



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

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4 May 2025

Name and address (in the ACT) supplied in covering email.

I strongly support the petitioners' request to ensure that Burrangiri Aged Care Respite Centre remains open until a satisfactory alternative can be found.

In early 2024, I arranged for my sister-in-law to stay at Burrangiri for four nights mid-week. **This was not for respite care.** Her brother (my husband) and I were **not** her carers. At the time, my sister-in-law was in her 70s and she lived independently in her own one-bedroom apartment.

This placement was to help my husband and I to assess the physical and mental capabilities of my sister-in-law. Her memory and behaviour had been deteriorating rapidly in 2023 and we wanted to know whether she could safely continue to live on her own in her own apartment. We had recently obtained a Power of Attorney and were actively seeking a medical diagnosis from a geriatrician for her condition. The waiting time for a geriatrician's appointment was several months.

When we approached Burrangiri we were not seeking respite care. We were seeking a safe place where my sister-in-law could stay with professional staff who would be able to observe her behaviour.

The four days at Burrangiri were invaluable in helping us to achieve our objective.

My sister-in-law has no partner nor children; she has led a reclusive life with only occasional ad hoc contact with us, her family. By early 2024, when we started actively to help her, she was not suitable to receive in-home care, home-help or meals-on-wheels because she did not answer her phone reliably nor did she know how to let people into her apartment (in an apartment block with touch screen doorbell/ entry systems). We had to use a door key to access her apartment even if she was inside and she knew we were due to visit. When we asked her questions about how well she was coping she only ever gave positive, non-committal or contradictory answers. She had not seen a doctor about her memory problems nor other symptoms.

We knew that she was confused and spatially disoriented because she wandered a lot. Safety was a concern. One evening she was found by us at a McDonalds in Weston but she was totally confused, could not account for her situation and believed that she was in Mittagong. On another occasion she was taken late at night to a police station by a bus company because she had been travelling on a local Canberra bus for hours believing that she was on her way to Sydney. There were other similar incidents.

Only by spending time observing her and listening to the comments from Burrangiri staff were we able to get a clearer idea about her spatial orientation confusion, organisational problems, gait problems and memory issues. At Burrangiri we accessed her iPad and found that she had been ordering and paying for multiple subscriptions to online newspapers/ subscription streaming services and local car rental companies (even though she had stopped driving some years before).

During the time my sister-in-law was at Burrangiri I was fortunate enough to be able to arrange a formal Aged Care Assessment Team (ACAT) assessment. She was assessed as requiring residential aged care in a dementia unit. Only by having her at Burrangiri could we know the full extent of her problems and hence ensure that the answers to the ACAT questions were accurate.

Within a few weeks of the ACAT assessment my husband and I managed to place my sister-in-law into a safe, dementia-specific residential aged care unit

Burrangiri offered a unique service. They accepted my sister-in-law even though she had not yet been assessed by ACAT as requiring residential aged care.

I could find no other facility in the ACT that would do this. The relevant ACT government website told me that two other organisations offered respite care. I rang them but neither would take my sister-in-law. In fact, they had ceased offering respite care let alone any respite care for people without an ACAT assessment.

My understanding is that there is a growing number of elderly people living alone. While my sister-in-law's situation may have been unusual, I am sure that it was not unique. The health system needs to have sufficient flexibility to accommodate individual differences and unique circumstances that arise. Burrangiri provided exactly the right service at the right time to meet our needs and to ensure the safety and well-being of my sister-in-law.