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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

Our submission addresses Consultation question 1 - What could IHACPA do to support improved provider participation and increased representation in our cost collections?

We note in the consultation paper that,

> *IHACPA seeks a representative sample of aged care residents and providers to participate in its cost collections.* (p.21)

The component of the question that we wish to address is the matter relating to a representative sample of aged care residents.

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 new 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)

There is a structural anomaly if the system does not permit access to a qualified interpreter, even if it free due to incapacity or the time take to access, wait for and then use a telephone interpreter through the Australian Department of Home Affairs' Translating and Interpreting Service. 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 consultation[2]

Furthermore, TIS doesn't cover some languages or is only available in a very limited way, which means providers often need to rely on paid interpreters or translators, which can bring extra direct costs and complexity.

The time taken to use interpreters should be measured by ensuring that people whose preferred language is one other than English and who have low, or no English language proficiency are included in cost collection samples. 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.

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[1] [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] [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%20requiring%20an%20interpreter.

This includes, for example:

- when new individuals enter a residential aged care facility
- to develop and review plans of care and formulate advance care plans and/or preferences
- when allied health therapy services are involved such as physiotherapy 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,

  so that these people are actively listened to and thereby inform the development of supportive strategies.

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. This time needs to be measured to calculate costs and subsidise overall base cost tariffs or supplements to ensure that there is time to communicate effectively with individuals on a regular basis, through use of an interpreting service.

For any queries or further information regarding this submission, please contact Paul Zanatta, Manager Centre for Cultural Diversity in Ageing at paul@culturaldiversity.com.au

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