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

Legislative Assembly for the Australian Capital Territory
Standing Committee on Social Policy

Approved for publication

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About the committee

Establishing resolution

The Assembly established the Standing Committee on Social Policy on 2 December 2024.

The Committee is responsible for the following areas:

- Aboriginal and Torres Strait Islander Affairs
- Community Services
- Disability
- Early Childhood Development
- Education
- Families
- Health and health services
- Homelessness and housing services
- Intergenerational fairness
- Justice Health
- LGBTIQ+
- Mental health
- Multicultural Affairs
- Prevention of Domestic and Family Violence
- Seniors
- Social Housing
- Veterans
- Women (including the Office for Women)
- Youth Affairs.

You can read the full establishing resolution on our website.

Committee members

Mr Thomas Emerson MLA, Chair

Ms Chiaka Barry MLA, Deputy Chair

Mr Jeremy Hanson MLA CSC (from 2 December 2024 to 26 June 2025)

Miss Laura Nuttall MLA

Ms Caitlin Tough MLA

Secretariat

Ms Katie Langham, Committee Secretary

Ms Erin Dinneen, Assistant Secretary (from 2 December 2024 to 30 September 2025)

Mr Justice-Noah Malfitano, A/g Assistant Secretary (from 29 September 2025)

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About this inquiry

E-Petition 005-25 and Petition 017-25 on the Closure of Burrangiri Aged Care Respite Centre in Rivett were presented to the Assembly on 8 and 10 April 2025 respectively. The petitions received at least 500 signatures and were referred under Standing Order 99A to the Standing Committee on Social Policy for consideration. Standing Order 99B requires the Committee to make a decision on whether or not to inquire into a referred petition within 28 days of the Minister's response to the petition being tabled in the Assembly.

The Committee decided to inquire into the petitions on 22 April 2025.

Contents

Acronyms & Abbreviations

Acronym or Abbreviation	Long form
ACAT	Aged Care Assessment Team
ACT	Australian Capital Territory
ACT Health	ACT Health Directorate
Burrangiri	Burrangiri Aged Care Respite Centre
CARAT	Centre for Ageing Research and Translation
FOI	*Freedom of Information Act 2016*
Minister	Minister for Health
MLA	Member of the Legislative Assembly
RACF	Residential Aged Care Facility

Recommendations

Recommendation 1

In recognition of the considerable potential cost benefits to the ACT budget of specialist aged care respite, the Committee recommends that the ACT Government work closely with the Federal Government and community stakeholders to develop a sector plan, with the objective that 'sufficient aged care beds be provided to meet current and projected future demand', prior to finalising future funding decisions for the Burrangiri Aged Care Respite Centre.

Recommendation 2

The Committee recommends that the ACT Government finalise future funding decisions for the Burrangiri Aged Care Respite Centre at least six months prior to the end of the new two-year contract, and ensure any transitional arrangements are supported by clear communication with a focus on continuity of quality respite services, which could be informed by a new sector plan .

Recommendation 3

The Committee recommends that the ACT Government ensure that clients and carers at the Burrangiri Aged Care Respite Centre are adequately consulted and supported through any proposed changes to the service at least six months prior to the end of the new two-year contract.

Recommendation 4

The Committee recommends that the ACT Government include standard requirements, in any contract in which it provides funding for the delivery of services, including the new two-year contract to fund the Burrangiri Aged Care Respite Centre services, that the funding recipient also consult with affected service recipients in a timely manner, and that they actively support any transitional arrangements.

Recommendation 5

The Committee recommends that the ACT Government collect and regularly publish data on the supply of, and demand for, aged care respite services in the ACT. The data should include the total number of hospital bed days for persons who could have been accommodated in a respite care bed had one been available.

Recommendation 6

The Committee recommends that the ACT Government take proactive steps to increase aged care respite beds.

Recommendation 7

The Committee recommends that the ACT Government work with the Federal Government, respite care providers, and residential aged care providers to explore ways to utilise existing facilities to provide dedicated, fit-for-purpose, temporary aged care respite services that respect the dignity and wishes of clients and their families.

Recommendation 8

The Committee recommends the ACT Government ensure appropriate levels of dedicated aged care respite services are available in the ACT through additional government-owned services.

Recommendation 9

The Committee recommends the ACT Government provide incentives to encourage investment by private aged care providers for the construction of new dedicated age care respite facilities.

1. Introduction

Conduct of the inquiry

1.1. On 22 April 2025, the Standing Committee on Social Policy (the Committee) resolved to conduct an inquiry into Petition 017-25 and E-Petition 005-25: Closure of Burrangiri Aged Care Respite Centre in Rivett and called for submissions the following day.

1.2. The Committee received 25 submissions, which were published on the inquiry webpage and are listed in **Appendix A**.

Acknowledgements

1.3. The Committee thanks those who participated in, or otherwise assisted with, this inquiry.

1.4. In particular, the Committee would like to thank those who shared personal experiences. These submissions gave the Committee a glimpse of the reality of seeking or using aged care respite in the ACT, and the experience of ageing Canberrans and their families. The Committee is grateful for the time and energy spent, particularly given that some submissions included sensitive and potentially distressing content.

Burrangiri Aged Care Respite Centre

1.5. Burrangiri Aged Care Respite Centre (Burrangiri) is 'an ACT health site operated by The Salvation Army Aged Care' located in Rivett. It offers a short-term day respite program from 9.00 am – 3.00 pm on weekdays, overnight respite of up to three weeks, and can assist with arranging an Aged Care Assessment Team (ACAT)[1] assessment.[2]

1.6. An ACAT assessment is not required to access respite care at Burrangiri, which is unique amongst respite care providers.[3]

Proposed closure

1.7. The Minister for Health (the Minister) advised that a decision was made to close Burrangiri following advice from the former ACT Health Directorate (ACT Health) in a brief in December 2024.[4] In the brief, ACT Health recommended against extending the contract

[1] An aged care assessment is undertaken by the federal government, and is designed to assess eligibility for assistance, care needs, and the 'types of care and services a person may be eligible for' [source: Australian Government, Department of Health and Aged Care, *About aged care assessments,* https://www.health.gov.au/our-work/single-assessment-system/about (accessed 7 May 2025).

[2] The Salvation Army, *Burrangiri Aged Care Respite Centre*, 2025, https://agedcare.salvos.org.au/burrangiri-aged-care-respite-centre/ (accessed 4 July 2025).

[3] Name withheld, *Submission 6*, p 2; The Salvation Army, *Burrangiri Aged Care Respite Centre,* 2025, https://agedcare.salvos.org.au/burrangiri-aged-care-respite-centre/ (accessed 4 July 2025).

[4] The Committee notes that, following Machinery of Government changes, the directorate formally known as ACT Health is now the Health and Community Services Directorate [source: ACT Government, *ACT Budget 2025–26: Budget Outlook, p 51*].

'due to procurement rules, insufficient funding being available to cover escalating costs, and feedback from the Salvation Army.'[5]

1.8. The Minister advised the Assembly that a 2023 Asset Management Plan identified an indicative cost associated with maintaining the Burrangiri facility at the existing level of functional operation as approximately $900,000.[6] This would include the requirement for temporary closure of the facility while works were undertaken.[7]

1.9. The government advised The Salvation Army in January 2025 that the contract would not be renewed beyond June 2025.[8]

1.10. The proposed closure of Burrangiri was the subject of regular discussion in the Assembly Chamber since its announcement, including:

- a motion agreed on 5 March 2025 calling for government action, including the provision of alternative respite services and delaying the closure of Burrangiri;[9]
- a motion agreed on 10 April 2025 requiring the government to provide copies of documents related to Burrangiri and its services;[10]
- a motion agreed on 8 May 2025 calling on the government to, amongst other things, ensure Burrangiri remains open and 'continue its operations to 30 June 2026 (or later) with no break in service'; [11] and
- several questions without notice.[12]

Reversal of proposed closure

1.11. On 14 May 2025, the Minister announced that Burrangiri would remain open:

> …the directorate is now preparing the necessary paperwork for the delegate to consider a single select tender for the Salvation Army to continue the delivery of the Burrangiri respite service for a further two years… This will provide a short-term solution while the [C]ommonwealth works through the delivery of its commitment to replace this respite care capacity.[13]

1.12. The new Service Funding Agreement was executed on 25 June 2025 and provides for the ongoing operation of Burrangiri by The Salvation Army until 30 June 2027.[14]

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[5] Ms Rachel Stephen-Smith MLA, *Answer to Chamber QON 233*, p 1.
[6] Ms Rachel Stephen-Smith MLA, *Answer to QTON 72: Burrangiri*, Inquiry into Annual and Financial Report 2023–2024.
[7] Ms Rachel Stephen-Smith MLA, Minister for Health, *Assembly Debates*, 5 March 2025, p 444.
[8] Ms Rachel Stephen-Smith MLA, Minister for Health, *Assembly Debates*, 18 March 2025, p 604.
[9] ACT Legislative Assembly, *Minutes of Proceedings*, No. 9, 9 March 2025, pp 116–117.
[10] ACT Legislative Assembly, *Minutes of Proceedings*, No 16, 10 April 2025, p 215.
[11] ACT Legislative Assembly, *Minutes of Proceedings*, No 19, 8 May 2025, p 252.
[12] Questions without Notice: see, for example, *Proof Assembly Debates*, 18 March 2025, pp 603–604; 9 April 2025, pp 1038–1040. Additionally, the tabling of the two petitions which are the subject of this Inquiry took place on 8 and 10 April 2025 respectively.
[13] Ms Rachel Stephen-Smith MLA, Minister for Health, *Proof Assembly Debates*, 14 May 2025, pp 1611–1612.
[14] Tenders ACT, *Contract – 2025.457.016*, https://www.tenders.act.gov.au/contract/view?id=224531, 16 July 2025 (accessed 28 July 2025).

1.13. The Committee welcomes the government's decision to extend the Burrangiri service for a further two years. However, the process leading up to this decision highlighted several considerations for future funding decisions relating to Burrangiri and alternative aged care respite options.

1.14. In the coming chapters, the Committee will make recommendations to government that seek to:

- highlight the importance of aged care respite within the broader healthcare landscape;
- improve future decision making and consultation processes in relation to the Burrangiri facility; and
- ensure that there is sufficient availability of quality aged care respite places for ageing Canberrans and their carers into the future.

2. Funding considerations

2.1. One area of concern raised with the Committee was the potential service gaps should the Burrangiri centre close, including increased hospital usage and pressures on the health system.[15]

2.2. In an options paper developed ahead of the initial decision to close Burrangiri, the former ACT Health Directorate (ACT Health) stated that 'there is a gap in step-down respite care services in the ACT' and outlined the costs associated with respite care undertaken in public hospitals, indicating that these costs would continue to rise:

> Despite the ACT Government providing $14.57 million for respite care—comprising $1.8 million for Burrangiri and $12.77 million for public hospital bed costs—the demand for respite services continues to rise. The hospital separation trend indicates that the number of maintenance care beds in the public hospitals that are being used for respite is expected to increase to 51 beds by 2040-41, with an estimated cost of $20.58 million (based on the 2023-24 National Efficient Price [NEP])...This escalating demand underscores the necessity for community based residential respite services.[16]

2.3. In a ministerial brief prepared by ACT Health in February 2024, the cost of providing care for someone in hospital was estimated to be around $1,000 to $2,000 more expensive when compared to offering care in an ad-hoc aged care respite or residential aged care facility.[17]

2.4. The ACT Human Rights Commission stated that designated aged care respite beds enable 'timely hospital discharges where a person is medically stable, but does not yet have access to the care, services, equipment or home modifications they may require to safely return home.'[18]

2.5. The Salvation Army told the Committee of the significant reduction in hospital care which can be attributed to Burrangiri's services, stating that 'of our overnight admissions, 40% resulted in either reduced hospital length of stay or hospital avoidance.'[19]

2.6. The Committee heard that alongside the economic implications of unnecessary hospitalisations, there were personal costs too:

> My father was very emotional and distressed at the thought of having to remain in hospital for weeks. Notwithstanding the fact that my father hated the hospital

[15] See, for example, Carers ACT, *Submission 2*, p 6; Tom Anderson, *Submission 5*, p 3; Neville Jones, *Submission 8*, p 1; Centre for Ageing Research and Translation, *Submission 16*, pp 3–4; Meilani Salale, *Submission 24,* p 1.

[16] ACT Government, *ACT Government funded Respite Short-term options paper Final*, 22 November 2024, https://www.parliament.act.gov.au/__data/assets/pdf_file/0010/2864647/Burrangiri-1172-Short-term-options-paper-Burrangiri.pdf pp 10-11 (tabled 6 May 2025).

[17] ACT Government, ACT Health Directorate and Canberra Health Services disclosure logs, *All documentation pertaining to the closure of the Burrangiri Aged Care Respite Facility*, Reference number ACTHDFOI24-25.10, 6 May 2025 https://www.act.gov.au/__data/assets/pdf_file/0011/2847062/ACTHDFOI24-25.10-ACTHD-Response_DL.pdf (accessed 3 July 2025), pp 13–14.

[18] ACT Human Rights Commission, *Submission 18*, p 2.

[19] The Salvation Army, *Submission 1*, p 3.

> and it wasn't a suitable environment for him - my father was taking up a hospital bed when he didn't need to be in one.[20]

2.7. The ACT Government advised that funding for aged care respite services is a Commonwealth Government responsibility, with increased capacity expected to result from national aged care reforms and a $10 million commitment from the Commonwealth for purpose-built respite care in the ACT:

> The ACT Minister for Health has written to the re-appointed Commonwealth Minister for Health and Ageing to prioritise the progress and scope of this work and determine the best use of the funding to increase capacity for aged care respite. This includes seeking a Commonwealth contribution to the cost of delivering the extension of Burrangiri services, as well as encouraging the Commonwealth Government to expedite delivery of its broader commitment.
>
> The ACT Government will continue to call on the Commonwealth to work with the aged care sector to facilitate additional capacity for respite in existing and new residential aged care in the short, medium and long term.[21]

2.8. Alternative options suggested for the Burrangiri facility included a blended funding model, with the Commonwealth and Territory governments sharing the costs:

> Accrediting Burrangiri as a residential aged care facility would qualify it to receive Commonwealth funding for ACAT-assessed overnight bed clients. Given that such clients account for the vast majority of overnight bed clients, and that overnight bed clients incur significantly higher per capita costs than do day centre clients, it could be expected that engaging Commonwealth Residential respite subsidy and supplements payments would reduce reliance on ACT Health funding very significantly. ACT Health would bear the residual costs for non-ACAT assessed overnight bed days and day centre clients.[22]

2.9. The Save Burrangiri Action Group also raised this possibility, stating that 'The Salvation Army is already an approved aged care provider', and with ACT Government support could seek to have the Burrangiri facility accredited.[23]

Committee comment

2.10. The Committee considers it essential that the government appropriately recognise the economic savings and benefits to wellbeing of consumers and carers by investing in appropriate aged care respite capacity to prevent unnecessarily prolonged hospital admissions.

2.11. The Committee acknowledges the complexity of funding arrangements for aged care respite and supports the ACT Government in advocating to the Commonwealth Government on this matter. However, noting the significant pressure facing the health

[20] Kirsty, *Submission 4*, p 1.
[21] ACT Government, *Submission 22*, p 2.
[22] Peter Morris, *Submission 19,* p 4.
[23] Save Burrangiri Action Group, *Submission 25*, p 11.

system, the Committee considers further planning should be undertaken to ensure any service gaps are identified and addressed.

Recommendation 1

In recognition of the considerable potential cost benefits to the ACT budget of specialist aged care respite, the Committee recommends that the ACT Government work closely with the Federal Government and community stakeholders to develop a sector plan, with the objective that 'sufficient aged care beds be provided to meet current and projected future demand', prior to finalising future funding decisions for the Burrangiri Aged Care Respite Centre.

3. Burrangiri facility decision making and consultation processes

3.1. From the individual submissions received during this inquiry, it is clear to the Committee that Burrangiri is a much-loved facility that provides an important service within the community. Many submitters shared their personal experiences of the facility.

Box 1 – Personal experiences of Burrangiri

> …I would like to reiterate that my father personally told me many, many times how happy he was at Burrangiri, and what an incredible and special place it was…Burrangiri shouldn't be closed. If anything, more centers like it should be opened.[24]
>
> My husband attends Burrangirri [sic] on a regular basis and we are delighted to have such service which is not only convenient for us, but it is well operated by professional, caring and experienced staff.[25]
>
> Burrangiri was the epitome of loving, sensitive personalized care- and my sister steadily improved in this excellent environment.[26]
>
> My father attends the centre twice a week and consistently returns home feeling uplifted, supported, and well cared for. It has become a vital part of his routine, health, and overall wellbeing.[27]
>
> Burrangiri Day program filled a huge gap, providing professional care, loving and friendly environment and nourishing morning and afternoon teas with a two course lunch, all prepared on-site.[28]
>
> For the ACT Government to simply taking away this treasured facility from Carers without an alternative is really short term vandalism being imposed on the ACT Caring community.[29]
>
> … stress [of caring] on me had become intolerable…a friend suggested Burrangiri. I went to assess it & was delighted with what I found. A clean, friendly, professional & well run establishment.[30]

3.2. Members of the community passionately advocated for Burrangiri to remain open, with Carers ACT arguing the 'strong community reaction to the proposed closure shows the

[24] Kirsty, *Submission 4*, p 2.
[25] Lieta Sauiluma-Duggan, *Submission 13*, p 1.
[26] Dr Sue Packer AO FRACP, *Submission 15*, p 2.
[27] Peter James Duggan, *Submission 21*, p 1.
[28] Name Withheld, *Submission 10*, p 1.
[29] Tom Anderson, *Submission 5*, p 3.
[30] Maureen Lundy, *Submission 9*, p 1.

depth of unmet need' in relation to aged care respite services.[31] This was supported by the Save Burrangiri Action Group, which highlighted Burrangiri's '100% occupancy and a 98% client satisfaction rating.'[32] The Minister acknowledged this advocacy during her statement in the Assembly announcing the reversal of the closure decision.[33]

3.3. Staff at the centre were praised by many submitters and the Minister for their commitment, compassion and strong work ethic,[34] with the Minister acknowledging the 'considerable uncertainty' experienced as a result of the debate.[35]

3.4. The Committee heard that certainty was of great importance for staff, clients and carers.[36] The value of continuity of care was an issue raised in several submissions,[37] with one submitter arguing that older Canberrans are often vulnerable and should be 'sensitively guided through any necessary change…'[38] Another submitter argued that consultation on and provision of 'fair notice' to Burrangiri clients and families about any changes should have taken place prior to the announced closure.[39]

3.5. As the current service provider, The Salvation Army spoke of the importance of transitional arrangements, stating that '[o]f upmost importance to The Salvation Army is for the ACT community to be able to continue to access quality respite services without a reduction in available services.'[40]

3.6. The ACT Human Rights Commission provided the Committee with a case study in relation to the proposed closure of the centre, which illustrates the importance of consultation, support, and planned transitional arrangements:

[31] Carers ACT, *Submission 2*, p 2.
[32] Save Burrangiri Action Group, *Submission 25*, p 3.
[33] Ms Rachel Stephen-Smith MLA, Minister for Health, *Proof Assembly Debates*, 14 May 2025, p 1604
[34] See, for example, Ruth Carter, *Submission 3*, pp 1 and 3; Lieta Sauiluma-Duggan, *Submission 13*, p 1; Name Withheld, *Submission 14*, p 1; Dr Sue Packer AO FRACP, *Submission 15*, p 2; Saitalia Salale, *Submission 23*, p 1.
[35] Ms Rachel Stephen-Smith MLA, Minister for Health, *Proof Assembly Debates*, 14 May 2025, p 1606.
[36] Ruth Carter, *Submission 3*, p 5.
[37] Peter Morris, *Submission 19*, p 3; Health Care Consumers Association, *Submission 20*, p 2; Meilani Salale, *Submission 24*, p 1; Save Burrangiri Action Group, *Submission 25*, p 5.
[38] Dr Sue Packer AO FRACP, *Submission 15*, p 4.
[39] Peter Morris, *Submission 19*, pp 6–7.
[40] The Salvation Army, *Submission 1*, p 4.

Case Study 3: Complaint

A carer brought a complaint on behalf of their mother, raising concern about the ACT Health Directorate's decision to cease funding for Burrangiri Aged Care Respite Centre without communicating that it was funding an equivalent respite service.

The carer informed the Commission that their mother attended the day centre so they could go to work, noting that their mother had dementia and could not be left alone as she wandered. The carer stated Burrangiri Aged Care Respite Centre's day respite service had provided high level, consistent care to their mother for several years and neither they or her mother had been consulted prior to the decision being made and communicated about the day centre closing.

The carer was unsure what day centre service would be able to meet their mother's needs once Burrangiri Aged Care Respite Centre closed, and as of April 2025, claimed they had not received any support to locate or transition their mother to an alternate day centre service that could accommodate her dementia related needs. The carer indicated their mother was confused about the closure and would be distressed if she could not attend. The carer noted they were concerned about her ability to work if the centre closed.

The carer claimed that the manner in which a decision was made to close the centre, without consulting the people who use the service, dismissed issues relevant to older people, treated older people less favourably and may not meet the ACT Government's human rights obligations. The complaint will be considered as a human rights complaint.

Figure 1: Case Study of a complaint made to the ACT Human Rights Commission regarding the proposed closure of Burrangiri [source: ACT Human Rights Commission, *Submission 18*, p 5].

3.7. The Minister advised the Assembly that The Salvation Army 'were advised in January [2025] that their contract would not be renewed at the end of June [2025], so that they had that capacity to work with staff through the transition…'[41] It is unclear what notice was provided directly to clients and their families.

Committee comment

3.8. The Committee considers that funding decisions relating to vital community services—such as aged respite care—should be finalised at least six months before the expiry of existing service delivery contracts, with appropriate alternative arrangements identified and communicated at this time. These services are often supporting vulnerable families, and are staffed by dedicated employees who deserve certainty.

3.9. The Committee remains concerned that if not properly managed, the expiry of the new contract in two years' time may result in a period of uncertainty and stress for families and staff. As such, it considers timely consultation, support, and transitional arrangements to be essential in relation to any future changes to the services provided at Burrangiri. The Committee considers that similarly timely consultation, support and transitional arrangements should be afforded to any vital community service prior to the expiry of an existing contract as a standard requirement.

[41] Ms Rachel Stephen-Smith MLA, Minister for Health, *Assembly Debates*, 18 March 2025, p 604.

Recommendation 2

The Committee recommends that the ACT Government finalise future funding decisions for the Burrangiri Aged Care Respite Centre at least six months prior to the end of the new two-year contract, and ensure any transitional arrangements are supported by clear communication with a focus on continuity of quality respite services, which could be informed by a new sector plan .

Recommendation 3

The Committee recommends that the ACT Government ensure that clients and carers at the Burrangiri Aged Care Respite Centre are adequately consulted and supported through any proposed changes to the service at least six months prior to the end of the new two-year contract.

Recommendation 4

The Committee recommends that the ACT Government include standard requirements, in any contract in which it provides funding for the delivery of services, including the new two-year contract to fund the Burrangiri Aged Care Respite Centre services, that the funding recipient also consult with affected service recipients in a timely manner, and that they actively support any transitional arrangements.

4. Aged care respite capacity and planning

Supply and demand considerations

4.1. Burrangiri provides approximately 50 percent of aged care respite in the ACT.[42] The Committee was told by several submitters that, even with Burrangiri's services, the supply of aged care respite services in the ACT does not meet demand.[43]

4.2. Carers ACT advised that '[d]ata 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.'[44]

4.3. The Centre for Ageing Research and Translation (CARAT) stated that a recent study found that there was a need for more respite services in the ACT for those caring for people with dementia.[45] CARAT provided a range of statistical indicators relating to aged care which 'highlight an urgent need for more accessible, flexible, and person-centred respite services in the ACT…'[46]

4.4. The ACT Human Rights Commission noted that older people now make up a greater proportion of Australia's population, suggesting this may be a contributing factor to the shortage of overnight respite care services in the ACT: [47]

> …there is already a critical shortage of respite within the ACT and the closure of the centre, without equivalent respite services being funded and made available prior to closure, will further exacerbate this shortage and impact the population who rely on this service.[48]

4.5. Carers ACT called for an audit of current and future demand for respite:

> **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.

Figure 2: Proposal for an audit of current and projected respite demand [source: Carers ACT, *Submission 2*, p 6].

4.6. In the 2024 options paper, the former ACT Health Directorate (ACT Health) advised the Minister that 'further work is required to consider the impact of flexible respite services on the broader healthcare system particularly the subacute/non-acute hospital system and

[42] Save Burrangiri Action Group, *Submission 25*, p 1.
[43] See, for example, Carers ACT, *Submission 2*, p 3; Christine Johnson, *Submission 12*, p 1; ACT Human Rights Commission, *Submission 18*, p 3.
[44] Carers ACT, *Submission 2*, p 3.
[45] Centre for Ageing Research and Translation, *Submission 16*, p 2.
[46] Centre for Ageing Research and Translation, *Submission 16*, p 2.
[47] ACT Human Rights Commission, *Submission 18*, p 3.
[48] ACT Human Rights Commission, *Submission 18*, p 4.

hospital avoidance.'[49] The ACT Government submission highlighted the recent $10 million commitment from the Commonwealth government for respite care, stating that the funding was significant and would influence 'the future of respite services in the ACT, including Burrangiri.'[50]

4.7. The Save Burrangiri Action group advised the Committee that a long-term plan was essential, citing the 'complexity of the respite landscape…'[51]

Committee comment

4.8. The Committee supports the need for long-term and comprehensive planning for aged care respite services and considers reliable data on current and projected supply, demand, and care levels for aged care respite should underpin this process.

Recommendation 5

The Committee recommends that the ACT Government collect and regularly publish data on the supply of, and demand for, aged care respite services in the ACT. The data should include the total number of hospital bed days for persons who could have been accommodated in a respite care bed had one been available.

4.9. Several individuals shared their difficulties in trying to access aged care respite in the Territory:

> I have spoken to a few providers of Respite…Effectively, we have the major Residential Aged Care providers in the ACT no longer offering short term overnight Respite to those caring for a loved one at home.[52]

> The relevant ACT government website told me that two other organisations offered respite care. I rang them…in fact, they had ceased offering respite care let alone any respite care for people without an ACAT assessment.[53]

> …anyone who has sought emergency respite care can attest to the fact that increased demand has meant that there are fewer places available… Is an exhausted and stressed carer to be left to ring around Canberra and the region desperately looking for accommodation for their loved one as though they are trying to book a kennel over the Christmas holidays?[54]

4.10. The Committee heard that there were a range of pressures impacting the availability of aged care respite, including older people comprising an increasingly large proportion of the

[49] ACT Government, *ACT Government funded Respite Short-term options paper Final*, 22 November 2024, https://www.parliament.act.gov.au/__data/assets/pdf_file/0010/2864647/Burrangiri-1172-Short-term-options-paper-Burrangiri.pdf, p 19 (tabled 6 May 2025).

[50] ACT Government, *Submission 22*, p 1.

[51] Save Burrangiri Action Group, *Submission 25*, p 3.

[52] Tom Anderson, *Submission 5*, p 2.

[53] Name withheld, *Submission 6*, p 2.

[54] Patricia Richardson, *Submission 11*, p 1.

population, a general shortage of beds in Residential Aged Care Facilities (RACFs), and 'heavily subscribed' designated overnight respite services.[55]

4.11. Carers ACT stated that '[a]ddressing 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.'[56] The submission also referred to the Burrangiri facility as a 'rare and critical' provider of aged care respite, and gave a stark assessment of the Territory's respite landscape, stating that even with Burranigiri, services are already insufficient:

> 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 illusionary 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.[57]

Committee comment

4.12. The Committee remains concerned that there are not enough aged care respite services available, given the evidence received from both organisations and individuals in desperate need of aged care respite.

4.13. The Committee supports the implementation of the ACT Carers Strategy 2018–2028 and considers that the provision of sufficient quality aged care respite services is an essential component of realising the strategy's vision and priorities and meeting the government's human rights obligations.[58]

Recommendation 6

The Committee recommends that the ACT Government take proactive steps to increase aged care respite beds.

[55] ACT Human Rights Commission, *Submission 18*, p 3.
[56] Carers ACT, *Submission 2*, p 2.
[57] Carers ACT, *Submission 2*, p 4.
[58] ACT Government and Carers ACT, ACT Carers Strategy 2018-2028 Final Report First Action Plan, December 2021. Page 8 of the strategy notes the vision is 'a community that cares for carers and the people they care for. Supporting carers is investing in Canberra's future'. Core components of the strategies' priorities include enhanced support services and the equitable treatment of carers' needs.

The aged care respite landscape

4.14. The Minister indicated that, in the longer term, aged care respite may increasingly be provided by RACFs:

> …we will continue to call on the [C]ommonwealth to work with the aged care sector to facilitate additional capacity for respite for older Canberrans in the short, medium and long term because we know if we incentivise respite in aged care facilities, it can be provided.[59]

4.15. Additionally, the Committee notes that the Minister has questioned the long-term viability of Burrangiri as a 'standalone 15-bed respite facility…particularly given the changing landscape of aged care reform and funding in Australia and the ACT.'[60]

4.16. As discussed in chapter two, aged care respite is a Commonwealth responsibility and national aged care reforms are seeing significant new investment in the ACT. This is expected to result in more residential aged care beds opening by the end of 2025.[61]

4.17. The Committee heard from many submitters that the Burrangiri service offered a level of care that many in our community consider it to be irreplaceable by non-dedicated respite services.[62] Some submitters suggested that there should be more facilities offering dedicated aged care respite, given the importance of continuity of care and the safe, homely environment that a dedicated facility can provide.[63]

4.18. One submitter elaborated on the difference between purchased beds (in RACFs) and dedicated facilities:

> …the implications for clients and their families of distributed care (purchased beds) versus specialised care (purpose-specific facilities)…lies in the focus of the respective models: in distributed care, respite clients are transient visitors to a facility which understandably is focused on its long-term residents. Purpose-specific respite care facilities, by contrast, are typically smaller and focused solely on their short-stay overnight clients and recurrent day program clients…for many – as attested in the response of Burrangiri clients and their families – the difference can be critical, increasing quality of life and reducing dependence on Commonwealth and Territory resources.[64]

4.19. The Committee was advised by some individual submitters that accessing aged care respite through RACFs is difficult, describing experiences of calling around to multiple facilities without success.[65] In addition, it was put to the Committee by the Health Care Consumers'

[59] Ms Rachel Stephen-Smith MLA, Minister for Health, *Proof Assembly Debates*, 14 May 2025, p 1605.
[60] ACT Government, *Submission 22*, p 1.
[61] ACT Government, *Submission 22,* p 1.
[62] See, for example, Ruth Carter, *Submission 3*, p 1; Kirsty, *Submission 4*, p 2; Name Withheld, *Submission 7*, p 1.
[63] See, for example, Kirsty, *Submission 4*, p 2; Name Withheld, *Submission 7*, p 1; Neville Jones, *Submission 8*, p 1.
[64] Peter Morris, *Submission 19*, p 6.
[65] Name withheld, *Submission 6*, p 2; Maureen Lundy, *Submission 9*, p 1; Jessie Price, *Submission 17*, p 1.

Association that inadequate access to respite 'may result in older individuals being prematurely placed in residential aged care…'[66]

4.20. Carers ACT raised concerns relating to how some RACFs operate in practice, given the shortage of available beds:

> 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.[67]

Committee comment

4.21. The Committee considers that given the evidence received, if Residential Aged Care is to be used as part of the respite landscape, work should be undertaken to improve access, utilisation, and the experience overall for carers and elderly Canberrans.

Recommendation 7

The Committee recommends that the ACT Government work with the Federal Government, respite care providers, and residential aged care providers to explore ways to utilise existing facilities to provide dedicated, fit-for-purpose, temporary aged care respite services that respect the dignity and wishes of clients and their families.

Recommendation 8

The Committee recommends the ACT Government ensure appropriate levels of dedicated aged care respite services are available in the ACT through additional government-owned services.

Recommendation 9

The Committee recommends the ACT Government provide incentives to encourage investment by private aged care providers for the construction of new dedicated age care respite facilities.

[66] Health Care Consumers' Association, *Submission 20*, p 1.
[67] Carers ACT, *Submission 2*, p 3.

5. Conclusion

5.1. The Committee would like to thank the ACT Government, and the many organisations and individuals who participated in this inquiry.

5.2. The Committee makes nine recommendations.

Mr Thomas Emerson MLA
Chair, Standing Committee on Social Policy
10 October 2025

Appendix A: Submissions

No.	Submission by	Received	Published
1	The Salvation Army, Australia	12/05/2025	20/05/2025
2	Carers ACT	12/05/2025	20/05/2025
3	Ruth Carter	12/05/2025	21/05/2025
4	Kirsty	02/05/2025	21/05/2025
5	Tom Anderson	05/05/2025	20/05/2025
6	Name withheld	05/05/2025	21/05/2025
7	Name withheld	11/05/2025	21/05/2025
8	Neville Jones	11/05/2025	20/05/2025
9	Maureen Lundy	11/05/2025	20/05/2025
10	Name withheld	11/05/2025	21/05/2025
11	Patricia Richardson	11/05/2025	20/05/2025
12	Christine Johnston	11/05/2025	20/05/2025
13	Lieta Sauiluma-Duggan	12/05/2025	20/05/2025
14	Name withheld	12/05/2025	21/05/2025
15	Dr Sue Packer AO FRACP	12/05/2025	20/05/2025
16	Centre for Ageing Research and Translation (UC)	12/05/2025	20/05/2025
17	Jessie Price	12/05/2025	20/05/2025
18	ACT Human Rights Commission	12/05/2025	20/05/2025
19	Peter Morris	12/05/2025	20/05/2025
20	Health Care Consumers' Association Inc	12/05/2025	20/05/2025
21	Peter James Duggan	12/05/2025	20/05/2025
22	ACT Government	14/05/2025	20/05/2025
23	Saitalia Salale	14/05/2025	20/05/2025
24	Meilani Salale	14/05/2025	20/05/2025
25	Save Burrangiri Action Group	19/05/2025	11/06/2025