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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.

To whom it may concern

Submitting organisation: **PICAC Alliance (Partners in Culturally Appropriate Care)**
– national network supporting culturally safe aged care delivery across Australia.
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Executive Summary

PICAC Alliance welcomes the opportunity to contribute to **IHACPA's Consultation Paper on the Pricing Framework for Australian Residential Aged Care Services 2027–28**.

This submission primarily addresses **Consultation Question 2 regarding data sources and cost collections**, while also providing observations relevant to **Consultation Questions 3 and 5 concerning administrative costs and service delivery costs associated with implementation of the Aged Care Act 2024**.
The submission highlights an under-recognised cost driver in residential aged care: the time, coordination and communication effort required to support residents with low or no English language proficiency.
Recent evidence from the PRACTIS study and data provided by the Translating and Interpreting Service (TIS National) suggest that formal interpreter utilisation remains very low despite the growing linguistic diversity of residential aged care residents and the rights established under the Aged Care Act 2024.

PICAC Alliance recommends that future IHACPA cost collections explicitly capture:

- **interpreter-related activity,**
- **communication support requirements and**
- **associated workforce time**

so that residential aged care pricing more accurately reflects the cost of delivering high-quality care that is consistent with legislative obligations and resident rights.

Scope of submission

This submission responds primarily to Consultation Question 2 and also provides observations relevant to Consultation Questions 3 and 5.
While this submission is primarily directed to improving representation within residential aged care cost collections, the issues raised are also relevant to Consultation Question 3 regarding administrative costs and Consultation Question 5 regarding service delivery costs associated with implementation of the Aged Care Act 2024.

We note the consultation paper states that IHACPA seeks a representative sample of aged care residents and providers to participate in its cost collections so that pricing advice reflects variation in care requirements and costs across the sector.
The aspect of this consultation that we wish to address is **whether cost collections adequately capture the experiences and costs associated with caring for residents who have low or no English language proficiency.**

The consultation paper identifies communication, emotional support, care and services administration, care planning and dementia and cognition management as activities within the scope of residential aged care pricing advice. Communication support for residents with low or no English language proficiency should therefore be recognised as an **in-scope pricing consideration rather than an ancillary activity**. If these activities are not adequately captured within cost collections, there is a risk that pricing advice will underestimate the resources required to deliver care consistent with legislative and quality obligations.

Data published by the Australian Institute of Health and Welfare (AIHW)1 shows that **19.5% of permanent aged care residents as of 30 June 2024 were born in a non-English speaking country and 8.8% spoke a preferred language other than English**.

Using interpreters takes time. They take time to book and use. Australian research currently under review for publication highlights that interpreter use by residential aged care workers is very low.
The Aged Care Act (2024) Statement of Rights is unequivocal about the rights of an individual to access an interpreter as stated in subsection 23(8) of the Act,

> *An individual has a right to communicate in the individual's preferred language or method of communication, with access to interpreters and communication aids as required.* (Ss 23(8) Aged Care Act 2024)

This right is particularly relevant in residential aged care, where communication underpins informed consent, care planning, advance care planning, emotional wellbeing and the exercise of choice and control.
The challenge is not whether this right exists. The challenge is whether residential aged care pricing and cost collection methodologies adequately recognise the time, workforce effort, coordination and communication activities required to make this right usable in practice.

There is a structural anomaly where the system recognises a right to an interpreter but does not adequately recognise the practical time, workforce effort and administrative burden associated with accessing and using one. Necessarily, a conversation will take longer using an interpreter, especially a telephone interpreter. As a proxy, one American study showed that consultations involving the use of a telephone interpreter in outpatient clinic settings took almost 30% longer than a non-interpreter consultation2

[1] GEN Aged Care Data: People using aged care service CURF data sourced from: https://www.gen-agedcaredata.gov.au/resources/access-data/2025/april/gen-data-people-using-aged-care
[2] Fagan MJ, Diaz JA, Reinert SE, Sciamanna CN, Fagan DM. Impact of interpretation method on clinic visit length. J Gen Intern Med. 2003 Aug;18(8):634-8. doi: 10.1046/j.1525-1497.2003.20701.x. PMID: 12911645; PMCID: PMC1494905. Accessed via: https://pmc.ncbi.nlm.nih.gov/articles/PMC1494905/#:~:text=When%20compared%20to%20patients%20not,patients%20not

Furthermore, TIS does not provide equivalent coverage across all languages and may only be available in a limited capacity for some language groups, requiring providers to rely on paid interpreters or translators and incurring additional costs.

Disturbingly, the PRACTIS (Primary health and Aged Care Translation and Interpreting Services) study (Phase 2)3, led by Monash University researchers released a summary of its key findings in September 2025. The study surveyed Australian residential aged care staff to understand how they communicate with residents with limited English proficiency. 52 responses were received nationally from aged care staff in 9 occupational groups (e.g. nurse, personal care worker, allied health professional) employed by all organisation types (e.g. private, public, charitable).

The research found aged care staff regularly adapt their communication with residents with limited English proficiency using simplified spoken English, non-verbal communication, and the use of words in residents' preferred languages in a range of care interactions. Regular use of language/cue cards, bilingual staff and families also occurs during activities of daily living and health emergencies. Somewhat less than one quarter of participants (14) also reported using Google Translate.

However, the research also turned up concerning findings in relation to the non-use of formal interpreters. The findings suggest that significant communication activity is occurring within residential aged care but may not currently be visible within costing methodologies. Communication support is often being provided through workarounds such as simplified English, family members, bilingual staff, communication cards and digital translation tools rather than formal interpreter services.
Despite expressing a willingness to use professional interpreters in the future, most participants had never used one. This creates risk for both individuals using aged care services and services themselves. Critical areas include agreements between individuals and services, ascertaining people's choices and preferences as part of planning care, as well as health professional interaction and advance care planning.

This information was further corroborated by data that we requested and received from the Department of Home Affairs' Translating and Interpreting Services (TIS) whom the Commonwealth Department of Health and Ageing fund to deliver free interpreting services for funded aged care services. This data showed that in 2024-25 for the 16,774 older people who used permanent residential aged care services the following interpreting services were provided:

No. of occasions of service			**hours of service**
Phone	On Site	Video	
733	554	37	**2,151**

This notable finding equates to:

- just 2,151 hours of interpreter use across 16,774 residents whose preferred language was not English, or
- approximately 7.7 minutes per resident over an entire year; and
- approximately 1.09 full-time equivalent interpreter positions serving almost 17,000 residents.

%20requiring%20an%20inte rpreter.
[3]https://bridges.monash.edu/articles/report/Summary_of_PRACTIS_Phase_2_survey_findings/30143230/1?file=58023274

Taken together, the PRACTIS findings and TIS utilisation data suggest that **communication support activities may be substantially under-represented within current cost and activity datasets**. This creates a risk that the real costs associated with communication support, interpreter use and culturally responsive care are not fully reflected in residential aged care pricing advice. Without visibility of these activities, there is a risk that communication-related workload becomes absorbed into general care delivery rather than recognised as a distinct cost driver within residential aged care pricing.

The time and resources associated with interpreter use should be measured by ensuring that people whose preferred language is not English and who have low or no English language proficiency are appropriately represented within cost collection samples.

PICAC Alliance recommends that future IHACPA cost collections explicitly capture:

- Interpreter utilisation (including mode of interpretation);
- Time associated with booking, waiting for and using interpreters;
- Communication-support activity associated with care planning, consent processes and advance care planning;
- Additional administrative and coordination time associated with communication barriers;
- Workforce effort required to support residents with low or no English language proficiency;
- Staff preparation, training and capability-building activities required to support effective use of interpreting services;
- Identification of residents whose preferred language is a language other than English and who require communication support.

More dedicated and purposive research should be undertaken to determine the additional time taken to use interpreters, especially formal (NAATI accredited) interpreters on an acceptable basis. The results of such research should be used to inform future pricing advice and any consideration of appropriate funding adjustments associated with interpreter use and communication support.

Qualified interpreters should be used at a minimum in the following situations:

- when new individuals are signing a legal services agreement to enter a residential aged care facility;
- to understand people's preferences and to develop and review plans of care;
- formulate advance care plans for end of life care and preferences;
- when allied health therapy services are involved such as physiotherapy or a dietician consultation;
- trying to understand the concerns and emotions of individuals who are experiencing/ have experienced:
  - cognitive decline,
  - mental health challenges, and/or
  - trauma.

High quality care takes time. Care that is trauma-informed and healing takes time. Care that responds appropriately to cultural needs and low or no English language proficiency takes time.

Rights create obligations. Obligations create work. Work creates costs. If those costs are not visible within activity and cost collections, they cannot be properly incorporated into pricing advice.

Communication support is not an optional add-on to aged care delivery. It is part of the work required to provide safe, rights-based and person-centred care. If that work is not visible within cost collections, it cannot be fully reflected in pricing advice.

Better measurement is therefore not simply a data issue. It is a precondition for evidence-based pricing advice and an important step towards ensuring that residential aged care pricing reflects the real cost of supporting older Australians to communicate, participate in decisions and exercise their rights in practice.

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The members of the PICAC Alliance:

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- 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