Submission cover sheet

Inquiry into Petition 017-25 and E-Petition 005-25: Closure of Burrangiri Aged Care Respite Centre in Rivett

Submission number: 16

Submitter: Centre for Ageing Research and Translation

(University of Canberra)

Date authorised for publication: 20 May 2025

Legislative Assembly for the Australian Capital Territory

STANDING COMMITTEE ON SOCIAL POLICY

Inquiry into Petition 017-25 and E-Petition 005-25: Closure of Burrangiri Aged Care Respite Centre in Rivett

Submission from the Centre for Ageing Research and Translation (CARAT) at the University of Canberra, Bruce, ACT

About the Centre for Ageing and Research Translation (CARAT)

The Centre for Ageing and Research Translation (CARAT) was established in January 2024 under the leadership of Distinguished Professor Diane Gibson. CARAT conducts multidisciplinary allied health, nursing and social science research to enable and empower older people to live well. Through our innovative research and collaborations with consumers, clinicians, academics, and community and industry partners, our overarching objective is to produce high quality research that targets the evidence base underpinning practices, programs and policies that impact the health and wellbeing of older people. Our three core themes are 1) Dementia and cognition; 2) Innovative models of care; 3) Workforce (Nursing and allied health). The approach to each theme relies on our expertise in cross-cutting domains and our knowledge translation approach – to maximise impact on policy and practice for the benefit of our community.

External engagement is a key strength of CARAT, we work with a wide range of public, private and community organisations both locally and nationally including: the ACT and Commonwealth governments, Canberra Health Services, aged care providers, technology companies, not-for-profit and advocacy services such as Carers ACT, ADACAS and Dementia Australia. This submission is informed by findings from our research program which includes numerous projects relating to health and care services for people with dementia and their care partners.

Overview

The proposed closure of the Burrangiri Aged Care Respite Centre in Rivett has raised significant concern among ACT residents and the local aged care community, given the already acute shortage of respite places in the region. Burrangiri is unique, providing both day-care and short-stay respite of up to three weeks without the need for an ACAT assessment, and plays a critical role in supporting care partners and enabling older Canberrans to remain in their homes for as long as possible. According to an analysis by the Burrangiri Action Group, Burrangiri currently accounts for more than half of all respite beds in the ACT. The loss of this centre will further strain an overstretched system, leaving care partners and families without viable alternatives and increasing pressure on local hospitals. Community members and advocacy

groups are therefore urging the ACT Government to keep Burrangiri open until a satisfactory replacement is secured, to ensure continuity of essential respite services for older people in the Canberra region.

> ***"So, the only sticking point has been respite, trying to find that. Yeah, and it's that respite is in very short supply, certainly in Canberra, that it's difficult to get someone in there." [Care partner]***

Respite availability in the ACT

Several statistical indicators suggest the ACT may be close to or at an undersupply of residential aged care services, which in turn affects access to residential aged care, with a flow-on effect to other respite services.

The rate of patient day use by those eligible and waiting for residential aged care was relatively high in 2022–23, at 14.7 per 1000 patient days, compared to a national average for all major cities of 10.2 (Productivity Commission, 2025). Occupancy rates in residential aged care are higher at 89.7% compared to a national average of 88%, with higher occupancy rates being one indicator of high demand. Rates of permanent residential aged care use are lower, at 48.6 per 1000 persons aged 50 and over (Aboriginal and Torres Strait Islander) and people over 65 (non-Indigenous) compared to 51.7 nationally, and use of residential respite is also lower, at 11.7 per 1000 compared to 16.9 nationally. Lower rates of use are potential indicators of a shortage of supply. This lower use of residential aged care services is not compensated for in the ACT by a higher supply of Home Care Packages, with ACT rates of use sitting at 47.4 compared to 68.4 nationally. The final relevant indicator is elapsed time between an ACAT approval and entry into residential aged care services, which is substantially higher in the ACT with a median elapsed time of 203 days compared to 136 days nationally. While no single indicator can be said to be an accurate indicator of the adequacy of residential respite or indeed permanent residential aged care, these data taken together do paint a picture of undersupply of these services in the ACT.

A recent study exploring dementia service gaps in the ACT found that health and aged care providers consistently identified significant shortages in respite services for people with dementia and their care partners (D'Cunha et al., 2025). Key barriers included limited availability, inflexible service models, and a lack of culturally appropriate options. Providers reported that these gaps led to increased care partner stress, reduced wellbeing, and, in some cases, premature entry of individuals into permanent residential care. There are also concerns expressed in the community about substantial delays for some older people in obtaining an ACAT assessment. Burrangiri fills a particular gap, as entry is not dependent on an ACAT assessment. Taken together, these issues highlight an urgent need for more accessible, flexible, and person-centred respite services in the ACT to better support both care partners and people with dementia.

Importance of diversity of respite options

Diversity of options in respite care is important for four key reasons:

1. Tailored support for individual needs: Older people needing respite care need a range of health and social interventions. Having a variety of respite options are important to cater for a range of needs.
2. Relief for care partners: Diverse respite care services provide care partners with the flexibility to choose the type and duration of care that best suits their needs as well as meeting the individual needs of their loved one.
3. Cultural and linguistic diversity: Having more respite options increases the ability to provide a wider range of culturally and linguistically appropriate services, maximising cultural safety and access for more of the population.
4. Facilitating transition to long-term care: Choosing long term care after respite care is often a difficult decision. Allowing families and potential residents the ability to experience different services and settings may make choosing an option for long term care easier.

Research on the experiences of people with young-onset dementia and their care partners provides a good illustration of the importance of diversity. In our research with care partners revealedcommon sentiment that existing respite services often do not adequately cater to the needs of people with young-onset dementia, leading to dissatisfaction with the quality of care and activities provided (Lahiouel et al., 2025).

> "The respite that I was able to access wasn't really particular to someone with early onset dementia or younger onset dementia." [Care partner]

Our work in the Joint Solutions Young Onset Dementia project which included a national survey of people with young onset dementia, care partners, and health professionals (Loi et al., 2024), as well as a rapid review of international evidence (Mulhall et al., 2024), highlighted: 1) limited availability of age-appropriate respite; 2) issues with eligibility for respite for younger people; and 3) administrative burdens and a lack of care navigation for families seeking respite care.

> "They have to sort of cater for the general sort of needs. They don't cater for someone like [him], who's very active. So, they don't sort of offer that kind of service where they would get him out and active each day, which is more common with younger people and who are people with dementia." [Care partner]

Unwillingness of residential aged care to take people with changed behaviour

In our 2024 research with ACT health professionals providing care for people with dementia (acute, in-reach, community and residential settings), difficulties in accessing respite contributed to prolonged hospital stays generally, and more specifically for people with dementia experiencing changed behaviours (Centre for Ageing Research and Translation, 2024). Adding to this complexity, health professionals

described that ACT residential aged care services initially often offer a (temporary) respite bed rather than a permanent place to people with dementia who need to move into residential aged care, but if during the respite period a person displays changed behaviour then they will be sent back to the hospital. Health professionals provided recommendations relating to the need to increase the availability of overnight and day respite services within the community to better meet the needs of both people with dementia experiencing changed behaviours and their care partners. While people with severe changed behaviours are not the target group for respite at Burrangiri, its closure or lack of immediate appropriate alternative, has the potential to lead to further strain on other respite services and contribute to people with dementia with changed behaviours having nowhere to go but to emergency departments.

Possibility of developing Commonwealth funded and Territory supported aged care services in the ACT for specific client groups

While the funding of residential aged care services is a Commonwealth responsibility, as are residential respite services, the provision of such services rests predominantly with the not-for-profit and for-profit sectors. A small proportion of services, however, are provided by state governments, with Victoria being one of the foremost examples. These public sector residential aged care services (PSRACS) are typically run by public health services. They receive Commonwealth residential aged care funding, and the Victorian Department of Health also contributes funding to PSRACS in order to support the viability of small rural services, to provide for residents with specialised care needs and to support development of a skilled and qualified nursing workforce. These latter two categories are both highly pertinent to the ACT.

It is noteworthy that Victoria has by far the lowest rate of hospital patient days used by people eligible and waiting for residential aged care of any jurisdiction in Australia (Productivity Commission 2025). Victoria has virtually no patient days per 1000 used for this reason in its major cities, while the ACT has 14.7, suggesting that the availability of PSRACS beds may be an important cost saving in regard to hospital patient days.

We recognise there are regulatory requirements associated with Commonwealth funding for residential aged care that would complicate this direction but suggest that there are significant benefits associated with this model given the Victorian evidence.

Insights from care partners of people with dementia

In our research, care partners in the ACT express a range of perspectives on respite care, highlighting both the benefits and challenges (Lahiouel et al., 2025). Many emphasise the need for more accessible and tailored information about available respite services for people with dementia. Securing respite care is often described as cumbersome and requiring persistent follow-up, with some care partners experiencing significant delays and bureaucratic hurdles.

> "So, the only sticking point has been respite, trying to find that. Yeah, and it's that respite is in very short supply, certainly in Canberra, that it's difficult to get someone in there." [Care partner]

> "What I can see is people, in my situation, our situation, that you would need high care level of respite, which you could access without having to make an appointment for. I mean, some of these places got respite, but you've got to tell them months in advance. Well, that's useless, you know." [Care partner]

> "I do think that there are areas that would need more funding, you know, sort of across the board, and that includes the respite. So, I think there's some argument that care partners sort of need, sort of probably, you know, a week of respite every couple of months, or something like that." [Care partner]

Financial constraints and the high cost of respite care are recurring issues, making it difficult for many to afford the necessary support. While respite care is recognised as essential, our findings clearly call for improvements in service provision, accessibility, and affordability.

> "I wanted some respite, and I don't get any funding for that or support for it. It's quite expensive. Yeah, you want to go, and I think it's $60 an hour or something. … And being a retired person, I'm certainly not wealthy by any means, not at all. We're on the pension, actually. So that makes it expensive." [Care partner]

Care partners discussed the need for more flexible respite options in the ACT, however, staffing constraints and lack of dementia-specific training meant services were not able to meet their needs.

> "I was even thinking about whether I could have [her] there for a day, or even perhaps overnight. But, speaking with them, it became obvious that they'd have to have someone really keeping an eye on [her] all the time and doing this sort of stuff. They said, no, um, probably only on a Friday sort of thing, when they have to look at the staffing situation and things like that." [Care partner]

> "Yeah, well, the staff at the respite house in [suburb], I would have hoped they'd been well and truly trained in dementia care, but they couldn't cope with [her]." [Care partner]

Importance of supporting respite education initiatives

Care partners and families play a crucial role in supporting older people, therefore educating them about local respite options empowers families to make informed decisions, access much-needed breaks, and prevent the physical, emotional, and mental exhaustion that can come from continuous caregiving. Community-based respite care programs not only provide care partners with time to rest and rejuvenate, reducing the risk of burnout, but also offer care recipients opportunities for social interaction, independence, and engagement in new activities. One example of respite education in the ACT is within

the Sustainable Personalised Interventions for Cognition, Care, and Engagement (SPICE) program (D'Cunha et al., 2023). During the program, people with dementia and care partners receive information about respite from Canberra Health Services, Dementia Australia, and Carers ACT. Care partners also share information among themselves about respite during the group. Importantly, the SPICE program also represents a form of respite. During the twice-weekly, ten-week program, care partners receive education and peer support while the person with dementia engages in Cognitive Stimulation Therapy. This is consistently reported by participants as valuable, given it can be challenging for them to engage in other community-based services specifically for care partners as they do not have anyone to be with their loved one.

Equally important is the education of aged care staff to deliver high-quality respite care that meets the complex needs of older people, particularly those living with dementia. The University of Tasmania's Dementia Respite Education and Mentoring (DREAM) program is a nationally funded initiative designed to boost the capability of the aged care workforce by providing free, accessible education, a dynamic community of practice, and tailored coaching (University of Tasmania, 2024). The DREAM program delivers evidence-based training on person-centred care, understanding dementia, and managing transitions in and out of respite, ensuring staff are equipped to provide empathetic, supportive, and enabling experiences for both care recipients and their families. By upskilling staff and fostering a culture of best practice, DREAM improves the quality of respite care, enhances the experience for those accessing services, and enables care partners to sustain their vital roles at home and in the community. All aged care providers in the ACT should be encouraged to engaged with the DREAM program to boost their respite services.

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References

Australian Government, Productivity Commission. (2025) Report on Government Services Section F Chapter 14 Aged Care Services https://www.pc.gov.au/ongoing/report-on-government-services/2025/community-services/aged-care-services

Centre for Ageing Research and Translation (Wiseman, L., Chelberg, G., Gibson, D., D'Cunha, N., Isbel, S., Bail, K.). (2024). Report on health professionals' experiences of and recommendations for providing care for people with dementia experiencing changed behaviours. University of Canberra, Centre for Ageing Research and Translation.

D'Cunha, N. M., Chelberg, G., Huang, I., Tabatabaei-Jafari, H., Bagheri, N., Bail, K., Gibson, D., Isbel, S., Wiseman, L., Chowdhury, P., Furst, M. A., Sachdev, P. S., & Salvador-Carulla, L. (2025). Exploring dementia service gaps and barriers in the Australian Capital Territory: A qualitative study. Australian Journal of Primary Health, 31, PY24174. https://doi.org/10.1071/PY24174

D'Cunha, N. M., Bennett, M., Mitterfellner, R., Brennan, R., Wiseman, L., Isbel, S., Bail, K., Barrett, L., Rutherford, K., Huang, I., & Gibson, D. (2023). Preliminary findings of an active multicomponent lifestyle intervention for people with dementia and their carers: Mixed methods study. Health and Social Care in the Community, Article 5395080. https://doi.org/10.1155/2023/5395080

Lahiouel, A., Isbel, S., Kellett, J., D'Cunha, N. M. (2025). "It's not like it's going to get better - I might need more assistance": A mixed-methods study exploring the evolving needs of people with dementia and care partners. Unpublished data.

Loi, S., Cations, M., Beard, C., Tjokrowijoto, P., Stange, D., Withhall, A., Moylan, N., Cartwright, J., D'Cunha, N. M. "The Joint Solutions Young-Onset Dementia Report". (2024) Young People in Nursing Homes Alliance. https://www.australiandementianetwork.org.au/wp-content/uploads/2023/05/FINAL-V2-Joint-Solutions-YOD-SIG-Research-Report.pdf

Mulhall, S., Gibson, D., Cations, M., Loi, S., Isbel, S., Northey, J., Bail, K., D'Cunha, N. M. "A rapid review of models of care and pathways for people with young onset dementia - The Joint Solutions Young-Onset Dementia Project". (2024) Young People in Nursing Homes Alliance. https://www.australiandementianetwork.org.au/wp-content/uploads/2023/05/FINAL-Joint-Solutions-YOD-Rapid-Review.pdf

University of Tasmania, Wicking Dementia Research and Education Centre. (2024). Dementia Respite Education and Mentoring (DREAM). https://dream.utas.edu.au/page/14/about-dream