Submission cover sheet

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

Submission number: 15

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From: Suzanne Packer
To: LA Committee - SP
Subject: Legislative Inquiry into Burrangiri Closure
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Please find below my submission to this Inquiry.

I am happy to also make a presentation to the Inquiry.

Dr Sue Packer AO
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Submission to the Legislature Enquiry into Burrangiri Closure

- My professional lifetime was largely spent as a community paediatrician in ACT. My work taught me so much about the impact of the environment, and particularly the emotional environment, on early brain development in infants. Because of this advocacy for infants and children, I was chosen to be 2019 Senior Australian of the Year.

- The greatest discovery during my year as Senior Australian of the Year was about the similar challenges faced at the other end of life, when the ageing brain undergoes further significant changes and again the impact of this change is profoundly influenced by the living environment.

- I discovered that the environment in which each ageing person lives is the major determinant of the quality of that person's life and their capacity to participate.

- This resonated with me at once, as I had been intimately involved, along with my two nieces, in caring for my unwell sister who had suffered a serious fall during 2018 resulting in significant brain damage. This was severe enough that she had been expected to die.

- Instead, she was able to return home from hospital, but to a very different life. She was physically weak and impulsive and prone to falls and initially needed two people

to enable her to stand. The level of care she required was unsustainable, whilst we three carers needed to continue to work. There was little assistance offered, with a Level 2 ACAT package, despite her being assessed as needing Level 4.

- What enabled us to keep going was the reliable caring help she received from Burrangiri Respite Care. She attended the day program 5 days a week and the residential respite provision enabled her two daughters and myself to manage our work/ travel commitments.

- Even during the Covid lockdown Burrangiri remained committed to supporting the vulnerable families associated with their service.

- Burrangiri was the epitome of loving, sensitive personalized care- and my sister steadily improved in this excellent environment. She was a different person after her fall and more impulsive, but she was still amazing in her recovery and was valued for what she could contribute to each day's program. Despite her own significant residual communication difficulties, she had developed a remarkable capacity to be the voice for others who were more incapacitated.

- Burrangiri was not perfect. There were several instances when individuals behaved inappropriately and disrespectfully in her care, but senior Burrangiri staff always heard us and responded appropriately, so we felt safe leaving her there.

- We were always made welcome and the staff delighted in my sister's slow steady improvement over the next few years.

- Her physical capacity however slowly declined again and by 2022 she was needing a "recovery" day at home each Wednesday as 5 days straight at Burrangiri was too exhausting, although it remained aa critical and much-loved part of her live.. The staff was excellent at monitoring her capacity and letting us know how she was managing.

- In my previous work I had learned that for babies, our actions, or lack of actions, have a huge and enduring influence on the children and the adults they become. This largely determines their capacity to participate in the world they live in.

- There are significant differences in the situation for old people in care situations. These people are at the end of their lives, where they have made many contributions to the communities they have lived in- and some of these contributions have been very significant. Some of these now struggling old people, including some of my past work colleagues, previously achieved national recognition for their work. Despite their past achievements, in the care environment most old people are only recognized for their deficits and are not seen as unique individuals, despite this becoming more apparent as we age.

- Unfortunately, despite much rhetoric, both the very young and the very old within our communities are still routinely overlooked. They are denied the range of supports and services which are known to best counter their brain vulnerability. The decisions made so often meet our priorities rather than being in their best interests.

- I learned so much about what is necessary in old age from the geriatric services I engaged with, including the Psychogeriatric Nurses Association during my year as Senior Australian.

- I believe the recent announcement that Burrangiri is to close- almost immediately and with no transition plan, is another example of trivialization and ignorance about the real challenges and requirements for appropriate aged care.

- What consultation was organized to get information from the residents of Burrangiri and their families and the staff when closure was first contemplated?

- How many assumptions were made about the services provided and the special features and requirements of those services? Were the services provided there closely studied and considered?

- How much of the service was not considered at all? Even apparently "trivial" things like home cooked meals and well-presented food are so often seen as inconsequential extras rather than the grounding experiences they can be.·

- Similarly with exercise programs. The mode of delivery of such services in a familiar, caring environment is critical- and particularly in consultation with participants.

- The old infrastructure, including the showers and toilets, has been noted as a significant problem, but considerable renovations have continued to be made to the Day Stay area in recent years, including painting, new carpets, doors and other structural fittings. I know the showers and toilets were seen as inconveniences and frustrations to those experiencing them, but never as major issues.

- The garden was a special delight to my sister and her participation in garden activities was supported and encouraged. I understand it has been further improved since her death two years ago. It is a significant asset.

- Burrangiri is old, and is a modest, suburban establishment. This is part of its appeal to shattered exhausted families. It remains a homely place even as renovation has continued.

- Surely its future and possible replacement should have become part of the ACT Government planning some years ago? It is not an issue to be managed by sudden impulsive action.

- The decision now would seem to be a shambolic abandonment of a treasured and established service- and with minimal consideration about ongoing care for a lot of vulnerable old people who need to be sensitively guided through any necessary change, not forced to move and adjust to the best of their compromised abilities.

- Some years ago, I was on the Board of CMS (Canberra Mothercraft Society) when the Board decided not to renew its contract with ACT Health for the running of QE2. This difficult decision was largely made because of the increasingly unhappy working relationship with ACT Health bureaucracy, which continued by its actions to demonstrate ignorance and lack of interest in the practical aspects of running that client-based service, with its need for sensitivity to the needs of vulnerable clients, as contrasted with the spreadsheets for the financial management and accountability of the service. The lack of common ground and understanding was impervious to change at that time. I wonder if there have been similar challenges at this time in the process of re-negotiating the contract between the Salvation Army and Burrangiri?

- The Minister stated this week in the Legislative Assembly that she would be "breaking the law" if the Salvation Army were to be offered a one year's extension of their current contract without an open tender process. But is it not possible to employ other emergency mechanisms to avoid this devastating decision for such vulnerable people? How is it possible that things have progressed to this point without detailed consideration of what Burrangiri actually has been providing and the need for such a service to be **ongoing** and not for some future time? It is so much more than a post-hospital residential respite service-

- What is now in place to provide for those families currently accessing Day and Respite services, both in the immediate and longer term? Are they to be abandoned? I have heard no discussion of any transition plans.

- Do the families now have to start out all over again to try to find a care situation compatible with the needs of their vulnerable family members?

- Has the fact that Burrangiri is physically small and presents as an insignificant institution increased its vulnerability and led to it being misjudged?

- I can find no evidence that those attending the Day Program, or their families, have been offered the opportunity to participate in any way in reaching the decision that has been made.

- This effectively leaves them with protest as the only avenue for intervention.

- What other immediate alternatives are available for these families?

- How many Day Stay programs still <u>exist</u> in ACT after COVID closures?

- Do they have co-located, accessible respite services?
- Who is eligible to attend any remaining programs? Not all frail and vulnerable old people have a diagnosis of dementia, but these people are still in need of the level of supports they received at Burrangiri- and these need to be offered in a respectful and skilled environment to enable them to occupy their days in a meaningful social environment.
- The other critical component as provided at Burrangiri is the residential component. For many families these two options need to remain flexible and readily available.
- How many aged care communities in ACT have both as flexible, but strongly connected programs, sharing staff and a close working relationship with the families?
- Again, my understanding is that such flexible options remain far less available post Covid?
- Finally, I believe there is not yet even consensus on the location of the proposed new respite centre, yet alone consultation on what it should provide and how?
- I believe the present situation, with a vital service for some of the most vulnerable families in ACT to be about to close- by the choice of the ACT Government and without any appropriate sustainable alternate options immediately available- is a serious dereliction of duty and should not be allowed to proceed, despite the logistical challenges which now will need to be overcome immediately.

Dr Sue Packer AO FRACP
2019 Senior Australian Of The Year

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