



Submission: A Transition to System Crisis: The CALD Perspective

Introduction

Australia is lucky to have a publicly funded aged care system. Successive Australian governments have historically subsidised Residential Aged Care since 1963, followed by Community Aged Care, and Home and Community Care programmes in the 1990s and the Aged Care Act 1997. Since the Aged Care Act, programmes and policies supporting residential and home-based aged care services have been strategically implemented (Inacio et al., 2021). However, if we don't address the unintended consequences of the transition to the reforms, we risk overwhelming the very systems we seek to sustain. While the Aged Care and Other Legislation Amendment Bill 2025—which aims to provide updates to the Aged Care (Consequential and Transitional Provisions) Act 2024—aims to support transitional arrangements and ensure continuity for older people and providers, it does not go far enough to protect those most vulnerable during this period of reform – CALD older people.

HELF risks undermining culturally safe care and CALD service sustainability

While Higher Everyday Living Fee (HELF) is framed as an optional fee mechanism to help providers recoup costs for higher-quality living services, its implementation may disproportionately burden CALD-specific aged care providers, many of whom already operate with tight margins and serve more vulnerable, lower-income populations.

The implementation of HELF imposes significant administrative, and communication demands on aged care providers, particularly those serving culturally and linguistically diverse (CALD) communities. Communicating HELF to CALD residents requires culturally tailored, multilingual materials and one-on-one support to ensure informed consent and financial clarity. This often includes translation, interpreter services, and culturally sensitive engagement processes. These efforts, while essential, are resource-intensive and largely unfunded.

As a result, CALD-specialist providers may be forced to divert staffing and funding away from critical frontline services—such as bilingual care workers, culturally aligned meal programs, or ethno-specific social supports—to meet HELF's administrative obligations. This undermines the cultural safety of care environments, and risks eroding the trust and familiarity that CALD residents rely on (FECCA, 2021; Royal Commission, 2021; Department of Health and Aged Care, 2023).



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If HELF proceeds without targeted equity measures, it may accelerate financial unsustainability among CALD-specific providers. The inability to recoup rising costs or meet compliance expectations—combined with limited fee-paying capacity among residents—may lead to service contraction or exit from the sector, reducing access to culturally safe care and reversing decades of progress in building CALD-specialist aged care (FECCA, 2021; PICAC Alliance, 2022).

HELF risks deterring access to aged care for CALD older people

The transition to HELF introduces parallel systems: some residents remain under legacy “additional services” agreements, while others are placed on the new HELF structure. For all consumers, this adds complexity. But for CALD communities—who face language barriers, lower digital literacy, and unfamiliarity with service structures—the risks are particularly acute.

During this dual-system phase, residents and families may experience:

- a) Misunderstandings about what services are included under HELF versus additional services
- b) Inconsistent pricing and communication across facilities or even within the same service
- c) Difficulty for aged care advocates and financial counsellors in advising consumers
- d) Delays and disputes in onboarding or fee negotiation due to lack of clarity

CALD older people often rely on trusted community supporters to interpret complex health and care systems. The ageing CALD population in Australia has unique care needs and experiences, arising from their cultural beliefs, their life history, traditions, norms and values, all of which differs from other English-speaking and Anglo-Saxon culture (Iwuagwu, Poor & Fernandez, 2024). Without clear, accessible, and culturally appropriate communication strategies, HELF may create uncertainty and mistrust—leading some families to avoid residential care altogether. This results in delayed care, worsening health outcomes, and avoidable hospitalisations (Iwuagwu, Poor & Fernandez, 2024)

If transitional laws do not account for this complexity and build in clear safeguards—such as mandated multilingual communications, fee transparency requirements, or cultural equity audits—then HELF may undermine both access and consumer trust, contrary to the objectives of the new Aged Care framework.

CALD Older People Are Disproportionately Affected by Home Care Package Wait Times

Whether it's the wait to receive an initial Home Care Package or the delay in transitioning to a higher package level as needs increase, CALD older people face greater hardship. Language barriers, cultural stigma, and limited access to interim supports make it significantly harder to manage during these waiting periods. Indeed, failing to address these challenges perpetuates inequalities in access to quality care for CALD older adults (Dakey, Maxwell, and Siette, 2024).

The Department of Health, Aged Care and Disability has set a goal to reduce National Priority System (NPS) wait times to an average of three months by mid-2027 (Department of Health and Aged Care, 2024). However, the Office of Impact Analysis reported that, as of 30 June 2025, average wait times for Home Care Packages remained between 10–12 months—well above the target (Office of Impact Analysis, 2025). Further, in the April–May 2025 period, medium-priority recipients approved for Level

4 Home Care Packages were waiting an average of 13 months to access essential support (The Weekly Source, 2025).

Based on accounts from our multicultural community members, we know that these long wait times are deeply concerning in the lead-up to the transition to Support at Home, and their effects on CALD communities are especially severe:

- a) Unmanaged health conditions: Many CALD older people rely on family carers who are not clinically trained. Delays in accessing formal care often result in unmanaged chronic illnesses, worsening disability, and avoidable hospitalisations.
- b) Cultural stigma and withdrawal from the system: In many cultures, adult children are expected to care for ageing parents. Seeking government help may be viewed as a failure of family duty or bring shame, which can delay uptake of services—even after approval. Long waits can result in quiet withdrawal from the system while still technically on the waitlist.
- c) Unsafe hospital discharge: Older people who are approved for a higher-level package following an acute episode require immediate access to support to ensure a safe discharge from hospital. Long waits increase the risk of emergency readmissions and permanent functional decline.
- d) Inadequate assessment due to language barriers: Limited English proficiency makes it harder to navigate reassessment processes. Without access to trained interpreters during assessments, CALD clients may be allocated lower levels of support than needed.
- e) Misinterpretation of cultural behaviours: Some CALD older people may understate their needs out of pride, respect for authority, or fear of institutionalisation. Without culturally safe and responsive assessors, these behaviours may be misinterpreted, leading to under-assessment and inappropriate service allocation.

Our Recommendations

- 1. Fund translation, interpreter use, and culturally appropriate communication to support HELF and Support at Home rollout.
- 2. Provide transition funding for CALD-specialist providers to avoid cuts to direct care.
- 3. Mandate and monitor interpreter use during all aged care assessments and care planning, with reprimands for non-compliance.
- 4. Provide annual training for assessors in cultural safety and inclusive practice.
- 5. Increase release of HCPs in the lead-up to Support at Home to reduce bottlenecks.
- 6. Prioritise urgent Level 3–4 package upgrades and ensure interim support within 30 days.
- 7. Disaggregate and publicly report HCP wait times by cultural and linguistic background.

Conclusion

Reforms must ensure CALD older people are not left behind. HELF and ongoing home care delays risk undermining trust and equity in aged care. Without targeted investment and safeguards, these changes may reverse decades of work in building culturally safe services. The success of the Aged Care Act reform depends on the inclusion of all Australians.

Yours sincerely,

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