



Background

- 1976, 9% aged 65 and over
- 1996, 12% aged 65 and over
- 2016, 16% aged 65 and over
- 12% of the population but account for 35% of health expenditure



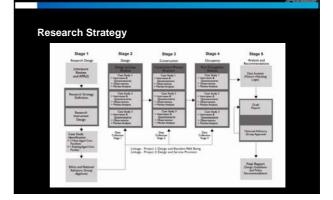
Background (cont.)

- Evolving from institutional to more domestic models that:
 promote independence
 - allow ageing in place
- New BCA category for aged care buildings introduced in 2002
- Quality of living environment impacts on psychological and physical health
- Limited research into:
 - measurement of living environment quality
 - measurement of design flexibility

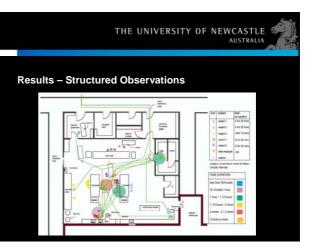
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Research Aims

- · identify issues that impact on residential aged care design
- develop strategies that improve the capacity of residential facilities to:
 adapt to changing care needs, and
- support the efficient and effective provision of care, and
- inform certification and design standards.



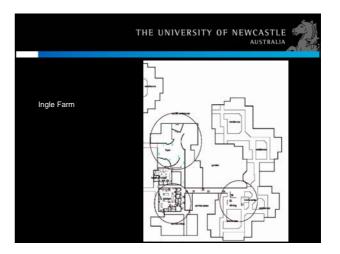
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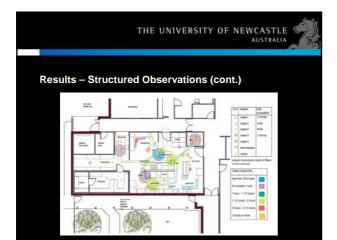


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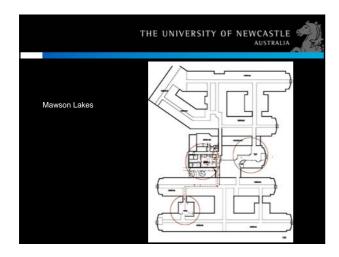
Results – Document Analysis

<u>Table 1: Nur</u> Design Elen		er and Location of Design Element References t Document Type					
	General Correspondence	Design e Minutes	Site Minutes	Contract Notices			
Access	3	14	2	2	21		
Kitchen	2	12	1	2	17		
Laundry	2	5	1	0	8		





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Results – Self-Rep Interview Group			
Residents	9	Functionality – more concerned about service provision than facility design Deson flexibity – desire to personal osses and to have sufficient space for personal possisions Socializing flexibity – option to socialise or not	
Staff (Nursing)	9	Functionality – design for efficient work flow patterns and sufficient space for larger pecos of equipment Security – auflicient security especially after hours Privacy – needed for administration duties and breaks	
Staff (Logistics)	7	Functionally – design for efficient maintenance and work flow patterns Consultation – sufficient consultation during design stage Storage – sufficient space for maintenance equipment	
Management	5	Finance – expensive to build and operate Design flexibility – accreditation and ageing in place Consultation – post occupancy evaluation needed	
Visiting Service Providers	7	Functionality – building legibility/navigability, sufficient space, equipment and parking	
Architects	2	Consultation - client assumes the architect is familiar with the building type Quality/cost - limited by the project budget	





Discussion

- Access, kitchens and laundries dominate the design process
- Storage, spatial personalisation and work flow efficiency
- Consultation with users and staff
- Project limitations:
 - small sample
 - lack of decision-making structures
 - client held documentation only
 - limited to areas used by external service providers

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Conclusion

- Two key contextual factors: - trends indicate a need for increasingly flexible aged care facilities - there is a link between design and user satisfaction
- This study has isolated a number of design elements critical to the capacity
 of service providers to provide efficient and effective service
- This study has also affirmed other research that indicates the importance of the briefing process in user satisfaction.





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Results - Self-Report Surveys (cont.)

	No.	Environmen Factor	tal Results					
			very poor				very good	
·			1	2	3	4	5	
Ingle Farm	5	natural light			2	1	2	
ingic runn		artificial light		2	1	2	-	
		noise level		-	2	1	2	
		temperature		1	2	2	-	
		fresh air flow			3	1	1	
		humidity			ĩ	4		
		practicality		1	1	1	2	
Mawson Lakes	3	natural light	2		1			
		artificial light			1	1	1	
		noise level			3			
		temperature		1		1	1	
		fresh air flow		1		2		
		humidity		1	2			
		practicality						