

Authentically Valuing Lived Experience

Co-designing the Neurobehavioural Unit at the
Repat Health Precinct in Adelaide, South Australia

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tacsi.org.au

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The context to this work was highly political and controversial

What is Tier 7 BPSD?

Characterised by symptoms that make care in mainstream aged care difficult such as:

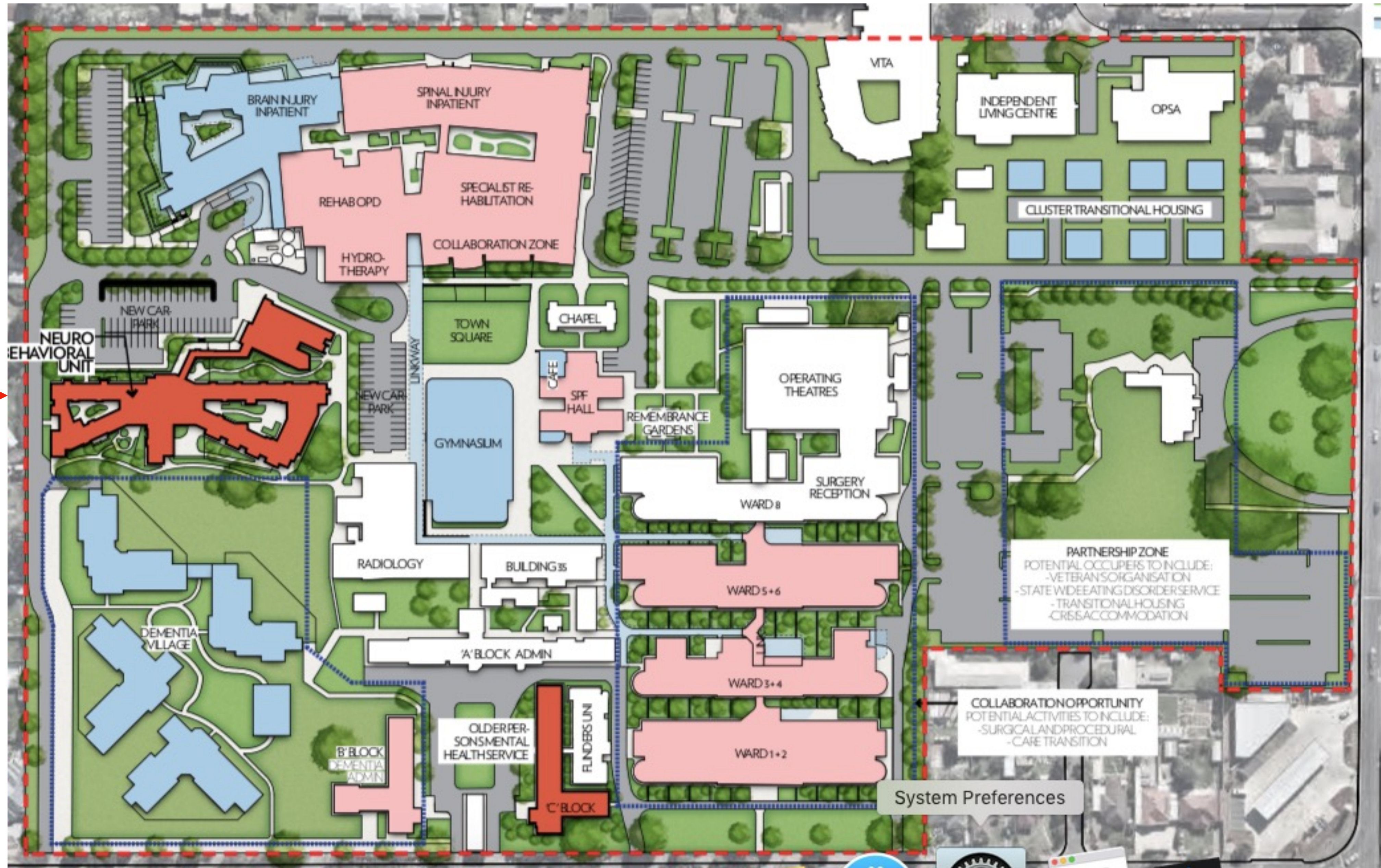
- Violence
- Aggression

A Neurobehavioural Unit is:

- Is an Older Person's Mental Health Unit
- Operated by the State
- Length of stay of approx 12 – 18 months
- Provides trauma informed, person-centred care
- Is a therapeutic environment



Neuro-behavioural Unit



Why engage with people with lived experience?



An iterative process beginning with a desk review to inform the design and content of three subsequent workshops



Key foci:

- Existing practice and design principles underpinning Dementia Villages
- Outcomes & Response to the Oakden Enquiry
- Co-Designed Principles Aged Care in Strathalbyn

Key foci:

- Understanding key needs of a dementia facility
- Test, build, extend initial set of draft design principles

Key foci:

- Test, build, extend design principles
- Initial responses to wider plan for Repat Health Precinct & NBU
- Key needs and test initial ideas for bedrooms, ensuites, internal shared areas

Key foci:

- Validate final version of design principles
- Re-test iterated shared internal spaces
- Initial responses to wider plan for outside areas
- Understand ideal 'look and feel' for shared internal and external areas

The overall process focussed on obtaining ‘deep’ over ‘broad’ insights

Smaller workshop groups

Enable:

- **Space** to engage, understand and respond more deeply
- **Safety** for sharing vulnerable experience (important due to the sensitive nature of the context)

Approx 15 participants / workshop – combination of:

- Family members with lived experience of caring for someone with extreme symptoms of dementia (x 8)
- Policy makers
- Architects
- Consumer advocates
- Same people involved across all workshops

Steps were taken within and between workshops to actively deconstruct traditional relationships of power

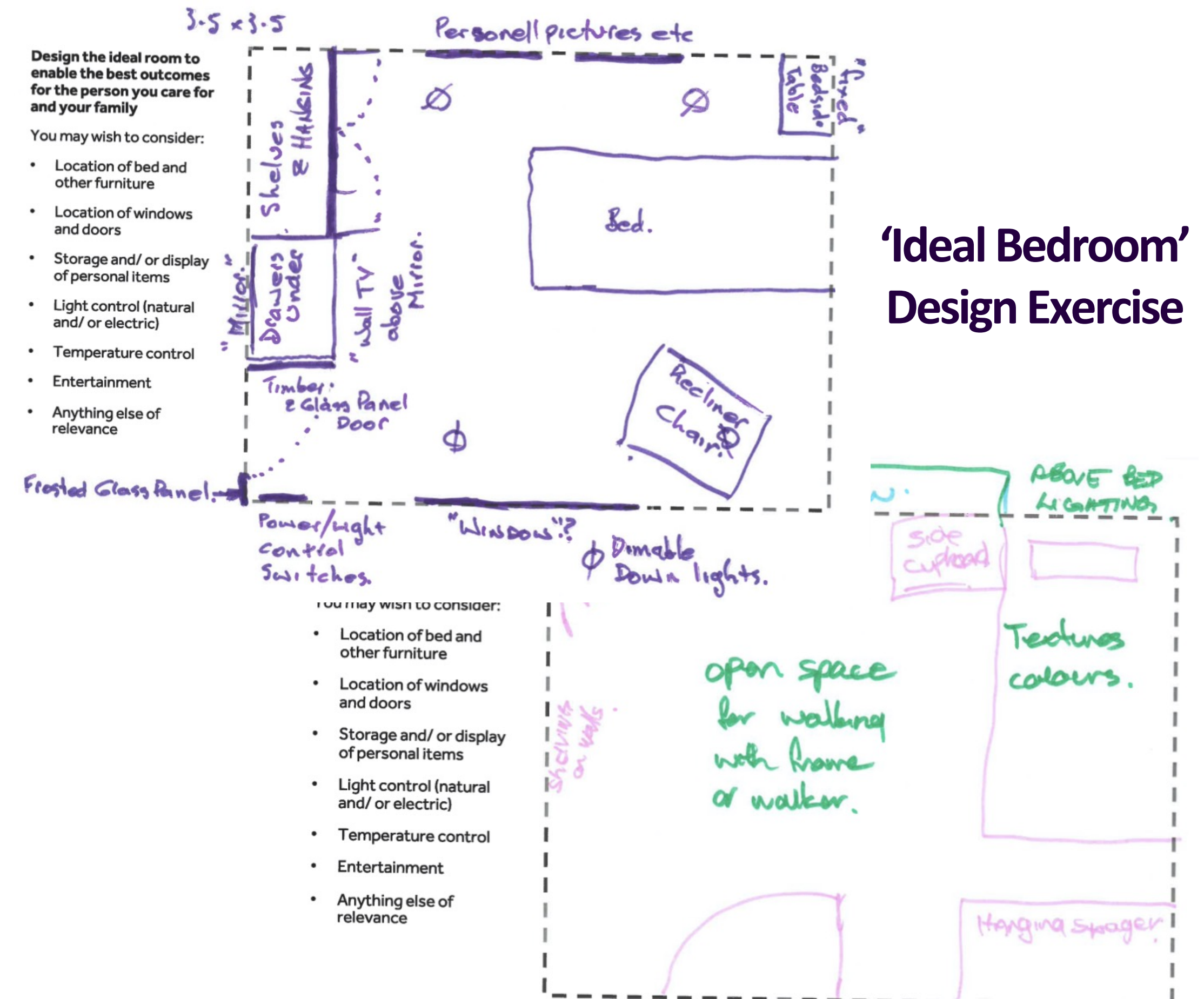
Deconstructing power enables people with lived experience to meaningfully contribute

- Defining the role of the architects and policy makers as ‘listeners’
- Workshop facilitation that explicitly valued the contributions of families (above all else)
- Opportunity and permission for families to step in and out at their discretion/ on their own terms
- Briefing families of the broader intent and plans for the wider site – enabled contributions to be better informed
- Holding the workshops in a ‘neutral’ venue (i.e., at TACSI)

Meaningful contributions were supported through the use of generative exercises

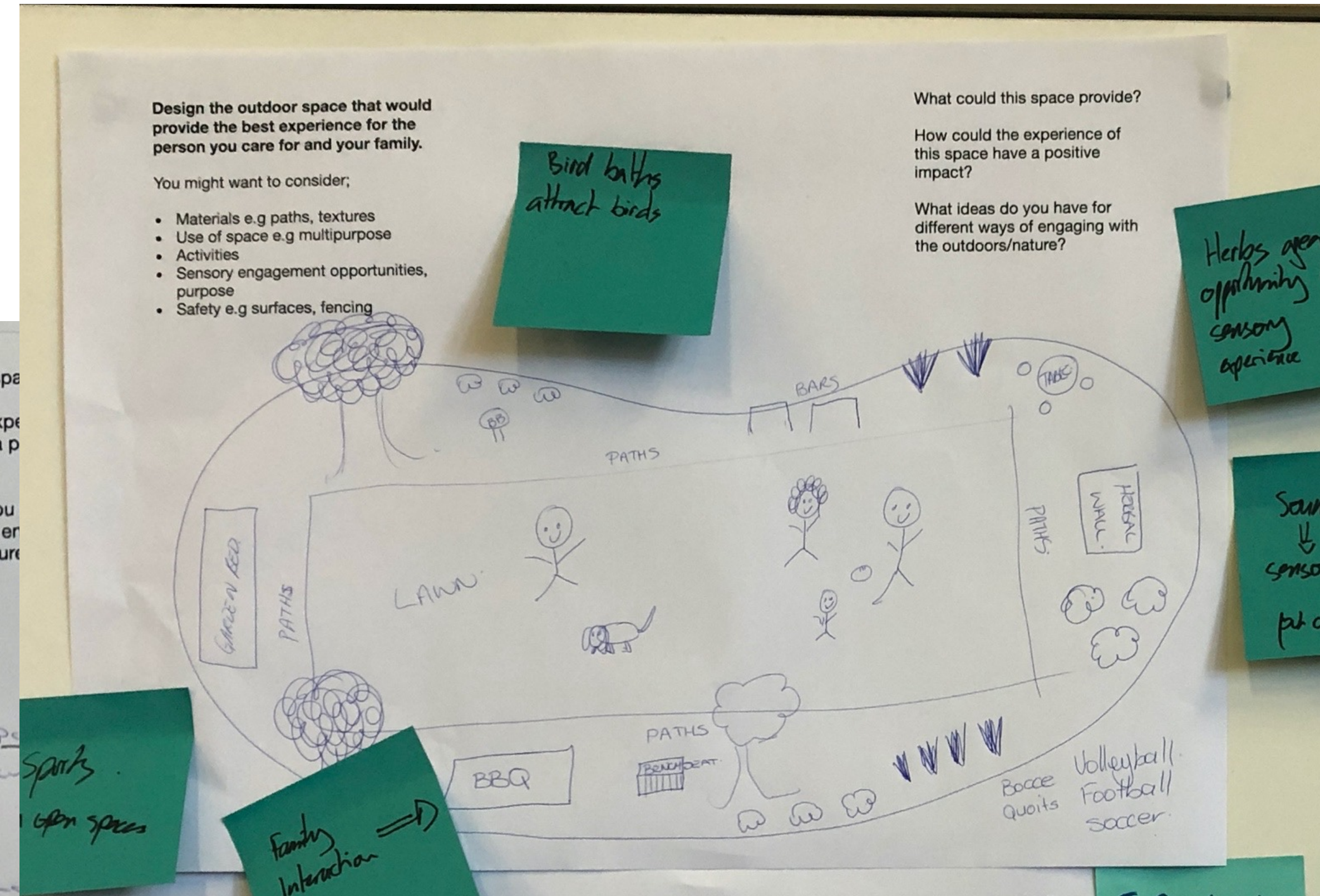
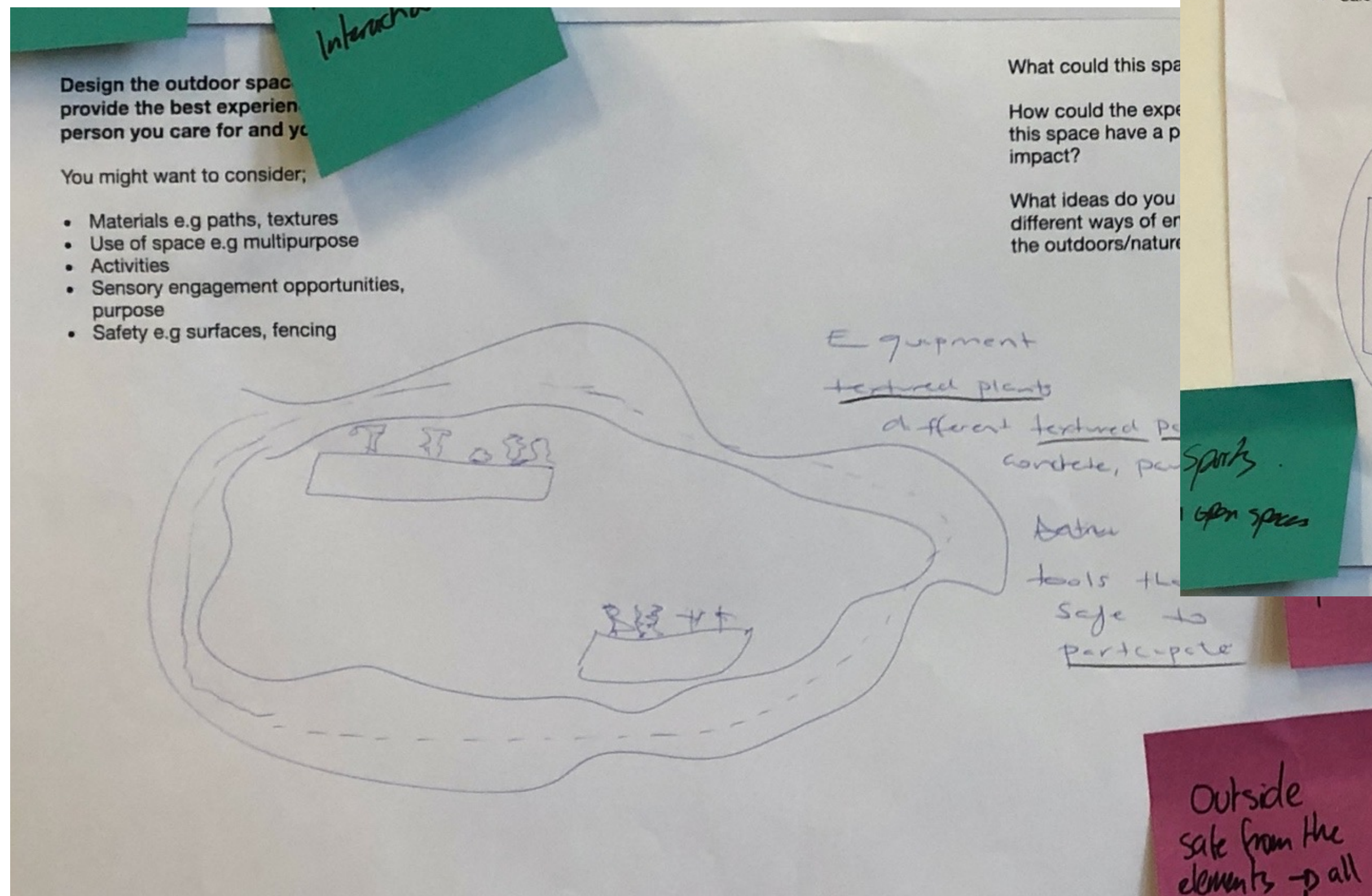
Help people to clearly describe implicit perceptions that can otherwise be difficult to articulate

Collective collaging:



Meaningful contributions were supported through the use of generative exercises

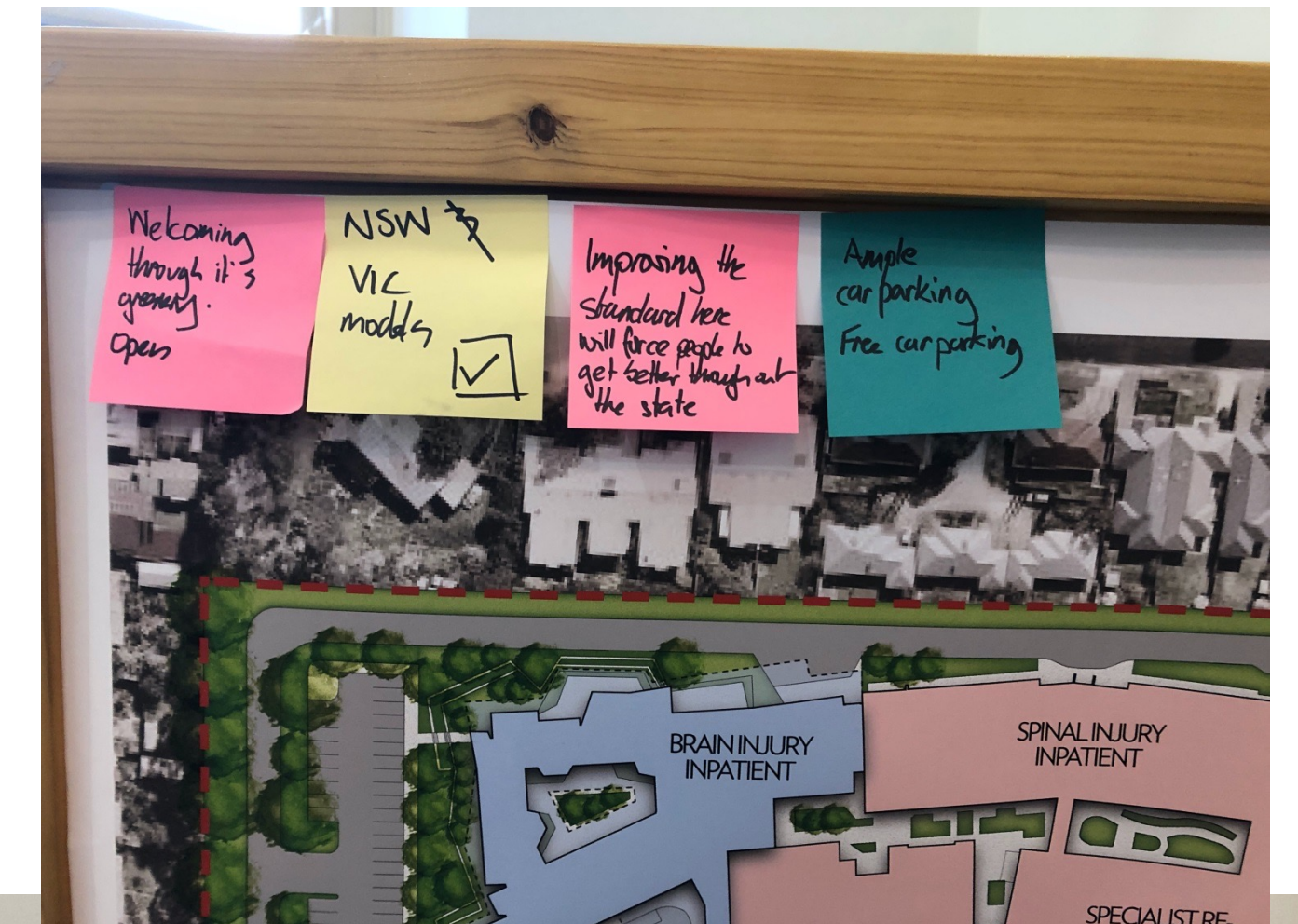
'Ideal Outside Area' Design Exercise



Prototypes designed from participant perspective

- Removing 'noise' and unnecessary info
- Colour coding areas/ functions
- Printing on A0 for easy interaction

Each prototype introduced by architect for relevant context and intent.



Six key design principles developed with families

Highest potential for impact
(according to families)

**1. Create an environment
where my loved-one can
live their best life**

**2. Positively transitioning
through change**

**3. Homes, not
Institutions**

**4. Meaning and
Purpose**

**5. Enabling Choice and
Control**

**6. Opportunities for Social
Connectedness**

Lower potential for impact
(but still important)

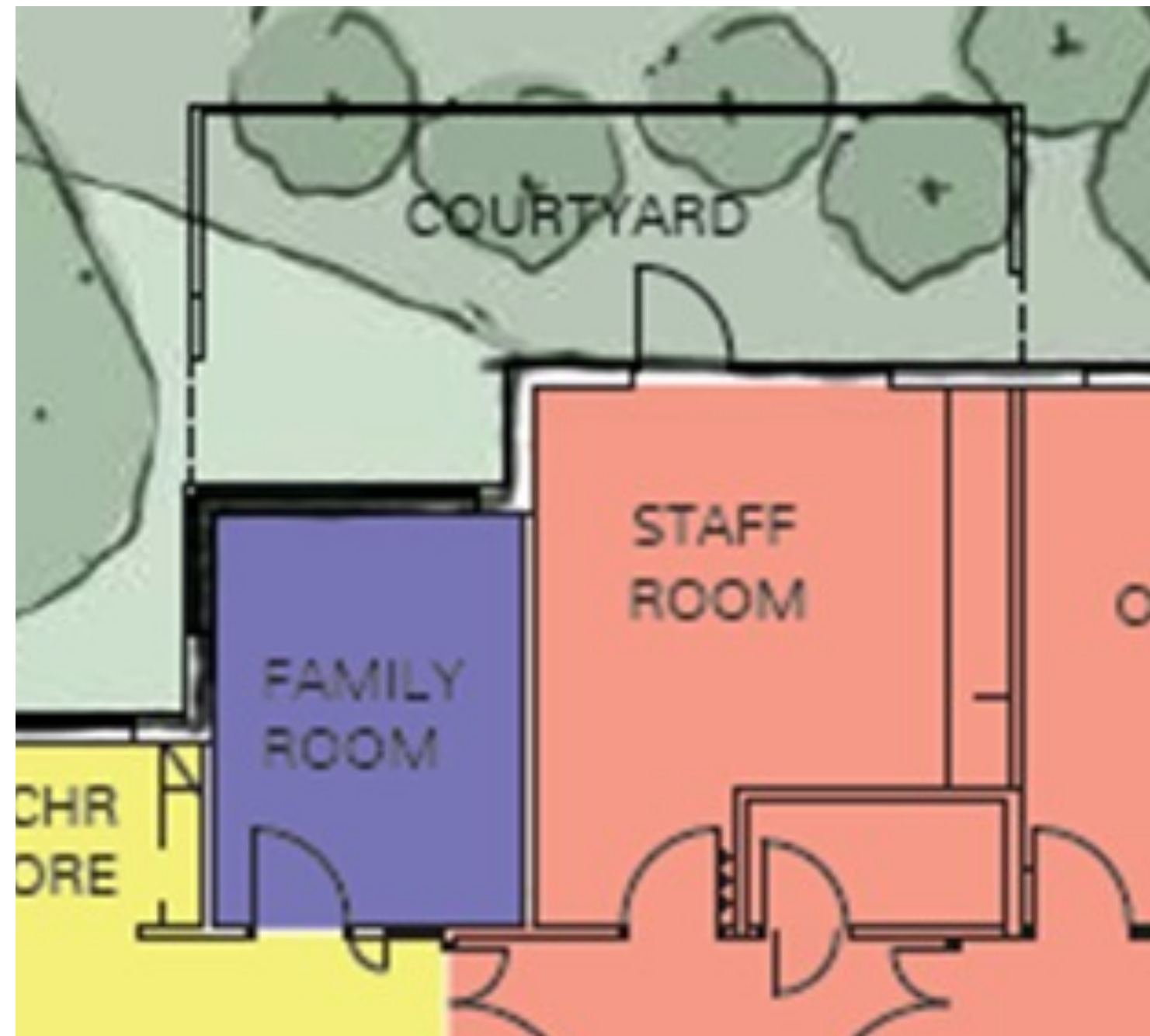
The nature of the challenges that come from the severity of symptoms means it is generally difficult to achieve outcomes relevant to these two principles

Family Space

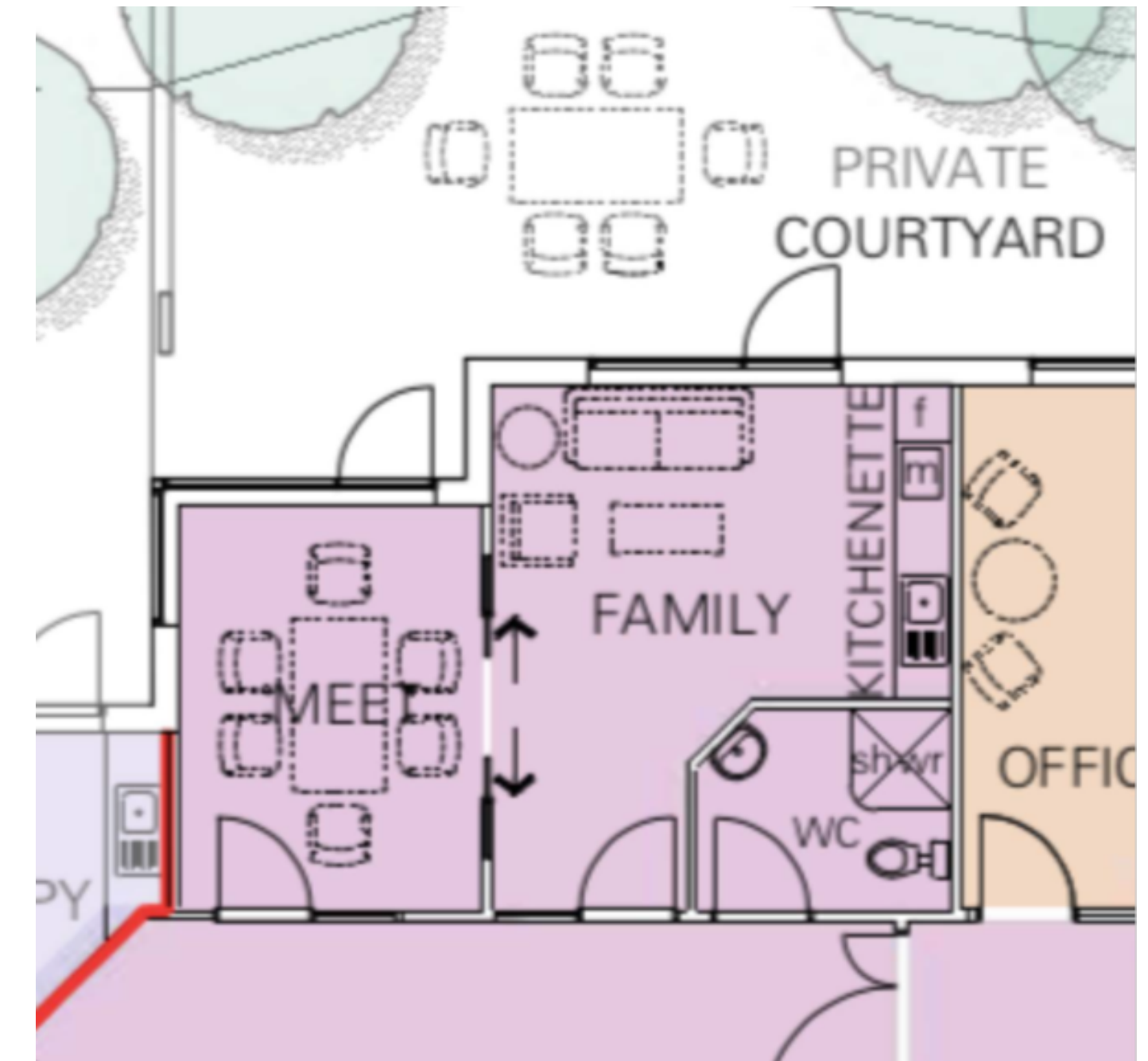
Key needs/ design provocations:

- Private/ separated spaces for families to be together
- Space that enables loved-ones to provide support through tough times
- Spaces where families can stay overnight to be more hands-on in care
- Quiet reflective spaces where family and staff can grieve/step out

Original Design:



After input from families



Kitchen Design

Key needs/ design provocations:

- Cooking is an important way of providing personalised care to loved ones
- Requires access to a kitchen where meals can be made from scratch
- Space needs to be big enough to share with staff
- Need to prevent residents from entering (for safety) but enable visual interaction, face to face contact and cooking smells to emanate

Architects: Walter Brooke
Photography: Slingshot Studios



Design of the Outdoor Areas

Key needs of external areas:

- Make them robust
- Create opportunities for physical activity
- Create opportunities for intergenerational interaction
- Provide protection from the elements



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Photography: Slingshot Studios

The delivery of this project has been undertaken through a partnership between:

- Families of people living with dementia
- The Australian Centre for Social Innovation (TACSI)
- SA Health - Office for Ageing Well, Office of the Chief Psychiatrist, Infrastructure Team, clinicians from the Older Person's Mental Health Teams
- Walter Brooke & Associates Architects
- Oxigen Landscape Architects

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We sincerely thank everyone who generously offered their time and insight throughout this project.