

3 August 2010

Caring for Older Australians
Productivity Commission
PO Box 1428
Canberra City ACT 2601



Dear Commissioners

I write in response to your Draft Report of January 2011. I commend you on a quite thorough reflection on some of the challenges and opportunities within the aged care sector. I believe you have identified a number of strategies that if effectively implemented would put Australia in a stronger position to offer a great community as our population ages.

I am compelled though to take the Commission to task for apparently overlooking the key place of technology in the scope of Caring for Older Australians. I refer you to my earlier submission (Tech4Life # 273) and the details of a number of interventions that have included technology which have lead to significant (from both a scientific and user point of view) gains for both older people (and their autonomy and health) and the wider community.

At the time of writing my previous submission, the Federal Department of Health and Ageing had not released a report on the place of assistive technology for older people. I am pleased to say that this report 'Comprehensive scoping study on the use of assistive technology by frail older people living in the community' was released in February this year¹. Although completed over a very short timeframe, and thus with some limitations acknowledged by the authors, this Report does provide a sound literature review and some discussion with key Australian stakeholders. A direct quote from the Report's Executive Summary should highlight the outcome of this evaluation of the evidence:

*'Assistive technology is one area with enormous potential to improve the quality of life, mobility and independence of many Australians, enabling them to continue living at home and to remain connected to their communities for longer. Assistive technology is any device, system or design that allows an individual to perform a task that they would otherwise be unable to do, or that increase the ease and safety with which a task can be performed. In combination with face-to-face individual support, assistive technology has the potential to support the independence of older people, improve their safety and security and assist them to continue living at home.'*²

The Report and other documents also highlight the substantial economic benefits that can be achieved through appropriate use of assistive technologies by older people.

As your Draft Report has highlighted, we are on the cusp of significant social change in Australia as the first of the baby boomer generation reach the nominal retirement age of 65 years. These people bring extensive experience and comfort with broad technology and information and communication technologies, that the previous generation did not. When

¹ Connell J, Grealy C, Olver, K and Power J (2008) Comprehensive scoping study on the use of assistive technology by frail older people living in the community, Urbis for the Department of Health and Ageing. Available at: <http://www.health.gov.au/internet/main/publishing.nsf/Content/ageing-assistive-technology.htm>

² Ibid, p6

combined with the greater expectations of autonomy, mobility and wealth (as noted in Sections 3.3-3.6 of the Draft Report), consideration needs to be given to the reality of greater use of technology by older Australians – not just in home modifications and related issues. The confinement of technology issues and potential to Sections 10.1 and 10.2 and only oblique reference in Chapter 13 seems a serious oversight.

In terms of Chapter 13 – Research and Evaluation, I would again urge you to review the findings of the report by Connell et al. cited above. The authors note the growth in international research but the paucity of strong Australian based research, and thus limitations to the validity of some work in an Australian context. I suspect that should you review Chapter 13 again after reading the Connell et al Report, you will notice that there does seem to be some glaring gaps in the research groups and work currently being supported and conducted in this country.

I will conclude by highlighting a presentation I saw two weeks ago at the International Seating Symposium in the USA. Two clinically based researchers presented early work they have done on the benefits of powered mobility (electric wheelchair) for people following stroke (CVA) and other brain injuries. While traditionally assistive technologies have been used once a condition has stabilised as an adjunct or substitute for impaired function, this study demonstrated dramatic effects from a therapeutic perspective. The gentleman presented suffered from severe lateral and visual neglect as well as difficult behaviour and speech problems following a CVA. Following only ten 30min sessions using a powered wheelchair, many of these problems had been significantly diminished, to the extent that the gentleman was almost independent in mobility and making significant progress on previously intractable speech problems. The work highlighted the increasing link now between effective activity (the powered mobility provided) and neuroplastic adjustments within the brain that can result. Surely more support for and research into the place and value of a range of technologies is warranted if we are to maximise the ongoing participation of our older community members.

Yours sincerely,

Dr Lloyd Walker.