

STAFFING RATIOS: November 2015

The issue of staffing ratios in residential aged care has been ongoing for several years, but there is no firm evidence to support whether they achieve better outcomes for residents. The acuity of residents differs widely, with some requiring a great deal more care and support than others and this can change over time within a facility. There is also great variety in the layout of aged care facilities and models of care leading to differing staffing requirements. Staffing flexibility is required so that residents receive quality, appropriate care.

There is a very robust system in place to ensure quality of care in Australian aged care facilities including the standards of the Australian Aged Care Quality Agency. They examine issues such as clinical care and staffing levels with regular visits to nursing homes. Care hours in residential aged care have, in fact, increased over the last decade. The total care numbers in 2004 were 36.59 and in 2014, 42.6 in 2014. Level 1 RN hours have decreased slightly (0.1 hours), but Level 2, 3, 4 RN hours have increased (0.4 hours).¹

The aged care and services industry in Australia needs to grow significantly in the coming years. According to government projections, there is a need for an additional 75,000 residential aged care places and a further 85,000 home care packages over the 10 years from 2013 to 2023.² Reforms currently underway will also have a major impact on the way that services are delivered and staffed into the future. The challenge of developing the future aged care workforce is not simply about finding more workers but developing new staffing models and modes of service delivery which will change the composition and structure of the aged care workforce.

In its 2011 report *Caring for Older Australians*, the Productivity Commission (PC) stated that improved information and communication technology would have an impact on both quality and productivity within the aged care sector.³ However, as well as bringing significant benefits, the introduction of information and communication technology also has implications for the skills and training of staff and the ability of aged care managers to successfully lead change.

The PC also noted that: *“while there are superficial attractions to mandatory staffing ratios, there are also downsides. An across-the-board staffing ratio is a fairly ‘blunt’ instrument for ensuring quality care because of the heterogeneous and ever changing care needs of aged care recipients- in the Commission’s view it is unlikely to be an efficient way to improve the quality of care. Because the basis for deciding on staffing levels and skills mix should be the care needs of residents, it is important that these can be adjusted as the profile of care recipients’ changes (because of improvements/deteriorations in functionality and adverse events, etc). Imposing mandated staffing ratios could also eliminate incentives for providers to invest in innovative models of care, or adopt new technologies that could assist care recipients .”*⁴

ACSA’s POSITION

- **ACSA supports sustainable staffing levels, and appropriate skill-mix, across the aged care sector but does not support fixed staffing levels.**
- **To ensure an adequate and well trained workforce providing quality care, ACSA supports the development of a national aged care workforce strategy. The strategy would contain a national framework for action providing direction for state, regional and local initiatives.**
- **ACSA supports sector wide leadership development, and financial support for technology projects in the aged care sector that: enable agencies to deliver effective and efficient home care; support implementation and uptake of technology through training and change management; support education and skills development; and, improve delivery systems such as catering and maintenance.**

¹ Bentleys National Aged Care Survey, October 2014, www.agedcaresurvey.com.au.

² Aged Care Financing Authority. (2013): ‘Inaugural report on the funding and financing of the aged care sector’. Canberra: Australian Government Department of Health and Ageing.

³ Productivity Commission. (2011). *Caring for older Australians, report no. 53, final inquiry report*. Canberra.

⁴ Productivity Commission. (2011). *Caring for older Australians, report no. 53, final inquiry report*. Canberra. P.206.