the many older and isolated people who have complex needs. For many older adults, Care Management supports them to work through the issues associated with managing their lives with chronic health conditions including mental health issues, and often with an overlay of social complexity associated with relationship breakdown, family discord, or other markers of vulnerability.

The issue

However, our expressed concern is for people with low or no English language proficiency who need to use an interpreter.

Data published by the Australian Institute of Health and Welfare (AIHW) shows that 26.2% of people, who used approved provider services as of 30 June 2024, were born in a non-English speaking country and 14.13% spoke a preferred language other than English.

Using interpreters elongates the time required for communication. For people who speak a language other than English there are other critical points where qualified formal interpreters, and not simply family or friends should almost always be used (e.g. unless the practitioners are fluent in the person's main language). This includes, for example:

- when new individuals commence using a Support At Home package, interpreters should be used Registered Providers of aged care services to take the older persons through the service agreements between the Registered Provider of aged care and the older individual who uses aged care[3]

[3] A service agreement is a legal document and a requirement of the Aged Care Act 2024. Some legislatively compliant template agreements are available commercially from specialist legal practices. Providers can have explanatory materials

- to develop and review plans of support and care
- to formulate advance care plans and/or preferences in relation to end of life care, for both possible medical emergencies or foreseeably terminal conditions (including chronic degenerative conditions)
- when any clinical services are involved such as nursing, physiotherapy, podiatrist or a dietician consultation
- to better understand the concerns and emotions of individuals who are experiencing/ have experienced:
  - cognitive decline,
  - mental health challenges, and/or trauma,

In all of these situations it is critical that people are actively listened to and thereby inform the development of supportive strategies. The delivery of culturally safe services that responds appropriately to cultural needs of people who may have low or no English language proficiency takes time.

An additional consideration is not just about the time involved with interpreters, includes the additional time to finalise decisions about care with family who are necessarily more invested in their older people's decisions than non-CALD clients, explaining & navigating complex health care concepts and systems, securing informed consent of service delivery, working through dignity of risk decisions, overcoming trust issues with government processes.

Risks

Cutting corners by not using an interpreter or inappropriately using family members who may filter or distort information (in discussions about people's end of life care or refusal of treatment preferences (such as if they would want resuscitation in a medical emergency creates risk.

Using informal interpreters for these complex issues risks breaching people's rights that have been established under Section 23 of the Aged Care Act 2024. Subsection 23(8) establishes the right for an older person to communicate in their preferred language and with the aid of an interpreter.

Using family or friends as informal interpreters can create a conflict of interest, which at its most benign, results in families or friends providing their own views about what they genuinely think is best for the older person but is still not what the older person wants. At its worst, the truth might be masked and situations of elder abuse including physical, psychological or financial elder abuse can remain gagged and hidden.

The time required to book and use an interpreter is a real cost to any registered provider and needs to be appropriately subsidised to ensure that providers and individuals communicate on a regular basis, through use of an interpreting service. The paring back of the Care Management Cap is a draconian measure when attempting to establish a safety benchmark of regular qualified formal interpreter usage. More importantly, the additional time in providing a service the older person should not diminish their care package, nor attract co-contribution. There are two options, to either: restore the Care Management cap to 20% for CALD clients or add a CALD client supplement as per this recommendation, e.g. a claimable additional CM fee for CALD clients so that it's only drawn down if you use it rather than just being a flat fee.

For noting is that the current approach of Thin Market Grants (which include CALD clients), comprises only a *one-off* payment to providers and is entirely inadequate to support *ongoing* care management at $1.87 per day. It works out at $682.55 per client as a 1-off payment, which based on the national average care management price ($120/hr) works out at fewer than seven hours support paid per CALD client as a once off for the Grant.

about an agreement translated into a language other than English, but most individuals, regardless of language do need assistance to understand these documents.

Recommendation 3: *Develop a multicultural communication and engagement strategy that recognises that one communication method will not reach everyone and review Departmental and Commission materials to develop priority lists for translation into community languages.*

There is a large amount of consumer information on the Department of Health, Disability and Ageing's website (including My Aged Care) as well as the Aged Care Quality and Safety Commission. Some materials are translated and others are not. Over time, all materials need to be translated, and priority should first be given to documents that support access to services, informed decision-making and the exercise of rights under the Aged Care Act.

Translations should not be purely validated for language accuracy but for cultural validity - ensuring that various concepts and terms are translated in a way that they practically make sense. Attention to plain English versions also being of high quality and the use of considered graphic or diagrammatic information rather than relying wholly upon words may also assist conveying appropriate meaning.

This work should take place in the context of a multicultural communication and engagement strategy that recognises that one communication method will not reach everyone.

Understanding that there is diversity within diversity is fundamental to delivering a genuinely human rights-based aged care system. Older people from CALD communities differ in language proficiency, literacy, digital confidence, migration experiences, cultural practices, trauma histories and preferred ways of receiving information. A single communication strategy cannot effectively engage all communities.

Recommendation 4: *Develop a workable solution for the translation of service agreements that scopes:*

•translation of agreements and/or detailed guides to service agreements into community languages. providing guidance to consumers and the sector about how an agreement should be explained, negotiated, and ultimately signed - including the use of support persons and interpreters.

•an option to fund and establish an online consumer legal advisory service with multilingual legal practitioners that advise and represent the consumer when they are reviewing, negotiating and signing a service agreement.

Consumer protections only achieve their purpose when older people can understand and use them. Translation, interpreter support and culturally appropriate communication are therefore not simply information services. They are implementation safeguards that support informed consent, informed choice and equitable access.

Support at Home and residential aged care home service agreements are generally not translated into languages other than English. If the agreement governs the relationship between registered provider and the older person, then it needs to be understood by the older person. Many registered providers use agreements created by legal services providers (Australian legal practitioners). Issues that may impact the ability to translate agreements may include the accuracy of translating agreement into languages other than English, as well as intellectual property issues when the agreement has been developed by a third party.

The Commonwealth Department of Health Disability examines the extent of non-translation by considering data from the Aged Care Translation Service that it funds on behalf of all Registered Providers.

Recommendation 5: *Expand the range of material eligible for free translation by the Aged Care Translation Service to include providers' consumer-facing service information.*

Consumer protections only achieve their purpose when older people can understand and use them. Translation, interpreter support and culturally appropriate communication are therefore not simply information services. They are implementation safeguards that support informed consent, informed choice and equitable access. At present, Registered Providers' consumer-facing service information is ineligible for free translation by the Aged Care Translation Service.

The premise of the SAH has been very much underpinned by a Consumer Directed Care philosophy dating back to the original CDC Packages trials in the late 2000s. The marketised model of the consumer selecting the provider came in with the reforms that introduced Consumer Directed Care Home Care Packages (evolving from the former Community Aged Care Packages ((CACP) and Extended Aged Care at Home Packages (EACH) under the Living Longer living Better reforms introduced by Minister Butler in 2013 during the era of the Rudd-Gillard Labor Government.

More significantly informed choice is also foundational to the Aged Care Act, especially subsection 23(1) in the statement rights that scope, i*ndependence, autonomy, empowerment and freedom of choice.*

Fully realising the intent of consumer choice and control requires that consumers have full knowledge of the market. CALD consumers cannot have full knowledge of the market if promotion or advertising materials have not been translated.

Providers' consumer-facing service information should, therefore, come into the scope of eligible provider materials for translation by the DHDA funded Aged Care Translation Service.

This would have the benefits of encouraging providers to become more market oriented to CALD seniors and commence them on the path to further development of culturally safe and appropriate services and to even pursue Specialisation Verification – Cultural and Linguistic Diversity.

Recommendation 6: *Create a system navigator program for older people that includes bilingual workers with established experience and knowledge of older people and aged care in order to address the gap between the current care finder and the former CHSP Specialised Support service type which more actively supported the person through the complex pathway of assessment, finding, choosing and accessing aged care services.*

System navigators are required in a system that is not easily navigable regardless of a person's cultural background or written and spoken English language proficiency.

Older people during the time they need services may not be managing well with complex cognitive tasks. They may also not have a primary carer to support them.

The former CHSP funded service type of *Specialised Support* for Dementia, Homelessness and CALD needs to be revisited for all people and especially for people whose language is one other than English. If a fundamental policy setting of equity of access is still assumed to exist in Commonwealth funded health and human services programs, then one way to practically implement this is through a program of bilingual navigators.

The navigator program needs to operate at greater depth to a care finder service and scoped to deliver an end-to-end response for eligible older people from the point of initial enquiry through to actual onboarding with a provider and include the pathway through fee determination with Services Australia.

Recommendation 7: *Ensure Support at Home assessment and reassessment processes, including use of the Integrated Assessment Tool, are culturally and linguistically safe, include appropriate interpreter access, and allow human judgement to consider context, family dynamics, communication barriers and cultural factors that may affect how need is expressed.*

For older people from CALD backgrounds, assessment accuracy depends not only on the assessment tool but on the quality of communication. Language barriers, lack of trust, cultural expectations about family care, trauma histories, cognitive impairment and unfamiliarity with aged care terminology can all affect how need is expressed and recorded. If these factors are not properly captured, older people may be under-assessed, misdirected or delayed in receiving appropriate support. Assessment systems must therefore include interpreter access, culturally safe communication and scope for professional judgement where standardised pathways do not adequately capture the person's circumstances. Assessment quality depends not only on the assessment tool, but on the communication conditions within which assessment takes place.

The members of the PICAC Alliance:

- Multicultural Aged Care Inc – PICAC SA / Secretariat
- Centre for Cultural Diversity in Ageing – PICAC VIC
- Multicultural Communities Council Illawarra – PICAC NSW & ACT
- Migrant Resource Centre Tasmania - PICAC Tasmania
- Ethnic Communities Council of Queensland- PICAC QLD
- COTA NT – PICAC NT
- Fortis Consulting WA – PICAC WA