



Legislative Assembly for the
Australian Capital Territory

Select Committee on Social Policy

Submission cover sheet

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

Submission number: 02

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CarersACT



Carers ACT submission to the inquiry into petitions regarding the closure of Burrangiri Aged Care Respite Centre

MAY 2025



Executive Summary

Carers ACT welcomes the opportunity to provide a submission to the Standing Committee on Social Policy regarding Petition 017-25 and E-Petition 005-25. Our submission highlights the critical shortage of flexible and clinical respite services in the ACT and outlines the urgent need for both immediate and long-term solutions.

Carers ACT does not support the closure of Burrangiri without an alternative in place to immediately take on the capacity that it provides. The loss of such a facility without a ready replacement would only exacerbate the existing respite crisis in the ACT.

Carers in Canberra are the least likely in Australia to access respite care. This is not due to a lack of need, but due to a profound shortage of appropriate options. The Burrangiri Aged Care Respite Centre model provides a unique form of flexible, clinical respite that is not tied to federal aged care funding requirements, offering support to carers and care recipients at times of transition and stress. While Carers ACT provides a range of supports and services aimed at offering respite from the caring role, there are situations where there is simply no alternative to the type of respite care that Burrangiri delivered.

The strong community reaction to the proposed closure shows the depth of unmet need. People are not just rallying to save a building; they are rallying to retain access to a respite service that is already exceptionally rare. Reducing the ACT's respite capacity at a time of critical shortage risks significant impacts on carer health and wellbeing, increased pressure on hospital services, and avoidable admissions into permanent residential care.

Carers ACT acknowledges and welcomes the Federal Labor Government's commitment of \$10 million towards increasing respite beds in Canberra and the ACT Labor Government's commitment to provide land for a future Carer Wellbeing and Respite Hub. However, immediate action is needed to ensure that the critical respite capacity provided through Burrangiri is not lost.

We recommend that the ACT Government seek creative, interim arrangements to meet the community's clinical respite needs while new, purpose-built solutions are developed. Addressing the shortage of respite is essential to uphold the principles of the *ACT Carers Recognition Act 2021* and the *ACT Human Rights Act 2004*, and to protect the health, wellbeing and dignity of carers and the people they support.

We recommend the ACT Government take note of two 2024 inquiry committee final reports which recommend increasing access to respite in the ACT and review our recent submissions to recent ACT inquiries which cover carer respite challenges in detail, as well as the systemic changes required to address them.

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The Reality of Respite in the ACT

Canberra's carers are the least likely in the country to access respite care.ⁱ This is not due to a lack of want or need, it is due to a profound lack of appropriate, accessible respite options in the ACT. Data from 2024 shows that the percentage of carers reporting 'good' access to overnight respite care dropped from 26.0% in 2023 to just 19.7% in 2024.ⁱⁱ

Access to respite is not a luxury, it is essential to sustaining care relationships and preventing crisis. Reliable respite supports safe ongoing care at home, reduces avoidable hospital admissions, premature residential care placements, and helps carers avoid the cumulative exhaustion that can lead to serious health decline or emergency interventions.

Before considering the shortage of respite, it is important to recognise that not all respite is the same.

Clinical respite is distinct in that it supports people who require nursing care, medication management or monitoring during their stay. Other respite options such as social or day programs do not typically provide the clinical care necessary for people with complex health needs or who are transitioning from a hospital stay. There is no substitute for clinical respite so when a carer requiring this type of support cannot access it, they are left to manage in situations that are unsafe or unsustainable, or to admit the person they care for to hospital or permanent residential care.

The model provided by Burrangiri has been a rare and critical piece of Canberra's clinical respite landscape. It provided essential relief for carers and the people they care for in accessing short-term clinical respite at points of high stress transition, such as hospital discharge or while awaiting formal aged care assessments and My Aged Care packages.

It is worth noting that even if a person does have a respite package approved through My Aged Care or other federally funded schemes, **it is not unusual for the lack of available clinical beds in the ACT to result in waits spanning many months.** For carers supporting someone with complex behaviours, psychosocial disability or requiring specialised care, this wait can become indefinite, as providers reportedly prioritise individuals with less specialised support needs. This leaves carers managing the most intensive care relationships without meaningful opportunities for rest.

There is also growing concern and reports from carers that some residential aged care facilities receiving funding to offer respite beds instead use them as commercial entry points, only offering beds to those considering permanent admission. There is fear amongst the carer community (locally and nationally) that this practice is contributing to the shortage of genuine short-term respite options and further limiting access for those who need temporary support to sustain care at home.

The removal of any respite bed availability in the ACT during a time of extreme shortage risks compounding pressures on carers; contributing to carer burnout, forcing more frequent and longer hospital stays and driving people into permanent residential care who could have remained at home with the right support.

What the Community Response Tells Us

The public response to the proposed closure of Burrangiri demonstrates the true scale of how limited respite options have become in the ACT. This level of community mobilisation signals a system under immense pressure.

Since the announcement of the closure, Carers ACT has been contacted by numerous carers. We have received phone calls, emails, and deeply personal accounts of the difference Burrangiri has made in their lives, with many pleading for us to save the service. Carers have highlighted that even if alternative services are planned to be brought online soon, they do not increase respite capacity, they simply replace what is already insufficient. This presents an illusory solution to an urgent problem. Without a net increase in available respite beds, the underlying issue of limited access remains unaddressed, particularly for carers requiring high care, flexible, or crisis respite.

We acknowledge that there has been ongoing contestation about whether Burrangiri is fit for purpose. While it is not for Carers ACT to make that determination, we must stress that in a time of critical shortage, any respite facility deemed safe and operational is essential to the system.

It is worth recognising that the ACT Government's longstanding resourcing of Burrangiri, despite it being a federal responsibility, has demonstrated progressive leadership and an understanding of the need for flexible respite options, unconfined by politics or jurisdictional boundaries. **This is a critical moment not to undo that good work.** The issue before us is not just whether to preserve a building. It is how to ensure that the type of flexible, clinical respite support Burrangiri provided remains available to carers now, while also investing in long-term solutions that meet the growing and diverse needs of our community.

Planning for Long-Term Solutions While Meeting Immediate Need

Carers ACT welcomes the Federal Labor Government's commitment of \$10 million towards increasing respite beds in the ACT. We also welcome the ACT Labor Government's commitment to provide Carers ACT with land to develop a future Carer Wellbeing and Respite Hub.

These commitments are important steps towards building a better system in the long term. However, we must address the immediate crisis in front of us. Carers cannot wait for these new facilities to come online, and an interim solution is needed to ensure that the essential respite capacity provided through Burrangiri is not lost.

We encourage the ACT Government to consider creative short-term solutions that prevent service disruption while longer term planning occurs. This could include repurposing underutilised government or community run buildings, or working with residential facilities and sub-acute hospital services to temporarily absorb the need that Burrangiri currently meets. These approaches could also involve redeploying existing Burrangiri staff to meet skill demand and promote continuity of care.

In addition to highlighting the urgent need for increased respite availability in the ACT, Carers ACT has consistently raised concerns that respite services have seen little change, flexibility, or innovation in their delivery. **Respite must be considered more holistically and understood as an outcome rather than a fixed service type.** Several of our past submissions have recommended that the ACT Government work in partnership with the community sector to develop more responsive and creative respite models, and we continue to stand by this position. For carers, being able to access respite in a form that suits their situation, whether a clinical bed or a shared support program, can be the difference between sustaining their care relationship or stepping away due to exhaustion.

Carers ACT is currently supporting more than 670 carers with a mix of formal respite, social support, disability, aged care, and post-hospital services. While we deliver formal respite care services through our much-loved Hub and Cottage programs, they are unable to substitute clinical respite services. Carers ACT is also the Carer Gateway provider in the ACT and our team is highly specialised in offering creative and flexible respite options for carers in the face of the ACT's bed shortages. However, there are situations where no amount of creative support can function as a substitute when clinical respite care is required, and we are seeing more carers calling us at crisis point as a result.

Legislative and Policy Alignment

The *ACT Carers Recognition Act 2021* establishes a clear requirement that carers are to be respected, recognised, and supported in their health and wellbeing. Leaving a carer to burn out with no options for respite does not reflect the intent of this legislation. The *ACT Human Rights Act 2004* similarly protects the right to access health services and the right to rest and leisure, and the **chronic lack of respite options in the ACT is inconsistent with these legislative commitments**.

The loss of flexible respite also runs counter to key strategic policy directions. The next iteration of the ACT Government's Age Friendly City Plan aims to "*make Canberra the world's age-friendliest city*" a goal fundamentally undermined when there is inadequate access to flexible aged care respite services. Similarly, the ACT Wellbeing Framework includes older people and carers as target cohorts and places value on equitable access to health services, connection, and safety, all of which are compromised when respite is unavailable or out of reach.

The need for greater respite access was formally recommended in various ACT Government Inquiry reports, including the 2024 inquiry into [Loneliness and Social Isolation](#) and [Unpaid Work](#). These inquiries recommended increasing respite availability, especially for carers supporting people with high and complex needs.

We also encourage the Committee to review Carers ACT's recent submissions to the ACT Government's inquiries into [Raising Children in the ACT](#), [Loneliness and Social Isolation](#), [Unpaid Work](#) and the federal Inquiry into the [Recognition of Unpaid Carers in Australia](#). These submissions all outline why carers need access to respite, the barriers they face accessing it in the ACT and the structural changes needed to ensure carers receive the support that reflects their contribution to our community.

Recommendations

To address both immediate risks and future needs, Carers ACT recommends that the ACT Government:

1. **Urgently establish a temporary clinical respite solution** to replace the capacity currently provided through Burrangiri. This may be achieved through creative means, such as repurposing underutilised government or community buildings, partnering with sub-acute health services or residential aged-care providers and redeploying existing Burrangiri staff to meet skill demand.
2. **Prioritise and accelerate the development of future respite services.** This includes progressing the transfer of land already committed to Carers ACT for the development of a Carer Wellbeing and Respite Hub, and initiating early planning to ensure the \$10 million in federal respite funding promised to the ACT is ready to be directed as soon as it is released. We acknowledge and welcome

both commitments; however, the ongoing and escalating shortfall in the ACT's respite capacity requires an urgent shift from commitment to delivery.

3. **Action recent ACT Legislative Assembly committee reports regarding respite services**, recognising that addressing barriers to respite in the ACT requires more than just increasing the number of respite beds. In particular, the Government should work in partnership with the community sector to implement innovative and flexible respite models that reflect the diverse needs of carers and the people they support.
4. **Commission an audit of current and projected respite demand in the ACT**, with a focus on the needs of carers supporting individuals with high and complex care requirements. The audit should also examine how federally funded respite beds are being used in practice, including whether some providers are limiting access by only offering respite to those considering permanent placement. Findings must inform future service planning and contract management, and the process must include collaboration with carers and the people they care for, to ensure new models reflect the diversity of need across the community.

Conclusion

The current spotlight on respite in the ACT presents an opportunity to fix a system that has long fallen short of meeting community need. The desperation reflected in the petitions to save Burrangiri is not just about a building; it is about whether carers and the people they support can access help when they need it, in a form that actually works. Without immediate and structural action, we risk further harm to carers, poorer outcomes for those receiving care, and increased strain on hospitals and residential aged care. Canberra's carers make an extraordinary contribution, often at great personal cost. Losing any avenue of clinical respite now would only deepen existing disadvantage and contradict the ACT Government's own policy commitments. The decisions made now will shape not only the ACT Government's legacy but also the kind of community Canberra chooses to be, and we sincerely hope it is one that chooses to support its carers.

ⁱ Carers Australia (2023) *Respite Care Roundtable Background Paper*. Distributed to attendees of the National Respite Care Roundtable, not publicly available.

ⁱⁱ Carers Australia (2024) *Caring for others and yourself: Carer Wellbeing Survey 2024 Report*. Accessed via <https://www.carersaustralia.com.au/wp-content/uploads/2025/02/Final-CWS-2024-Report-compressed.pdf>.

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