Portfolio committee No. 3 – Education

CHILDREN AND YOUNG PEOPLE WITH DISABILITY IN NEW SOUTH WALES EDUCATIONAL SETTING



MHA (Mental Health Access) Design Statement in support of inclusive education tailored towards the needs of neurodiverse individuals.

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Points of discussion regarding existing education setting and regulatory practices surrounding the support of Neuro Diverse children.

- 1- Alternative resolution to be implemented in contrast to existing consequence of suspension
- 2- The necessity for modifications to take place in all schools
- 3- Relationship between NDIS/Education NSW funding and child's ability to access school and to do so consistently
- 4- Point of contact and feedback for family within the education setting
- 5- Preparing students for transition into adulthood and a reduced model of NDIS support in the community
- 6- Existing education architectural layout and curriculum requires an objective modification as a whole

This statement has been produced in consultation with various stakeholders involved in the care and support of ND children living out of home (OOHC) and in possession of a NDIS plan. This ranges from the child's family, disability provider and support worker, NDIS plan coordinator, DCJ officer and school principal.

Furthermore, **architectural design principles** have been produced through the analysis and tracking of data collected from a NDIS group home setting. The basis of design strategies proposed to enhance the users experience and access of a space; have been extracted from on field experience and exposure to various clinicians working in support of ND individuals.

Manual is to be reviewed in conjunction with MHA principles, as the document spotlights current gaps within the design and construction sector in response to mental health requirements and necessities.

1- Alternative resolution to be implemented in contrast to existing consequence of suspension -- Refer to

page 7 in MDA Design Principles

Due to the lack of recognition currently shown towards ND conditions, many schools are not understanding of existing BSP's (Behaviour Support Plan), functionality OT (Occupational Therapy) assessments and various other documents produced in support of individuals living with a disability. These reports, focus less on changing or controlling an individual and instead place importance on the;

- a) recognition of user specific triggers,
- b) trauma related behaviours and
- c) personal preferences presented by the individual themselves

As a result of this gap in understanding, students are currently punished by means of inaccessibility to their education in the form of a suspension or expulsion, these consequences are applied in response to a complex behaviour which the child has presented because of the lack of support shown towards their neurological condition. This is simply unfair.

In acknowledgement of how broad the ND spectrum is and just how unique and varied every behaviour presented is, we cannot carry out a singular strategy in response to behaviours as per the group or category a child falls under. This is a method which oversimplifies highly complex layers of information presented for every child, with the intention of streamlining responsive strategies within the education setting. An example of this generalisation can be found in the current NCCD (National Consistent Collection of Data on School Students) model. It implements only four categories to recognise the disability of a child; physical, cognitive, sensory and social/emotional. To place children under such broad groups, hinders their chances of receiving support tailored to their needs, often children even fall under all four of these categories.

Frequent suspensions not only impact the learning ability of children but also their parents/care takers as all schooling hours fall under Education NSW which is a period that cannot be covered by the NDIS. This means, providers who support OOHC (Out Of Home Care) children are to tap into their own funds or limited alternative funds within the child's budget during these hours. It also means that families must take time away from work consistently throughout the year without any notice or preparation provided.

1- Continued...

Student sent home for their behaviour

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Understanding of consequence

Why?

ND individuals have a varied range of understanding towards all forms of communication and actions presented. The application of restrictive practices upon children is highly limited and rarely implemented as it has proven to not be a method which limits the challenging behaviours presented by a child and instead restrains the child from expanding their capacity and growth.

2- The necessity for modifications to take place in all schools – Refer to page 10 in MDA Design Principles

As the society we operate in everyday, is still predominantly unfamiliar with the term Neurodiversity and the broad spectrum of neurological conditions it encompasses, we cannot be expecting of those who educate within this society to be understanding of measures, which when implemented; are supportive towards such conditions. Schools have only recently begun to collect data on the behaviours presented by ND children during schooling hours. Although, as this analysis is not mandated, there are still many schools within Australia which have not recognised the need to closely follow and understand the needs of their pupils.

And so, to be able to understand the changes that are required in our current education setting, we must focus less on the data which has been collected and more on the sheer fact that such data exists alongside the known below factors;

- a) the environment is the number one most impacting factor in a neurodiverse individuals day-to-day
- b) the current schooling structure is of a standard predominately applicable to 'neuro-typical' children,

The acknowledgement of such information helps us understand that the limited amount of data collected so far from various schools across the country, can safely demonstrate the lack of inclusivity provided within an education setting.

Furthermore, we are currently living through a paradigm shift of which we are moving away from medical models and moving towards a neurodiverse language. Therefore, we cannot view the individual student or the data collected from an individual student, as the basis of our understanding for what is required to be implemented in our education setting to ensure an inclusive and neurodiverse space/curriculum is supported.

1 student is impacted by exclusive schooling

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All students are impacted by exclusive schooling

Why?

Because variation in cognitive ability requires alternative learning which is unique to every individual

3- Relationship between NDIS/Education NSW funding and child's ability to access school and to do so

consistently - Refer to page 14 in MDA Design Principles

The funding received for a child within their plan will determine levels of support provided for them at home and in the community. Consequently, this funding impacts their access and participation in schooling and the consistency of supports shown in both spaces. This can be further understood through the analysis of the ratio of staff provided for a child within their plan. Through the provision of detailed clinical reports alongside data collected from family/caretakers, a child can be allocated enough funding for 2:1 staffing, which means they are always supported by two individuals. This can then be translated into 1:1 staffing in a school setting as the child's plan proves the need for consistent oversight.

When this is in place, technically, a child can perform to the best of their abilities as their triggers become limited, behaviours are managed clinically and overall perspective towards school becomes that of a pleasant and positive experience which encourages ongoing capacity growth. However, if a child's budget is drastically reduced or changed, the inconsistency of supports provided across various environments will remove the routine and consistency ND individuals require to remain at baseline (a state of calm and comfort).

Similarly, if adequate funding is not provided to schools and allocated towards the training of teachers and addition of additional teachers, when necessary, correct behaviour management strategies and staff ratio's cannot be applied to a child's care which clearly opposes their supportive needs as per their clinical reports. The school will experience teacher burn out, the child will constantly face suspension, other children will be at risk in an unstable environment and families/providers will have to dig deep into their pockets and resources to support a child who's behaviours are worsening due to the lack of support provided in their day.

The lack of common ground amidst the two sectors (education and disability), limits the amount of flexibility which can be demonstrated by schools/families/providers in support of the children. An example of this is the inability to send support staff, who have a great bond with the participant, into the school. This is because school hours cannot be funded by the NDIS and the staff would have to face a pay cut if they were to be employed by Education NSW, which means they will be paid less for conducting the same work. Meanwhile the children will transition into adulthood and require additional government funding as they have not received the support required for their growth during their formative years.

4- Point of contact and feedback from family within the education setting - Refer to page 17 in MDA Design

Principles

The schooling structure needs to become far more flexible and approachable to be able to facilitate the provisions required for a ND child to be treated as an individual and not a category. This often begins with the family/clinicians/caretaker as they are most familiar with the child and their requirements. By ensuring that a person of authority is allocated to a school who is responsible for the consistency in supports provided to a child within the school setting; a child's care can be observed and understood in a much more clinical manner.

Often, guardians provide feedback which either isn't understood correctly as teachers and principals are not mandated to have any training in psychology or any ND related conditions, or it is simply forgotten as most schools are constantly under-resourced. What becomes missed is:

- Respecting the child's autonomy, allowing the child to wonder off from time to time (due to ND condition of attention deficiency) instead of forcing them to remain in class for the duration of the lesson
- b) Presuming Competence, not noticing the interests and existing skills of a child which can be enhanced and instead forcing a chid to retain information tailored towards the understanding of 'neuro-typical' children
- c) Rejecting Neuronormatiity, responding to a child's ND behaviours as an intentional negative behaviour shown rather than a response presented towards a trigger due to diagnoses
- d) Promoting self-advocacy and nurturing positive self-identity, as the child is not enabled to use their own voice

In many ways, a child's 'normal' state, can be perceived as abnormal to a person who is not trained or familiar with neurodiverse behaviours; to help bridge this gap in understanding, feedback must be pursued by schools to ensure this misunderstanding is not taking place for any one child. This then allows for relative measures and responses to be applied in various scenarios presented.

4- Continued...

Routine + Consistency

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Manageable ND behaviours

Why?

Repetitive patterns of behaviour, activities and hobbies bring comfort and stability into the lives of ND individuals as elements within the person's day become predictable, enabling for the individual to prepare themselves within their own time.

5- Preparing students for transition into adulthood and a reduced model of NDIS support in the community

- Refer to page 40 in MDA Design Principles

Transitions are difficult for us all, for those living with ND conditions, it can be much harder to experience any change. This difficulty will then impact the quality of life, potential growth, and access within the community of a person living with any disability. Children also face a huge cut in their supports provided as they transition into adulthood and often face much smaller budgets/plans. Families often make the biggest sacrifice during this time as they must decide if they can support their child full time at home which ultimately impacts their careers or to place the child in OOHC which can be a very painful experience for parents as they often face guilt for 'letting go' of their children.

As the transition between school and adulthood is the biggest alteration a ND child will face, schools must bear the responsibility of preparing the students for this change alongside various stakeholders involved in the care of the participants. This can look like reduced schooling hours and days towards the end of the terms so as to prepare the child for less time spent in school. It can also consist of the introduction of work experience to ND children who have the capacity to develop certain skills.

Capacity building exercises for ND children is debatably of higher importance than that of traditional subjects taught in the education setting. This development of existing skillsets and basic functional abilities required to independently live within the community, will help prepare neurodiverse children for adult hood and a reduced model of support provided to their plan.

6- Existing education architectural layout and curriculum requires an objective modification as a whole -

Refer to page 46 in MDA Design Principles

The spatial design of spaces intended for the use of ND individuals is predominately dependant on the provision of adaptability and flexibility. In this way, individual responses can be provided to users of the space as per existing requirements of treating any person living with a disability in accordance with their specific needs. The design of a space must also play a functional role and within an education setting, it must be supportive of teachers and curriculum provided to children.

What this can look like is the **establishment of 'safe spaces' and 'breakout areas',** zones of which the teachers and students can retreat to in the case of an escalation in behaviour. This will allow for both parties to gather time for themselves as often, time alone and space is all that's required in response to a presented behaviour. It will reduce teacher burn out and will promote self-regulation/autonomy which is a fundamental capacity that is best built upon during younger years.

Adaptability of spaces can look like the **inclusion of partition/fake walls in any given space**, this will allow for certain children to split of in their own groups with their own teachers if a class is becoming overwhelming. It can also support different learning abilities of children as varying spatial requirements are necessary for varying ND diagnoses. This will allow for children to not feel segregated, to continue learning within the class and to receive tailored support as per their learning ability.

The curriculum being taught and the method of teaching, including the availability of additional staffing and support, will determine if the spatial layout of any space performs as it is intended to. Currently, certain schools have become mindful of sensory requirements within the classrooms and at times outdoor areas with sensitivity shown towards colours and materiality. However, **we often forget the rest of our senses and how easily they can be impacted if not considered**. The temperature of a space, the smell, and multi-layered levels of sound, alongside the senses in between such as body language, social communication, reminders and memorabilia and of course habits and routine.

MENTAL HEALTH ACCESS

DESIGN MANUAL

bringing light to the gaps in our regulations

INTRODUCTION

This manual is provided in support of MHA Design Principles as it explains the "why" behind the necessity of new and revised principles.

A few regulations, standards and recommendations currently inhibiting the disability and design sectors will be reviewed in this manual. Certain gaps will be highlighted with relative solutions referenced in the MHA Design Principles which are reviewed by various professionals.

Reviewers range from ND individuals, Behaviour Specialist and NDIS Providers alongside architects, landscapers and interior designers.

This manual intends to spotlight various existing gaps in the attempt to showcase why there is a need to review our current regulations surrounding accessible design and build parameters.

These gaps have been identified by Tina Kordrostami who has combined her Architectural degree and design experience together with on field exposure in the disability sector managing Aussie Youth Care.

MHA MANUAL

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NCC

An overview of the National Standards

Six National Standards

There are six National Standards that apply to disability service providers.

- 1. **Rights:** The service promotes individual rights to freedom of expression, self-determination and decision-making and actively prevents abuse, harm, neglect and violence.
- 2. **Participation and Inclusion:** The service works with individuals and families, friends and carers to promote opportunities for meaningful participation and active inclusion in society.
- 3. Individual Outcomes: Services and supports are assessed, planned, delivered and reviewed to build on individual strengths and enable individuals to reach their goals.
- Feedback and Complaints: Regular feedback is sought and used to inform individual and organisation-wide service reviews and improvement.
- 5. Service Access: The service manages access, commencement and leaving a service in a transparent, fair, equal and responsive way.
- 6. Service Management: The service has effective and accountable service management and leadership to maximise outcomes for individuals.

The Six standards intend to promote individualism, inclusion in society, capacity building and correct provider management however the delivery of these intentions are at times misunderstood, not applied and non existent. Informing our designers, providers and empowering our participants with choice and control can resolve this.

Refer to MHA Design Principles:

• Section Redefining Disability

MHA DESIGN

AS

STANDARDS AUSTRALIA

Australian Standard

Design for access and mobility

Part 1: General requirements for access—New building work

1 SCOPE

This Standard specifies the design requirements for new building work, as required by the Building Code of Australia (BCA) and the *Disability (Access to Premises—Buildings) Standards* (Premises Standards), to provide access for people with disabilities. Particular attention is given to—

- (a) continuous accessible paths of travel and circulation spaces for people who use wheelchairs;
- (b) access and facilities for people with ambulatory disabilities; and

(c) access for people with sensory disabilities.

NOTE: The BCA and Premises Standards set out requirements for other features of the accessible built environment not covered in this Standard, such as lifts, hearing augmentation, tactile ground surface indicators, signage, glazing, lighting, car parking and toilet numbers, and distribution.

4.19 Sensory impairment

Any significant loss of hearing or vision.

There is a great range of sensory disabilities which are applicable to ND individuals. These are not only considered in the ASD for access and mobility but also not allocated with nearly enough information required to provide guidance for designers and builders when proposing a building intended for the use of those living with ND disabilities.

Refer to MHA Design Principles:

• Section Sensory Principles

MHA DESIGN

SEPP

Chapter 3 Educational establishments and child care facilities

Part 3.1 Preliminary

3.1 Aims of Chapter

The aim of this Chapter is to facilitate the effective delivery of educational establishments and early education and care facilities across the State by—

- (a) improving regulatory certainty and efficiency through a consistent planning regime for educational establishments and early education and care facilities, and
- (b) simplifying and standardising planning approval pathways for educational establishments and early education and care facilities (including identifying certain development of minimal environmental impact as exempt development), and
- (c) establishing consistent State-wide assessment requirements and design considerations for educational establishments and early education and care facilities to improve the quality of infrastructure delivered and to minimise impacts on surrounding areas, and
- (d) allowing for the efficient development, redevelopment or use of surplus governmentowned land (including providing for consultation with communities regarding educational establishments in their local area), and
- (e) providing for consultation with relevant public authorities about certain development during the assessment process or prior to development commencing, and
- (f) aligning the NSW planning framework with the National Quality Framework that regulates early education and care services, and
- (g) ensuring that proponents of new developments or modified premises meet the applicable requirements of the National Quality Framework for early education and care services, and of the corresponding regime for State regulated education and care services, as part of the planning approval and development process, and
- (h) encouraging proponents of new developments or modified premises and consent authorities to facilitate the joint and shared use of the facilities of educational establishments with the community through appropriate design.
 - Feedback must be pursued from family and at times

prioritised in contrast to authority figures, during the

development assessment process

Refer to MHA Design Principles:

• Section Data Intake



p. 10



Robust

Housing that has been designed to incorporate a reasonable level of physical access provision and be very resilient, reducing the likelihood of reactive maintenance and reducing the risk to the participant and the community.

→ Spaces should be designed to allow for proactive responses

rather than reactive behaviour management strategies. A

home should be more than just a risk management strategy.

ACCESSWAY

An accessway shall have:

- No steps,
- A level transition of surface materials,
- A maximum vertical tolerance of 3mm or 5mm between abutting surfaces is permitted, as long as the lip is rounded or bevelled,
- An even and firm surface, and
- A crossfall of not more than 1:40.

Required to enable safe access to users.



An entry will determine the safety, approachability and calming nature of a space. This initial impression is also extended into the area which immediately follows an entry point. Such spaces can potentially over stimulate and/or trigger individuals which limits their use of house.

To promote comfort, features regarding physical disabilities should not be provided in homes intended for physically abled ND individuals.

Refer to MHA Design Principles:

• Section Entry/Exit

MHA DESIGN

CARPARK

If providing a car parking space, for use of the participant, it shall be provided with:

- Minimum dimensions of 3200mm (width) x 5400mm (length),
- An even, firm and slip-resistant surface of P4 or R11, and
- A level surface with a maximum 1:40 gradient (in any direction).

Required to provide minimum extra space, to access a vehicle either as a driver or passenger.

Gradients are considered to be essential for safety of movement.

Individuals should be encouraged to become independent and to learn new skills. This allows them to access various resources and reintegrate into society which enables them to reach their goals.

The environment in which individuals reside in has the ability to support behaviour management strategies provided by specialists; hence encouraging participants to confidently get back into the community.

Refer to MHA Design Principles:

• Section Capacity Building

p.13

CORRIDORS

All internal corridors and passageways shall provide a minimum clear width of 1000mm when measured from skirting to skirting.

To enable safe and easy access by users.



There is a great range of wayfinding strategies for individuals who struggle with coordination, memory and sight. However ND participants are often limited from entering different spaces in a house or building due to long narrow or winding and curved corridors.

The lack of transparency from one room to another can be very triggering and uncomfortable for participants. In the same way long and narrow corridors can appear suffocating and paralysing to other participants.

Refer to MHA Design Principles:

• Section Designing for ND

KITCHEN

Task lighting shall be provided above workspaces. A minimum level of 300lux shall be achieved when tested at maximum intervals of 1500mm, directly over the surface of the benchtops.

For good visibility.



Lighting should always be adjustable according to different sensitivities. This promotes a greater use of spaces at any time of the day.

As a kitchen can have multiple programs and users at any given time, retreat spaces can be beneficial. This assists with capacity building exercises as participants do not need to leave a space when over stimulated and can instead learn to regulate their discomforts in a "safe space".

Refer to MHA Design Principles:

• Section Capacity Building

LAUNDRY

A laundry shall be provided with the following minimum fixtures: a sink or tub (with taps).

Laundry could be a shared laundry and not necessarily located within the dwelling. Accessible path of travel is required from the dwelling to the laundry. This accessible path is required to comply with all the spatial requirements based on the design category.



The acoustic, thermal and olfactory elements of a Laundry must be considered when designing homes for ND individuals. This can be managed with adequate ventilation, well insulated walls and doors alongside correct placement of the laundry room within a house.

Refer to MHA Design Principles:

• Section Sensory Friendly

BEDROOM

- Bedroom size shall be 3100mm x 3100mm when measured from wall surface to wall surface.
- A robe of minimum 1400mm width shall be provided within the bedroom, clear of the required bedroom size.

Bedroom size dimensions

are not required to be measured from skirting to skirting.

The 1400mm width robe can have multiple smaller sections within the one 1400mm space.



A key element in every bedroom should be the "my space" section. This area promotes personalisation and ownership of a bedroom. Once a participant obtains a sense of comfort, safety and admiration for their room, they are more likely to take responsibility for their environment.

Having an area in the bedroom dedicated for retreat also assists with skill building when it comes to navigating space and setting boundaries.

Refer to MHA Design Principles:

• Section Sensory Friendly

STORAGE

A dwelling shall be provided with a storage cupboard with a minimum 600mm width and adjustable shelf heights. Required for improved amenity.

Note: The storage cupboard is required to be separate to the bedroom robe.



In a Robust design category, it would be reasonable to provide fixed shelves.

Storage should be put to use in the house for more than amenity requirements. Cupboards and shelving can assist greatly with capacity building strategies which rely on orgaisation and routine. Implementing these elements through out different programs can assist participants with their goals.

Refer to MHA Design Principles:

• Section Capacity Building

BREAKOUT ROOM

If a breakout room is provided, it shall be a separate room designed to respond to the individual disability-related needs of the participant.

It is not a study or living/ dining area but is intended to be dedicated and used to enhance learning, exploration or positively impact mood.

This room would, therefore, be expected to make use of activities, equipment, sound and lighting in ways that are appropriate to the current residents.

Note: a breakout room is not a seclusion room.

Provision of a breakout room is not mandatory but may be provided for some participants with specific requirements.

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There is a lot of confusion and misunderstanding surrounding the use of a breakout room. This is of great concern as the lack of such spaces in a home can be detrimental to a individuals growth and yet the misplacement of a breakout room can completely trigger, provoke and mistreat an individual.

Refer to MHA Design Principles:

• Section Sensory Friendly

MHA DESIGN



1B Local character and context

The range of scales

Apartment development needs to consider a range of scales during the planning and design phase.

Wider scale: The wider scale includes the urban structure, landscape setting and broader land use patterns of the wider context and identifies the development site's proximity to centres, transport and major public open spaces. It should also illustrate the future density and proposed change of the area (if known or applicable) and highlight important infrastructure such as major hospitals, schools and education facilities. Addressing this scale is important for larger precincts and redevelopment sites in particular. As a guide, a radius of 1 to 5 kilometres around the development site should be considered.

Neighbourhood scale: The neighbourhood scale outlines the urban structure including streets and open spaces. It should also include topography contours, drainage and vegetation patterns, services and future infrastructure requirements (if known), land use zones, cadastre boundaries and identification of heritage items and other local landmarks. It is appropriate to address this scale when planning for individual or small groups of apartment building sites. A radius of 400 metres to 1 kilometre should be considered.

Streetscape scale: The streetscape scale deals with the character of the street(s) that the proposed development addresses, and shows its spatial enclosure by buildings or landscape elements. It should outline surrounding building uses and heights, front setbacks, pedestrian access, awnings, vehicle driveways and public domain elements including street trees, verges and footpaths. It is appropriate that all proposals for apartment buildings address this scale.

Site scale: The site scale involves detailed consideration of the individual development site relative to neighbouring properties, buildings across the street and the public domain. It addresses surrounding and proposed deep soil zones and open spaces, existing vegetation and trees, fences, retaining walls, overshadowing impacts and privacy considerations. This scale should also highlight any other site specific factors such as orientation, slope, geology, infrastructure or access easements and stormwater management. Distance to transport,
 medical resources, shopping
 centers.

Local demand and density
 regarding NDIS participants
 and providers.

Safety and Acoustic qualities
 of street.

Site slope, size, shape and orientation.

Refer to MHA Design

Principles:

Section Choosing a Site

2D Floor space ratio



Client matching of
participants determines their
everyday. It is important to
introduce a guide for ration
and mix of participants
alongside the number of
staff rooms, breakout areas
and personal courtyard areas
required.

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Refer to MHA Design Principles:

• Section Client Matching

3C Public domain interface

The public domain interface is the transition area between the apartment building, its private or communal space at the street edge and the public domain.

The interface of the development contributes to the quality and character of the street. Subtle variations through planting and fencing can create an attractive and active public domain with a pedestrian scale. Long, high blank walls or fences can detract from the appearance of the public domain and impact on the safety of pedestrians and residents. Direct access from the street to ground floor apartments and windows overlooking the street can improve safety and social interaction.

Key components to consider when designing the interface include entries, private terraces or balconies, fences and walls, changes in level, services locations and planting. The design of these elements can influence the real or perceived safety and security of residents, opportunities for social interaction and the identity of the development when viewed from the public domain.

See also sections 3G Pedestrian access and entries, 3H Vehicle access and 4S Mixed use.

Integration of participants back into the community can start with the accessibility of the site their home is located on.

> Ensuring the building is welcoming and not segregated from the public domain assists with the participants ability to transition into the public space.

Refer to MHA Design Principles:

• Section Capacity Building

	REDEFINED	
ABSTRACT APPROACH	ABSTRACT APPROACH	
The title placed onto a participant depending on their functional capacity displayed Behaviour level of support required and past trauma's.	Every individual has a different set of values, likes/dislikes, necessities abilities and level of support required to sustain a healthy and functional lifestyle. In addition to this, change is a constant variable associated with growth hence no human can every be limited to the dictation of a label or title.	
E.g. This is what a home looks like.	E.g. What do you perceive a home to be?	
SOCIAL APPROACH	SOCIAL APPROACH	
A perception made towards individuals bearing different physical and mental attributes to a norm which has been formulated through an analysis of the average human and societies expectations of what is required for its sustainability.	Society and our surrounding environment must shift and adapt to our needs, wants, likes and dislikes. There is no one way of living which can be deemed correct or appropriate. The range of access and support must be expanded upon to allow participation from the majority of the public rather than a certain percentage.	
E.g. Here is a list of goals intended for your growth.	E.g. What capacity would you like to build on?	
SYMBOLIC APPROACH	SYMBOLIC APPROACH	
The degree of support deemed necessary in provision of individuals requiring assistance towards their level of accessibility. A checklist intended to protect the provider rather than a guide used to anticipate for the users needs.	It is very limiting and segregating to navigate a world designed narrowly for neurotypical individuals. The spaced intended for neurodivergent users is also deemed acceptable from the perception of neurotypical. A more diverse conversation must take place to allow for a broader range of opinions to be made regarding our everyday environment.	
E.g. Here is a list of support provided.	E.g. How can we adapt the environment to allow for your interests?	

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ENVIRONMENT



Introducing a new environment to an individual can be a very uncomfortable experience as there are many unknown factors in a new space. This lack of knowledge, sudden change of setting and irregularities caused by such transitions can trigger many Behavior's.

To remove ambiguity and discomfort, a transition plan is very important as it allow the individual to adapt in their own time and to express their new needs. This plan can consider:

- Introducing a user to a new space in increments throughout the week/s
- Providing for a user in a new space as per capacity, needs, likes/dislikes
- Allowing a user the opportunity to tailor a space to their liking
- Applying consistent routine and protocols to a new space as per previous living environment

WHAT IS IT

An individual's environment is not limited to the physical space surrounding them as it also incorporates the sensory factors which can be identified through various senses as well as the presence of other users within the space.

WHY IS IT IMPORTANT

The environment is capable of facilitating or discouraging interactions of an individual. An "uncomfortable" space can restrict a user and segregate them from various opportunities.

Similarly a provoking space can motivate negative responses for a user as it is triggering of previous trauma and past encounters of poorly manged Behavior's.

HOW IS IT MANAGED

As every individual has a different past, capacity and need alongside interest, likes and of course dislikes, there is no one space which can be appropriate for us.

For this exact reason, the more adaptable a space is the more appropriately designed it can be towards the users needs.

This adaptability will promote choice and control which is fundamental for independence.

DATA INTAKE



ANTECEDENT

Behind every action is always a reason which acts as a "trigger" in different situations. To understand a participant's past is to understand their present state in a more holistic manner. As we cannot change the past, we must understand it's cause and effect's so that we can support behavior's derived from it in a proactive way.



BEHAVIOUR

Many people display common behavior's in a triggering situation however depending on the participants characteristics and personality traits, there will be a broad range of reasons for said behavior's. It is important to treat every participant as an individual with unique methods of communication and interaction.



INTENSITY/FREQUENCY

Intensity:

Data intake is very important for the management of challenging and complex behavior's. Once we understand the Behaviour itself, we can then commence the process of analyzing intensity and frequency of Behaviour presented.

Frequency:

This will help us obtain a clear understanding of what Behaviour management strategies are required to better assist a participant with reaching their goals.

WHO IS INVOLVED AND WHY

The team involved in the Behaviour management of a participant can be:

- Family/Guardian
- Behaviour Specialist, Health Clinician
- Provider caring for participant

It takes a whole team to form a holistic understanding of any participant. Every stakeholder can provide valuable information which may have been missed by someone else.

As consistency is also key for the growth of a participant, stakeholder's must ensure everyone is aware of data retrieved at all times so as to be provide the correct method of support as everyone else.

HOW IS IT MANAGED

Once data is obtained, clinicians and specialists are able to produce a Behaviour Support Plan (BSP). This document acts as a guide for all members involved in the care of a participant.

A Behaviour Support Plan includes information ranging from an individual's past to what goals they have in mind for themselves. It also narrates the participant's previous trauma and diagnosis which can shine a light on potential antecedent's. Most importantly, this plan includes Behaviour management strategies through the form of protocols which is intended to empower an individual with more control over their thoughts and actions through enhanced management of their own challenging behavior's.

These protocols are applied to the house and care of which a participant resides within.

HOW WE CAN TRACK DATA

There are endless methods of data tracking as there are individual characteristics for every participant. However the fundamental basis of data tracking is the unified understanding of a complex individual from those providing support and care.

The method of tracking data itself should be very subliminal as no person would appreciate feeling "studied" in their own house.

In the process of tracking data we need to ensure we are not damaging our rapport and mutual respect formed with the participant as trust is very fundamental

Data should always be recorded on a weekly basis so as to ensure there is a current understanding of an individual's thoughts and emotions as they grow and change every day

Data recorded must always be free from emotional opinions and bias thoughts and should be factual rather than opinionated

Provider's and carer's should not feel overwhelmed by the data tracking process itself so as to avoid in-accurate tracking of data due to incapacity or lack of understanding towards the process itself

Online methods of data tracking are favorable so as to promote a sense of subtly and to enhance ease of access when outside in the community.



"The process by which individuals, groups, organizations institutions, Societies and countries develop their abilities, individually And Collectively to

Perform functions, solve problems, set and achieve objectives, and Understand and deal with their development needs in a broader context and in a sustainable manner."

- Susana Sastre Merino

CAPACITY BUILDING

To build capacity, clear means of communication must be considered and allowed for. This is to ensure goals and skill-sets are not imposed onto individuals but rather recommended for consideration.

Incorporating various exercises into every day rituals will less overwhelming emotions which can at times result from capacity building endeavors.

NDIS Capacity Building

Subcategories:

- 1- Coordination of Supports
- 2- Improved Living Arrangements
- 3- Increased Social and Community Participation
- 4- Finding and Keeping a Job
- 5- Improved Relationships
- 6- Improved Health and Wellbeing
- 7- Improved Daily Living
- 8- Improved Life Choices
- 9- Improved learning

There are varying levels of capacity building supports which can be provided for an individual. What an individual will have access to is very dependent on their capacity and functionality however they should not feel limited in challenging what is readily made available to them.

Once an individual does make certain decisions regarding their present relationships, integration with the community, future careers etc, their living space must be supportive of any decision made. To get a better understanding of these spaces, we can break the down into three categories; personal, communal and integrated.

Personal

The bedroom and "my zone" spaces must be located and presented in a manner which calms and encourages individuality in a user. This is one way an individual will understand to regulate their emotions and to identify which negative Behavior's are better presented privately.

Communal

This space can include landscaped areas and points of entry and exit to the house. It is very important that an individual is presented to daily communication and integration with the community and not segregated from day-to-day interactions which strengthen a users confidence.

Integrated

These spaces regard shared spaces in the house such as the kitchen and living room. A user must learn the importance of sharing a space with others as this will help bridge the common gap many individuals experience from the community as a result of selfisolation.

WHY IS IT IMPORTANT

Promoting a sense of individuality can be best achieved through self empowerment. Allowing for a user in a space to express themselves freely in a habitable environment, will further encourage a sense of identity and voice.

Present skill based opportunities are communicated and expressed to society through means not accessible by many struggling with a mental disability.

To further broaden and diversify these career options, life skills, hobbies etc; capacity building opportunities must be supported in the one constant environment mental health individuals navigate within, their home. This trusted and comfortable environment will remove many anxieties surrounding the change that comes with capacity building and growth.

HOW TO HELP

Various skills and opportunities should never be forced upon but more so recommended and introduced to individuals. However how this introduction process can take place is of great importance as a trusting and comfortable relationship must be ensured between the individual and the making of any future decisions.

The individual's living space can be used to their advantage in this situation as the stability found in a trusted environment will lessen the clouding of negative Behavior's upon a user.

PLAN VS 3D VIEW





SPECIFICATION

Dedicating a higher level of comfort and control in a specific area of a room, encourages an understanding of program and use of a space.

This builds confidence in the recognition and differentiation of varying programs within the outside world.





To promote routine and program, automated blinds can remind users of sleeping time.

The automation factor removes the responsibility from carers/ family members and encourages consistency in scheduled programs.

PLAN VS 3D VIEW



Independa





At times, a busy space can be overwhelming and difficult to navigate. To remove this overwhelming experience, storage space is prioritized within independent areas of the room.

SPECIFICATION

This allows for the user to take their time in planning and understanding how to best navigate a space.

OFFICE

KITCHEN





At times an office environment can seem unapproachable which impacts the relationship between the user and carer. Placing control points for automated house features in a common area promotes transparency and a sense of togetherness.

This will then further strengthen the relationship amidst user and carer.

CIRCULATION





The placement of fit-outs furniture and in-built elements must support this circulation route.

CIRCULATION

- Non-transpar Circulation th Uisual Link th
 - Non-transparent circulation space
 - Circulation through openings (doors) Usual Link through openings (windows)
 - _____ Communal shared space





USER SPECIFICITY

"To be yourself in a world that is constantly trying to make you something else is the greatest accomplishment"

- Ralph Waldo emerson

Creating a sense of belonging for a user, in a space as personal as their home, is of the highest priority when designing living spaces for others.

However this atmospheric condition relies heavily on the user themselves and so relevant tools should be provided to ensure a individualistic capacity is allowed for consideration in every proposal.

Understanding Belonging

Place

A context which captures a cognitive identity through diverse social interactions in the past, present and desired future

Sense of Place

A subjective perspective towards an environment through the emotional and Behavioral responses applied and witnessed within a context

Sense of Belonging to the Place

A high level of comfort in self within a context which plays an important role in a user's identity

Elements of Space Physical

- Location
- Scale
- Texture
- Color
- Smell
- Sound
- Visual Diversity

Perceptual & Cognitive

- Readability
- Memories
- Color attachment
- Vision proportion
- Safety
- Variation

WHY IS IT IMPORTANT

A sense of space and belonging invites creativity and ownership alongside responsibility and hope. These are all motivational factors many require when living in a situation which does not identify with the standard definition of a "home".

Once a sense of place is achieved or merely provoked, an individual can begin tailoring the space to their own liking and comfort. This welcomes confidence and self-awareness as the user will potentially obtain a deeper understanding of their boundaries likes/dislikes/ needs and identity.

HOW TO HELP

It is easy to fall into a habit of inflicting change or projecting a program for a space. Although spatial orientation must be designed into a proposed living space, access and program can remain fairly ambiguous . This ambiguity allows for the user to have options for the growth and expansion of an environment they are to live within.

An individual must have an option to review a space before committing to it's environment. A user must have an overall understanding of a building such as nearby resources and services available.

This initial consultation period will soften the harsh nature of transitioning into a new, unknown and unfamiliar space. If the user is not able to conduct this consultation themselves, those closest to them must participate in the process. A planned introduction to a new space can make the biggest difference when setting goals and tasks for any individual.

MHA DESIGN

PLAN VS 3D VIEW





SPECIFICATION

A ceiling lattice allows for many different interior layouts to take place without bearing additional costs of renovations.

Freedom of expression plays a major role in positive Behaviour and so user specification of internal layout is of high importance and you should be prioritized.

PLAN VS 3D VIEW





SPECIFICATION

When a lattice structure cannot be put to use, mobile plates can be of great benefit.

These can also re-locate adjustable partitions to allow for the user to specify the size and location of their independent space as per their needs, likes and dislikes.

PLAN VS 3D VIEW



SPECIFICATION

Rail systems are another alternative for adjustable built-in furniture. The elements are limited to two directions only which assists with choice making for users.



PROMOTING INTERACTION





ALLOWING FOR THERAPEUTIC ATMOSPHERE

Outdoor





Living



Kitchen