Co-designing Aged Care in Strathalbyn

Outcomes Report
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Introduction

Australia's population is ageing, as it is around the world. As we grow older, our needs and wants change which means new models of care and approaches to ageing are needed to help improve the lives and wellbeing of those in our communities.

Through a $12million upgrade of the Strathalbyn and District Aged Care Facility and broader precinct, SA Health are committed to delivering world-leading aged care in Strathalbyn.

The upgrade offers a unique opportunity to build upon Strathalbyn's proud history of community led and connected aged care facilities and services, to ensure it meets the needs of the community and allows them to live and age well now and into the future.

To ensure the community's needs are reflected in the final precinct design, SA Health engaged the Global Centre for Modern Ageing (GCMA), with assistance from The Australian Centre for Social Innovation (TACSI), to lead a co-creation process.

During March 2019, over 180 aged care residents, health professionals and community members contributed in workshops, interviews and a community forum to the development of design principles which will guide the planning of the new aged care facility and services in Strathalbyn.

These design principles outline key elements of home and life that could be incorporated into the future aged care facility and precinct to ensure they are places that the community value, where residents want to live, and families want to visit.

This report summarises the views and experiences of the local community and may inform the future design of the Strathalbyn aged care precinct and influence a broader model of care for South Australia.

The project was supported by funding from SA Health and was overseen by the SA Health Office for Ageing Well and Country Health SA Local Health Network.

Key outcome: design principles

The insights gathered during the community engagement process were consolidated into six design principles that could guide the future provision of aged care. While the design principles do not include every individual piece of information, they capture the recurring themes that were important to the community.

Many of the ideas, opinions and suggestions raised by the Strathalbyn community were also supported by the background research (Dyer et al., 2018, Fleming & Bennett, 2017, TACSI, 2017).

To illustrate how the design principles could impact the emotional connection to the facility, each principle is accompanied by a personal narrative. These narratives do not represent any individual person, but rather seek to represent the thoughts, feelings and knowledge of the community.

There are six design principles in total:

1. **Home – not institution**
   Create a sense of 'home' (for any context where people are living).

2. **Social connectedness**
   Enable meaningful connections with others and the places where people live.

3. **Meaning and purpose**
   Maintain meaning and purpose in an individual's life.

4. **Choice and control**
   Offer greater choice and control in how individuals can live their lives.

5. **Valuing people**
   Value people, their experience and their contribution.

6. **Transitions**
   Enable resilience and access to the proper supports that help people successfully navigate transitions.

These design principles outline key elements of home and life that could be incorporated into the future aged care facility and precinct.

In this context, the facility refers to the revitalised Strathalbyn's aged care facility, which will total 92 beds (with the addition of the 36-beds) where the 'precinct' refers to the health and aged care facilities along High Street, current and future aged care facility, Reg Sissons Centre, the hospital and the Kalimna site.

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Design Principle 1:
Home – not institution

Create a sense of 'home' (for any context where people are living).

Illustrative narrative

Ron Smith
Receiving aged care services at home

Carmel Mercer
Moving to residential aged care next year

John Flower
Carer of his partner

Wherever I live should feel like my home – not like a hospital, dormitory, or any other kind of institution. Having a good home is key to providing a sense of safety and stability in life – a secure base where I can be myself and venture out into the world.

My care needs to be tailored to me – this helps me feel respected, valued, supported and positively regarded. After all, I'm a person, and I don't want to be defined by my clinical and medical needs. The care I receive shouldn't feel like a 'one-size fits all' approach, where everyone receives the same care.

I want to focus on living for as long as possible. However, when the time comes, I also want to die in a setting that feels like my home, honours my needs, who I am and the life I've lived. Ultimately, I need to feel like I'm the one in control of my life. Maintaining independence and freedom are especially important for living a good life and shouldn't be limited by the policies and schedules of the organisations that provide my care. If I can find my own solutions that enhance my life, they should be supported.

Design considerations

Precinct	• Design spaces that enable people to connect to community life including: - Spaces that promote incidental interaction, e.g. gardens, water, places for sitting and resting. - Spaces that people can safely and freely move around – consider all kinds of ability (including buggies, walkers, and other aids).
Facility	• Cluster rooms into smaller groups. • Provide easy and unrestricted access to kitchen facilities and garden/nature. • Offer a range of spaces for people to use for different purposes. • Enable couples to live together. • Make it feel homelike by supporting the display of personal items. • Deliver homely palliative care settings. • Hide away medical and other equipment. • Locate and design nursing stations to minimise the impact of staff activity to residents' day-to-day lives.
Service	• Support people to stay at home as long as possible/appropriate. • Enable people to access individualised care and remain active in the care they receive. • Provide quality food and meals.

"I would like to see a small-scale kitchen where 6-8 residents can participate in the meal prep – peel the potatoes, feel part of it, smell the food cooking." **– Strathalbyn resident**

Design Principle 2:
Social connectedness

Social connectedness enables meaningful connections with others and the places where people live.

Illustrative narrative

Javier Gutierrez
Receiving aged care services at home

Sally Williams
Moving to residential aged care next year

Ahmed Abdul
Carer of his partner

A life connected to others is a life well-lived. However, my ability to form meaningful connections is greatly enhanced (or inhibited) by the nature of my home and the community in which I live.

My environment needs to support me in following the natural ebbs and flows in life that allow me to express who I am, even if this changes over time. Having access to places and experiences where I can continue to grow as a person,

surrounded by those I love and trust, is essential for maintaining positive social and emotional wellbeing.

It's not just about physical spaces and proximity to others, people also need to consider the nature of services, models of care and mindsets of practice.

Design considerations

Precinct	• Provide pathways and easy access, which is wheelchair and walker friendly, throughout the precinct to invite and encourage people to move around. • Create spaces that promote incidental interaction. • Make the precinct lively by providing activities, services and purposes for people of all ages. • Reclaim existing community assets/resources (Reg Sissons Centre and Kalimna Hostel) • Offer a variety of spaces for people to use for different purposes. • Provide reasons and opportunities for the broader community to visit the precinct.
Facility	• Design a facility that is inviting to visitors of all ages and allows people to meet for different purposes in different areas. • Enable and support residents to practice the routines, rituals and hobbies that express who they are.
Service	• Provide access to personal mobility and transport. • Provide adequate parking for visitors. • Design for continuation of services, especially through transitions.

"If you have visitors, you either have to go to their room or the lounge and sit with everyone else... It would be nice to have an area – a small area with a couch and where you can make coffee." **– Strathalbyn resident**

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Design Principle 3:
Meaning and purpose

Maintain meaning and purpose in an individual's life.

Illustrative narrative

Giovanna Cavina
Future resident of an aged care facility

Ralf Stockmann
Lives independently in his own house

As I get older, I often feel it's more difficult to create a sense of meaning and purpose in life. This is related to:
- *Changes to my roles, responsibilities and what people expect of me.*
- *Unexpected challenges to my independence.*
- *Feeling less valued by society.*
- *Feeling lonelier and more isolated from others.*

However, no matter how old I become, I'll never lose the desire to:
- *Connect meaningfully with others.*
- *Contribute to my community and feel like I matter.*
- *Learn, be challenged and achieve self-growth.*
- *Do the things that make me who I am.*

Design considerations

Precinct	• Offer learning and personal growth opportunities (e.g. classrooms and computers with Wi-Fi access). • Create opportunities for pampering and self-care (e.g. hairdresser and massage). • Enable access to natural spaces and activities in nature.
Facility	• Enable and support residents to practice the routines, rituals and hobbies that express who they are. • Create spaces that enable people to meet and connect formally and informally. • Provide access to animals/pets. • Offer a variety of spaces for people to use for different purposes and activities. • Support opportunities to practice religion/spirituality. • Provide technology for work, play and connection (e.g. computers, pads, Wi-Fi and screens).
Service	• Encourage service cultures that emphasise 'doing with' rather than 'doing for'. • Provide opportunities for people to contribute to their wider community.

"The gardening makes me feel useful...it makes me feel like I have choices...I am strong because of it...it challenges me ...I have to work out how to do things." **– Strathalbyn resident**

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Design Principle 4:
Choice and control

Offer greater choice and control in how individuals can live their lives.

Illustrative narrative

Brian James
Future resident of an aged care facility

Kim Kwong
Resident of Strathalbyn aged care facility

Anna Johanson
Carer of her partner

Choice and control give me a sense of independence and freedom. It gives me flexibility to do what I want, when I want, without feeling restricted by the wants and needs of others.

The 'right' kind of choice is also important – i.e. choice over what matters most to me, within a context where I'm not overwhelmed by too many options, nor too restricted in what's available to me. Similarly, others need to support and respect my decision making – they should trust my capabilities for making choices that create the best outcomes in my life.

To support my ability to apply choice and control, I need ongoing opportunities to retain, maintain and improve my abilities – technology could help in some contexts.

Others should recognise I still have resilience despite also having some vulnerabilities. For example, when navigating life-transitions, enabling what has worked prior to continue after the transition is complete, is one way others can help me maintain and enhance my resilience. When choice is taken away, I feel dependent on others and like they control my life.

Design considerations

Precinct	• Provide choices in accessible services.
Facility	• Design so that people in any circumstances, and with any condition, can live well (e.g. dementia). • Create a feeling of control by highlighting areas people can freely access and camouflaging areas they cannot freely access • Consider technology-based solutions that allow residents to move around freely while unobtrusively monitored (e.g. indoor GPS based systems). • Provide choice in how, what and when people eat. • Design spaces for privacy and enable intimacy. • Offer individual control of air-conditioning.
Service	• Provide options for dying well. • Design for flexibility, so people can choose how they best live, based on their individual circumstance. • Provide services to plan ageing well at home and/or in residential aged care. • Enable choice in who provides care to people (formally and informally). • Prioritise the schedules of care recipients not carers in developing timetables. • Reduce red-tape that restricts choice and makes people feel like others control their lives.

"It's about quality of life… I want to choose when I engage with people… it's about choice and control around privacy, around how I want to live my life." **– Strathalbyn resident**

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Design Principle 5:

Valuing people

Value people, their experience and their contribution.

Illustrative narrative

Malaki Letti
Resident of Strathalbyn aged care facility

Gregory McArthur
Future resident of an aged care facility

Lea Spencer
Receiving aged care services at home

Whether I'm the person receiving care, a family carer or professional staffer, I have the potential to contribute to the well-being of myself and others.

However, the nature of aged-care systems often prevents us from being our best selves or doing our best work. Staff and carers widely experience excess pressure and poor conditions including high resident ratios, organisational rigidness and a lack of emotional support. Many older people experience separation from their community.

As a member of the Strathalbyn community, I know first-hand what's possible when we all come together and unite behind the issues that affect us. The friends of older people group, the informal transport network, and the community fundraising for Kalimna are all examples of this.

There's an opportunity for Strathalbyn to develop our own talent-pool – for people to provide localised care. Through minimising staff turn-over in and out of the region, we could all access and provide better and more consistent care.

Design considerations

Precinct	• Design a workforce strategy that aligns with the new way aged care will be delivered in Strathalbyn. • Offer access to proper training for staff.
Facility	• Focus on staff happiness and promote conditions that enable staff to provide their best care (e.g. through the design of spaces, service and business models and a strong focus on working culture). • Build on the networks and relationships that already exist in the area by designing facilities that invite the local community and carers to be part of daily routines.
Service	• Develop new ways for volunteering. • Provide ways for family carers to contribute as valued experts in their loved one's care to achieve positive outcomes. • Consider staff-to-resident ratios. • Consider shared and co-care models as potential approaches for formalising and growing existing networks and relationships. • Encourage peer to peer models to complement other services.

"We've been married for 60 years and I've spent 8 years caring for her – I know her pretty well." **– Strathalbyn resident**

Design Principle 6:
Transitions

Transitions enable resilience and assist people to access the supports they need to help them successfully navigate through their life's changes.

Illustrative narrative

Sandra Madlin
Carer of her partner

Isaac McDowell
Future resident of an aged care facility

Barry Jones
Resident of Strathalbyn aged care facility

I've learnt the hard way that transitions are inevitable as we become older. When I'm properly supported to navigate these changes, I experience positive outcomes in almost every facet of life.

Three kinds of transitions tend to have the greatest impact to my life and to those who care about me:

- *Personal transitions – e.g. the progression of care needs, grief and loss, changes in financial circumstances, changes in significant relationships and changes in the circumstances of loved ones.*
- *Medical transitions – e.g. those between general practice, acute health, specialist health and community health.*
- *Funding stream – e.g. those between and within health care streams, aged care streams and disability support streams.*

Unfortunately, the systems, services and supports available often aren't equipped to properly help me through these changes. As a result, when they occur, the quality of my care and my ability to make good choices decreases.

Ideally, I'd like the number and kinds of transitions I'm forced to navigate to decrease as I get older. However, where they're necessary, the following could help minimise the extent they negatively impact my life:

- *Enabling soft/gradual transitions (rather than hard/sudden transitions).*
- *Proactive planning, rather than reactive change.*
- *Intentional processes that support emotional wellbeing and respond to the complexity that can come from grief and loss.*
- *Creating multiple ways and choice in how transitions are implemented and experienced.*

Design considerations

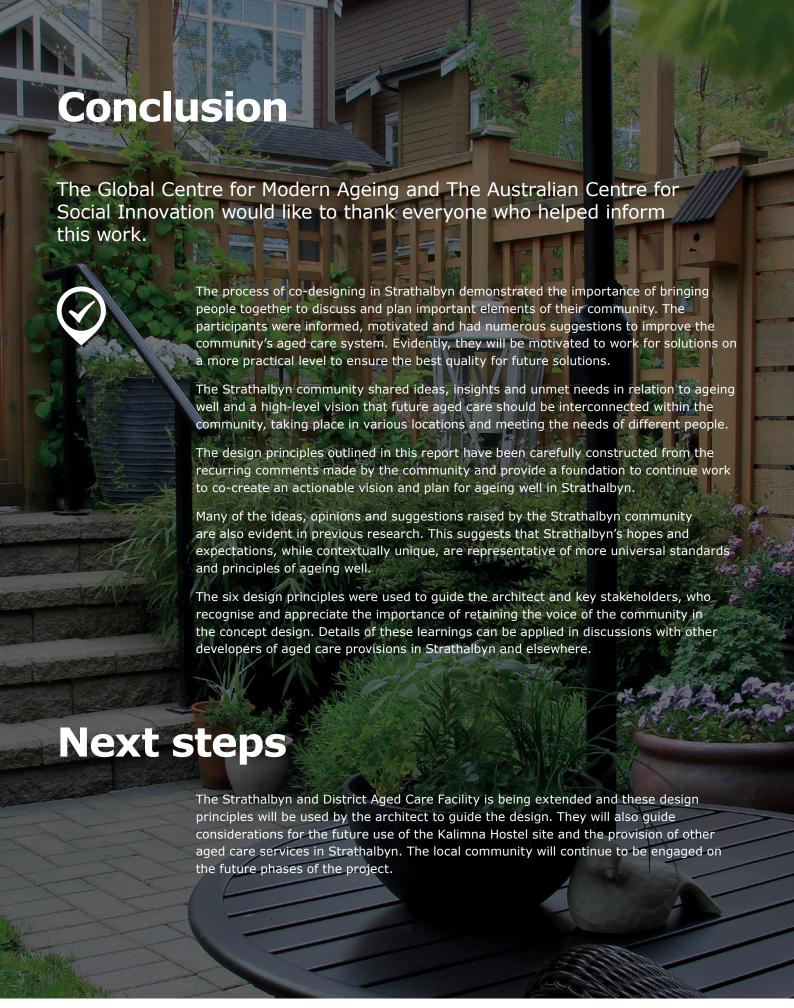| Precinct	• Design the precinct from the customer journey perspective and to support changing situations.
Facility	• Design buildings that are flexible and can adapt to the changing needs of residents. • Enable loved ones to provide support through tough times (e.g. palliative care)
Service	• Provide a 'one stop shop' that provides information and support and enables choice in how people experience transitions (ideally as part of the precinct). • Enable continuity of care wherever possible (e.g. providers, staff and carers). • Design services to support emotional wellbeing and respond to the complexities associated with grief and loss. • Enable choice and support in how transitions are experienced and implemented.

"The transition was familiar because we used to go there for Day Care." **– Strathalbyn resident**

Conclusion

The Global Centre for Modern Ageing and The Australian Centre for Social Innovation would like to thank everyone who helped inform this work.

The process of co-designing in Strathalbyn demonstrated the importance of bringing people together to discuss and plan important elements of their community. The participants were informed, motivated and had numerous suggestions to improve the community's aged care system. Evidently, they will be motivated to work for solutions on a more practical level to ensure the best quality for future solutions.

The Strathalbyn community shared ideas, insights and unmet needs in relation to ageing well and a high-level vision that future aged care should be interconnected within the community, taking place in various locations and meeting the needs of different people.

The design principles outlined in this report have been carefully constructed from the recurring comments made by the community and provide a foundation to continue work to co-create an actionable vision and plan for ageing well in Strathalbyn.

Many of the ideas, opinions and suggestions raised by the Strathalbyn community are also evident in previous research. This suggests that Strathalbyn's hopes and expectations, while contextually unique, are representative of more universal standards and principles of ageing well.

The six design principles were used to guide the architect and key stakeholders, who recognise and appreciate the importance of retaining the voice of the community in the concept design. Details of these learnings can be applied in discussions with other developers of aged care provisions in Strathalbyn and elsewhere.

Next steps

The Strathalbyn and District Aged Care Facility is being extended and these design principles will be used by the architect to guide the design. They will also guide considerations for the future use of the Kalimna Hostel site and the provision of other aged care services in Strathalbyn. The local community will continue to be engaged on the future phases of the project.

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Disclaimer

This document has been prepared by the Global Centre for Modern Ageing (GCMA) as outlined in the 'Standard Goods and Services Agreement, Co-designing aged care in Strathalbyn Project' dated 18 February 2019 (Agreement). The document has been prepared at the request of SA Health.

The GCMA has indicated within this document the sources of the information provided and has not sought to independently verify those sources unless otherwise noted within the document.

Finalisation of the report concludes the scope of the engagement.

Other than the GCMA's responsibility to SA Health under the Agreement, neither the GCMA nor any member or employee of the GCMA undertakes responsibility arising in any way from reliance placed by a third party on the report. Any reliance placed is that party's sole responsibility.

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