INQUIRY INTO PUBLIC TOILETS

Organisation: MHA Design

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Portfolio committee No. 8 – Public Toilets

CUSTOMER SERVICE INQUIRY INTO PUBLIC TOILETS

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

Tina Kordrostami

Director of MHA Design (Architecture Firm) and Operation Manager at Aussie Youth Care (disability provider)

Points of discussion regarding the **setting** of existing public spaces and **regulatory practices** surrounding the support of Neuro Diverse individuals.

1- Inclusive bathroom design
2- Spatial design in social settings
3- Beyond sensory needs
4- Right not a privilege

The need:

There are infinite variations of brain functionality amongst us all, however the social structure and daily environment we are asked to function in does not take this into consideration. Individuals living with such variation are referred to as neurodiverse although most of us are more familiar with the diagnoses which fall under this categorisation being, autism, attention deficit hyperactivity disorder, dyspraxia, dyslexia, intellectual disabilities, and mental health conditions like anxiety, depression, and PTSD. (Figure 1)

Around 20% of our population is neurodiverse and yet public access is limited to most, if not all, spaces individuals interact within. This can be because our legislations do not consider the extent of cognitive, sensory, and social variation in our communities as our administrators are not obtaining corresponding evaluation and data to reveal such discrepancy's.

Changing the environment:

User access to spaces also varies in terms of preferential needs as parameters must be placed to allow for coexistence and interaction within the community. Segregation and isolation are inevitable symptoms of an unsupportive environment which disregards any consideration shown towards the provision of engagement within a space. (Figure 15-16)

Flexibility and adaptability of spaces can help provide options which is what ND individuals recognise to be safe and welcoming. (Figure 3)

Changing the attitude:

Lack of consideration shown towards diverse needs in our community also results in a reduced or lower economical contribution to civic life as many ND individuals have a hard time identifying businesses which can support their specific needs. Most complex behaviours which result in heightened crime rates and costs incurred from damages, are triggered by a "Neuro-typical" environment which consists of factors such as direct lighting, chaotic acoustic climates, lack of open space etc. (Figure 2)

MHA proposed plan going forward:

1. It must be acknowledged that ND individuals have different/conflicting needs hence stimulating environments are not overwhelming for **all** and there is no 'universal' level of comfort. Providing choice in environments or ensuring there is a default low-stimuli with the option of adding higher stimuli available is of utmost importance (Figure 4).

2. Users of the space must be informed with as much data as possible regarding the environment they are approaching. Allowing for people to make informed decisions is empowering and builds on confidence. An example of this is the provision of maps/written/acoustic information at the entry of various spaces.

Sensory map of Zurich's head office: providing areas for escape from stimuli, allowing users to navigate space before entering it (knowing what to expect)

3. Insight from all stakeholders involved in the care and accessibility of an ND individual must be sought. Co-developing standards with families and care takers will ensure a wide range of needs are met as promptly as possible.

4. Authorised ND individuals must have the ability to contribute to data collection regarding public spaces and their accessibility. It will drastically increase the quantity of information collected and will also empower individuals, reminding them of their rights in society.

1- Inclusive bathroom design

When working towards an inclusive bathroom design, we must first acknowledge the universal right everyone has to comfort, safety and dignity (Figure 11-12) in the accessibility of a public bathroom.

Some fundamental elements to consider:

1. comfort
2. cultural considerations
3. health and hygiene
4. privacy
5. specific needs of different user groups
6. toilet access and wait times
7. toilet safety and security

Currently, many designers and builders are resorting to performance solution design options as existing code is often hard to comply with. This lack of adaptability and highly inconsistent method of design leads to irregularity in accessibility which limits future planning, a major pre-requisite for managing challenging ND triggers and behaviours.

Although flexibility and adaptability are important elements when discussing inclusive design, such provisions must be presented within a set of parameters intended to improve inclusivity (gender, mental/physical disability/ cultural etc.), reduce red tape, be cost effective and warranting safety.
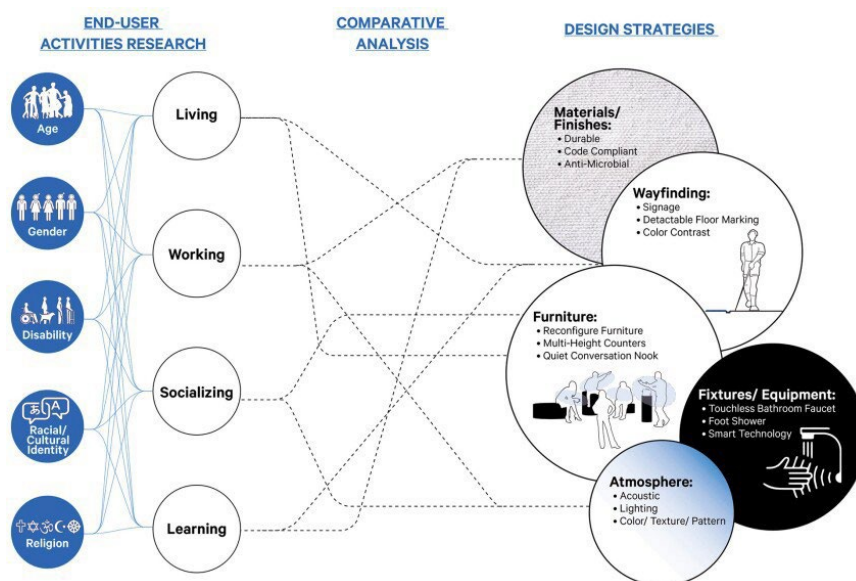
MixDesign methodology diagram

2- Spatial Design in social setting

Work experience in the disability and social services sector should become a requirement aimed at any position responsible for the access and support of ND individuals. The knowledge abstracted from such experience outlines the importance of our surrounding environment as medication, behavior management strategies and family interaction can only do so much for a participant. (Figure 9-10)

One factor often dismissed is the layout and circulation of spaces both internally and externally (Figure 7-8), it can determine if an individual will choose to access their skillset and capacity as supposed to isolating away from interactive zones. There are two main factors which can enhance the accessibility of an environment, **compartmentalisation, and transparency** (Figure 17-18). Both can promote comfort, safety and efficiency in movement which not only helps the user but also those who may be assisting.

To propose a list of mandatory considerations for the design of an inclusive public space, MHA recommends:

1) Proper signage (considering all types of communicative abilities),
2) Transition areas (in-between zones which offer a moment of relief and promotes self-regulation while moving through various spaces),
3) Acoustic and lighting considerations (ensuring a default standard of low stimuli is offered which can be adjusted to a higher setting if necessary),
4) Consideration shown towards deodorisers (that are not overpowering) and
5) The inclusion of breakout areas (quiet zones which provide the user with an escape from stimuli)

3- Beyond Sensory needs

ND individuals are far more than just their diagnoses and their daily challenges encountered is not limited to sensory sensitivities. To understand this, we need to understand "Trauma informed" behaviours, a term which is oversimplified and not considered in depth as it can be difficult to recall past events or it simply cannot be shared broadly. (Figure 5-6)

There will never be a one design solution which suits all as every user of a space lives with a unique set of life experiences and trauma's which trigger the presentation of different behaviours within the parameters of their diagnosis. Depending on how these behaviours have been responded to, ND individuals can have a better or worse chance at building on their existing capacity and engaging within society.

Because of all these variables, it can be helpful to remove or minimise universal triggers found in both internal and external spaces. Furthermore, controls can be introduced to proactively help reduce the impact of challenging behaviours once an individual becomes triggered. (Figure 13-14)

Specifically talking about the context of a public toilet, design considerations which go beyond sensory needs can consist of but are not limited to:

- Fixtures and fittings (anti-ligature and robust but not institutional)
- Hygiene and maintenance (consistent upkeep of a certain standard)
- Location (distance to certain triggers)
- Privacy
- Safety
- Signage and wayfinding (use of transition spaces)
- Size (inclusive in consideration of all body types)

4- Right not a privilege

Equal opportunity in accessing and engaging with public spaces is a fundamental human right. Many individuals are born with differences in brain functionality and still thrive in society—when their circumstances are recognized as opportunities rather than limitations. However, success often depends on a strong support system, which many lack. This is where government intervention can bridge the gap.

Adaptable design—spaces that evolve over time to accommodate diverse users—can provide crucial support to the neurodiverse community. For many, this may be their only access to such resources beyond their immediate circle. By implementing inclusive design, society can become more aware of the invisible privileges we take for granted—privileges that, when withheld, become barriers for others (Figure 19).

At some point, we must ask: is accessibility a privilege or a right? Right now, nearly 20% of Australians are being denied that right.

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NEUROTYPICAL

NEURODIVERGENT

The word Neurotypical (NT) is the opposite of Neurodivergent. Neurotypical means being "neurologically typical" - within the typical (average) range for human neurology. This range is of course constantly evolving.

The term originated in the autistic community, as a way to refer to non-autistic people, and is used to describe a person whose neurological development and state are typical, conforming to what most people would perceive as normal. People whose neurological development is atypical are referred to as "neurodivergent".

"Neurotypical" is a dubious construct, as there is nobody who can be considered truly neurotypical. There is no such standard for the human brain.

Having an atypical neurological configuration, for example a person who has a developmental disorder or a mental illness. ND is defined as divergence in mental or neurological function from what is considered typical or normal.

Neurodivergence can be innate, acquired or both. Innate ND's consist of but are not limited to ADHD, ASD, Dyspraxia, Tourette Syndrome, Dyslexia. PTSD, Anxiety, Bipolar fall under acquired ND's.

There are more Neurodivergent individuals in our environment than we realise however, most are able to conform to societal expectations and norms which have been outlined by "Neurotypical" individuals. A Neurodiverse society will ensure no individual is required to change just to live a comfortable lifestyle.

Figure 2

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 safe space looks like	**E.g. What do you perceive to be safe?**
SOCIAL APPROACH	**SOCIAL APPROACH**
A perception made towards individuals bearing different physical and mental attributes to a norm. This has been formulated through an analysis of the "average human" and their expectation of what is required for sustainability.	Society and our surrounding environment must shift and adapt to our needs, wants, likes and dislikes. There is no singular way of living which can be deemed correct or appropriate. The range of access and support must be expanded upon to include 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 for 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". However, the spaces intended for the use of neurodivergent individuals do not harm neurotypical individuals within the community. 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?**

1

Figure 3 3   MHA (Mental Health Access) Design

2

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.

Figure 44   MHA (Mental Health Access) Design

TIMELINE OF Behaviour

TRAUMA

| 01 | A life impacting experience |

COPING MECHANISM

| 02 | A process applied by user to survive experience |

TRANSITION & CHANGE IN KNOWN ENVIRONMENT

| 03 | Due to trauma, users environment begins to change in demand of support |

BEHAVIOUR

| 04 | To bare with changes, user begins to present challenging Behaviour's |

SEPARATION

| 05 | As Behavior's become unmanageable, users environment requires more support |

TRANSITION & CHANGE IN UNKNOWN ENVIRONMENT

| 06 | To ensure behavior's improve, future transitions must be more open to user specific support rather than general methods of Behaviour management. The best way to allow for this is welcoming choice and control |

3

Figure 55   MHA (Mental Health Access) Design

NEURODIVERSE DESIGN

Further development by Lawton gained greater attention as he Added the notion that more than just the objective environment, (E), should be considered.

He argued that a person's perception, (P), of their environment (P × E), should also be considered

-KURT LEWIN

There are simple changes which can be made to existing spaces alongside various spatial elements which can be adopted for future designs in the endevour of diversifying comfort for all.

These considerations will make a world of difference to those living with neuro divergence.

Figure 66   MHA (Mental Health Access) Design

SENSORY ZONING

(1) Paying attention to sensory requirements for each space through provisions tailored to the support of an array of sensitivities greatly enhances the use of every environment.

COMPARTMENTALIZATION

(2) Sectioning off different programs within multi-program spaces allows for a smoother approach towards capacity building through wayfinding.

BREAKOUT ZONES

(3) In-built pockets within circulation spaces provide the participant with a chance to retreat at any given moment.

TRANSITION SPACES

(4) Providing moments of relief through transitional spaces reduces isolating behaviour and promotes interaction.

SPATIAL SEQUENCING

(5) Symmetrical design provides calm atmospheric conditions as spaces will appear much more familiar due to receptivity. User can also tailor their circulation route according to comfort levels.

SAFETY

(6) Safety exits, robust furniture and anti-ligature appliances are just a few ways safety can be maintained without the introduction of institutionalization.

Figure 77

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LAYOUT

SYMMETRICAL LAYOUT

Floor plans which display symmetrical spatial design, assist participants who encounter heightened sensitivity to spaces which feature vertical, horizontal and diagonal elements. The predictability factor within symmetrical spaces provide a more welcoming and pre-determined environment for participants.
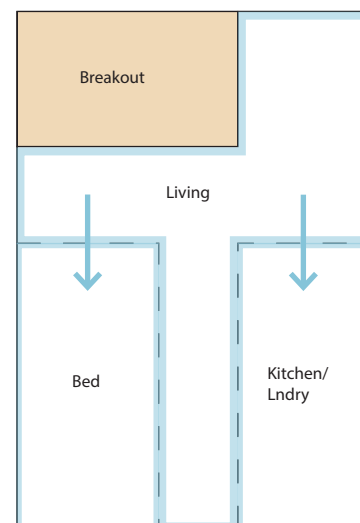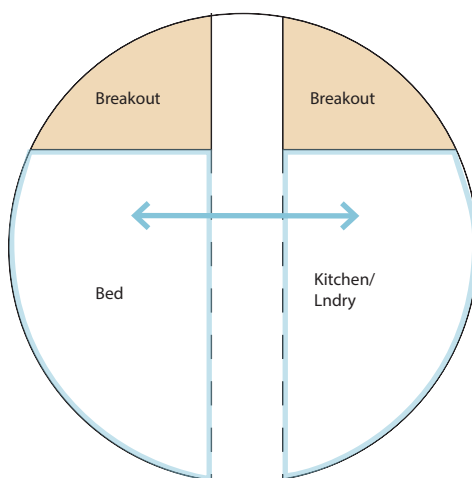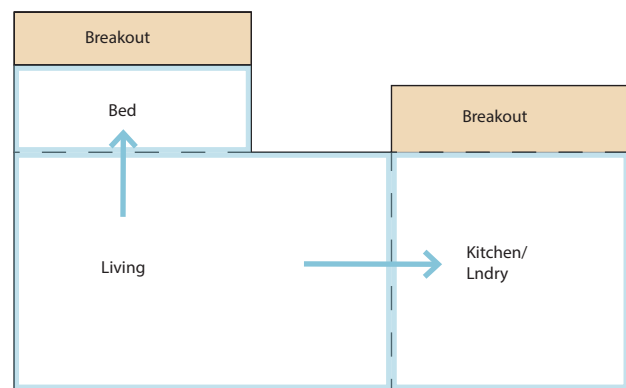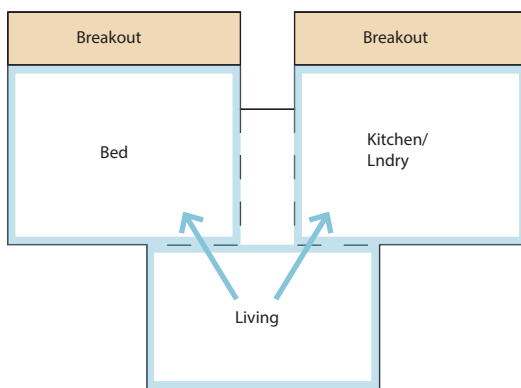
Free flowing spaces which naturally guide the user into other areas of a house also support wayfinding and cognitive calculation whilst circulating through different spaces of the house.

Compartmentalization

Transparency

Figure 88

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Figure 99   MHA (Mental Health Access) Design

BREAKOUT SPACES

"As an architect, you design for the present, with an awareness of the past.

for a future which is essentially unknown."

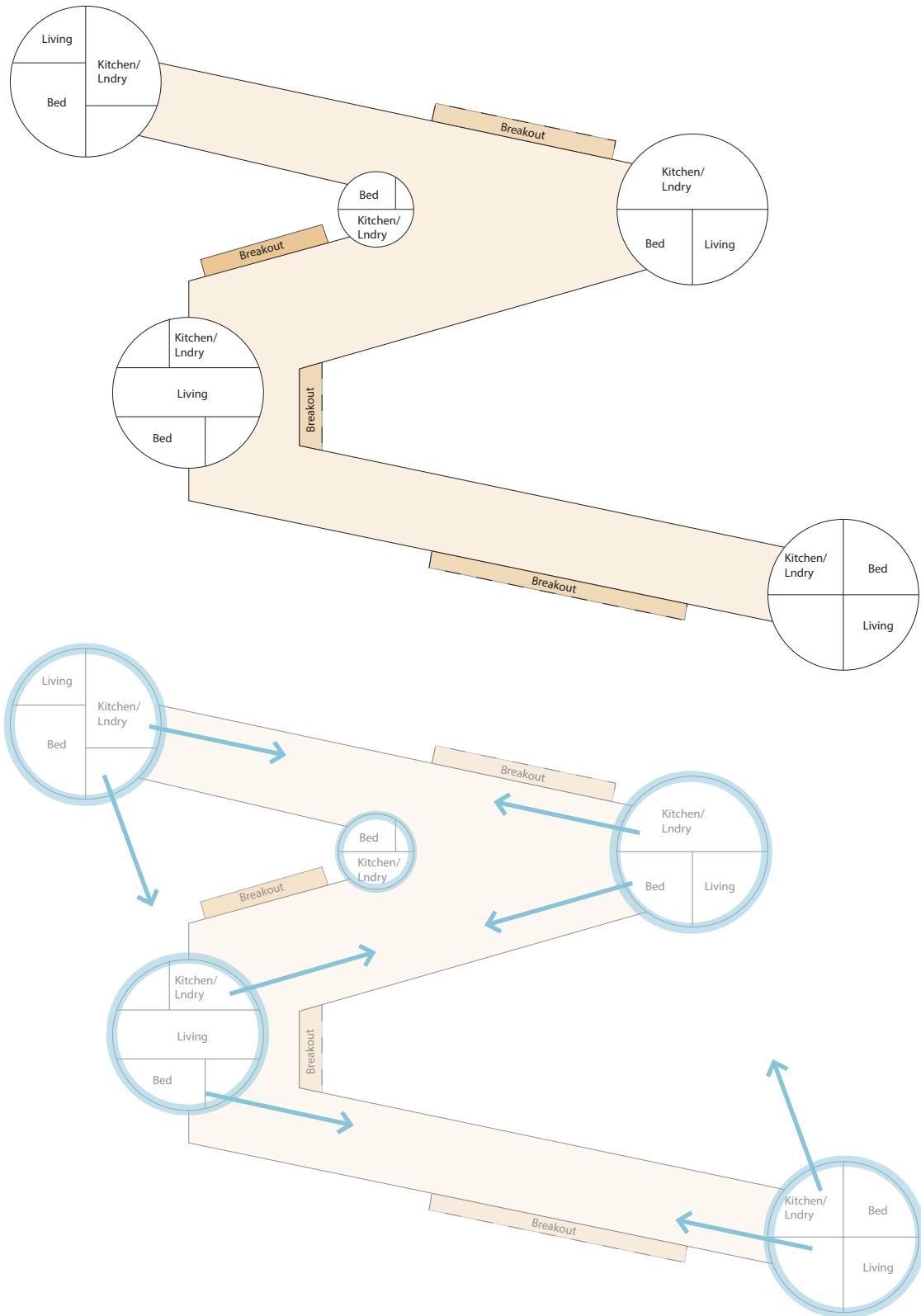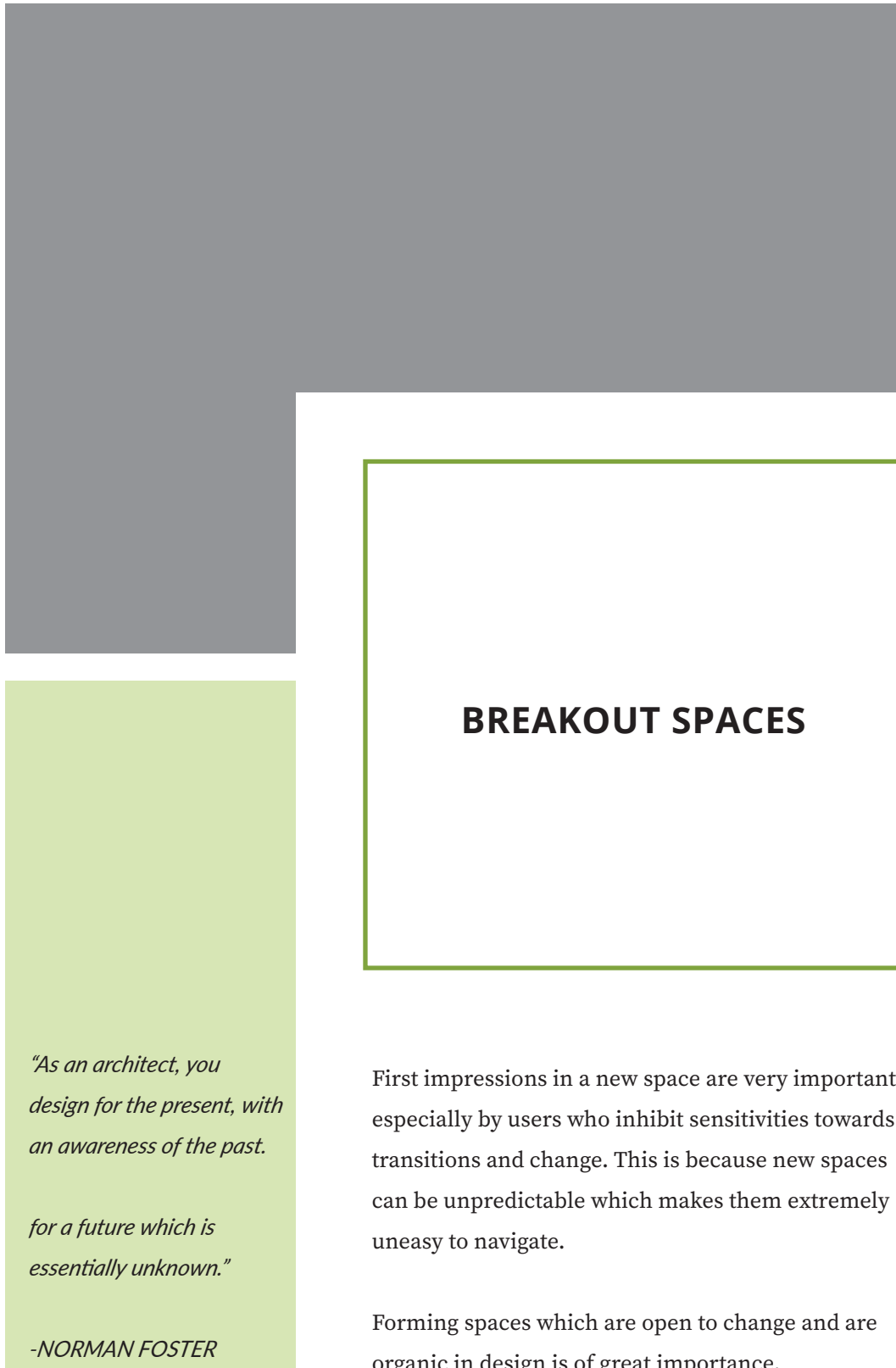*-NORMAN FOSTER*

First impressions in a new space are very important especially by users who inhibit sensitivities towards transitions and change. This is because new spaces can be unpredictable which makes them extremely uneasy to navigate.

Forming spaces which are open to change and are organic in design is of great importance.

Figure 100

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PRIVACY

1

It is important to provide a sense of ownership when a participant enters a new space. This promotes confidence to express needs, likes and dislikes at ease without fear of judgment or at the risk of welcoming unwanted attention. What this can look like is the provision of various outdoor seating arrangements which differ in interactive features.

SPATIAL LAYOUT

2

An open space encourages circulation and removes discomfort often created in dark and small spaces. Allowing for the entry of a park or shared communal space to lead into a wider space, will immediately create a sense of calmness and ease for participants.

COMPARTMENTILISATION

3

How programs are distributed will either excite users or deter them which is why compartmentilisation of intensity of programs is very important. It is often preferred to orientate noisy and highly interactive spaces in a clearly sited and distanced location of a space

Figure 11

MHA (Mental Health Access) Design

"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

SAFETY & AUTONOMY

To build capacity for the "outside" world, supportive elements must be provided in the community. This is to ensure goals and skill-sets are not imposed onto individuals but rather recommended for consideration.

Incorporating various changes into spaces which are navigated daily will allow for this to happen.

Figure 122   MHA (Mental Health Access) Design

SUBCATEGORIES OF CAPACITY BUILDING:

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 everyday surroundings must be supportive of any decision made. To get a better understanding of these spaces, we can break them down into three categories; personal, communal and integrated.

Personal
The availability of "me-zones" in any given space can allow for personal time spent outdoors. This can be through individual furniture such as a hammock or singular footpaths which are spatially designed away from noise such as the road or kids playground.

Communal
The overall visual access of the open space needs to consider lighting during the day and night. Furthermore, transparency through visual corridors can greatly reduce hesitation towards a new or unknown space.

Integrated
Celebrating diversity safely is super important as a good experience will lead to future experiences rather than deter the individual away from interaction. This can be done with the use of transitional spaces and safety exists.

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 will further encourage a sense of identity and voice.

Current skill based opportunities are communicated and expressed to society through means not accessible by many struggling with a mental diagnoses.
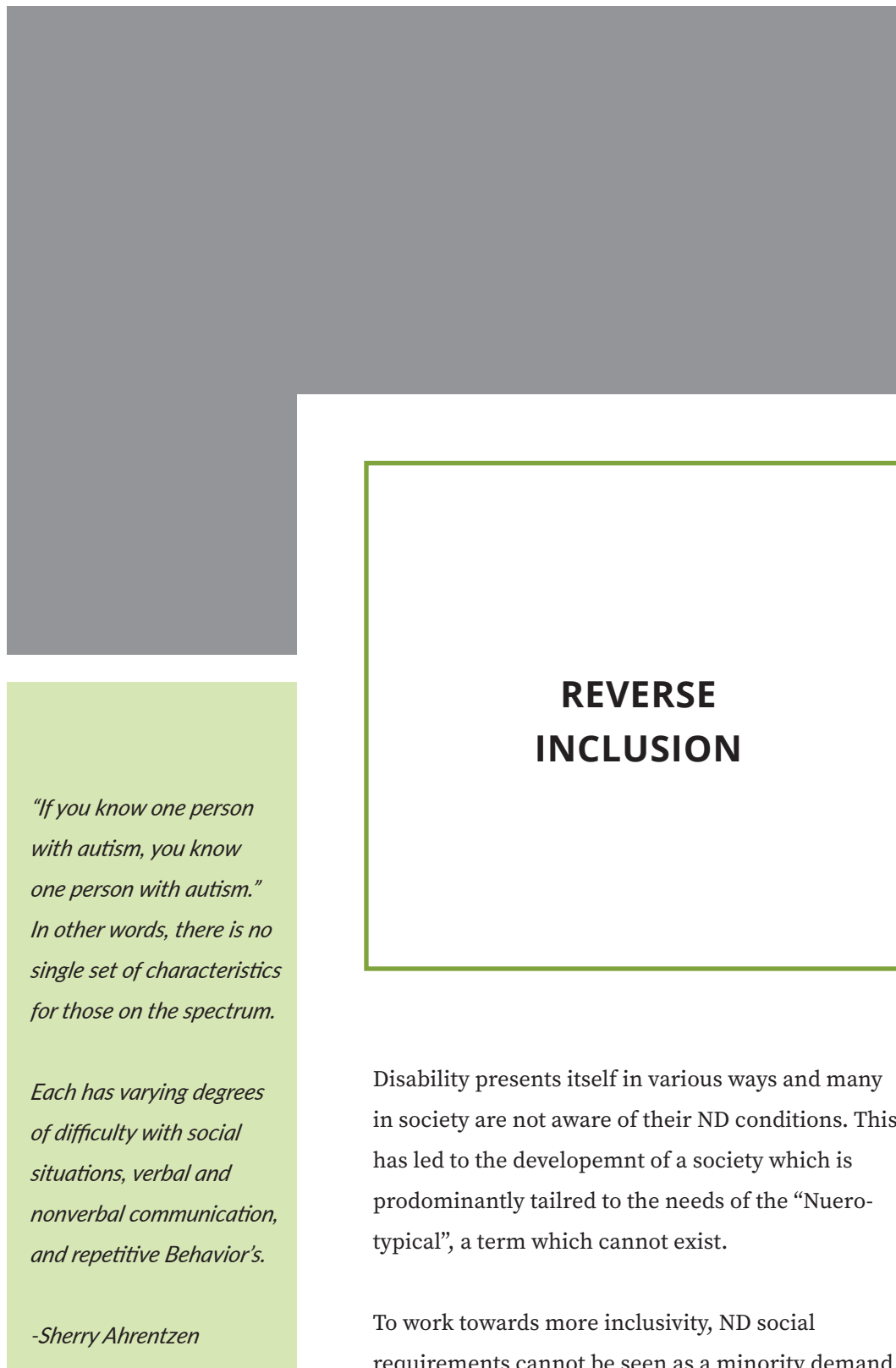
To further broaden and diversify these career options, life skills, hobbies etc; capacity building opportunities must be supported in the community setting which surrounds most (if not all) organisations.

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.

Figure 133

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REVERSE INCLUSION

"If you know one person with autism, you know one person with autism."
In other words, there is no single set of characteristics for those on the spectrum.

Each has varying degrees of difficulty with social situations, verbal and nonverbal communication, and repetitive Behavior's.

-Sherry Ahrentzen

Disability presents itself in various ways and many in society are not aware of their ND conditions. This has led to the developemnt of a society which is prodominantly tailred to the needs of the "Nuero-typical", a term which cannot exist.

To work towards more inclusivity, ND social requirements cannot be seen as a minority demand.

Figure 14   MHA (Mental Health Access) Design

WHY IS IT IMPORTANT

Every individual has a personal understanding and appreciation of their senses which is why there is such a large spectrum of behavior's displayed within every environment.

As it is impossible to tend for every instance of discomfort, a generous range of supportive options should be made available. This will allow users to express themselves which will assist with various communication barriers put forth by environmental discomfort.

Allowing for an organic adaption of the environment through the availability of varying provisions, behaviour management strategies can also be further reinforced.

This flexibility and evolving capacity will then increase the chance of a user contributing to societya nd having equal access as everyone else.

KEY POINTS

01 No distinction between neurodiverse and

02 Inside/Outside adaptability

03 Micro Climates

04 Integration of natural elements

05 Distribution of individual/group zones

HOW TO HELP

Allowing for an ease in adaptation of design within any space will be of great importance as there are endless configurations of layouts and elements in a space which will benefit each user differently.

Ensuring design options tend to all senses so as to allow for the user to customize their specific sensory stimulation as per their needs and comforts. This can vary from the placement of breakout zones to the amount of lighting provided at night.
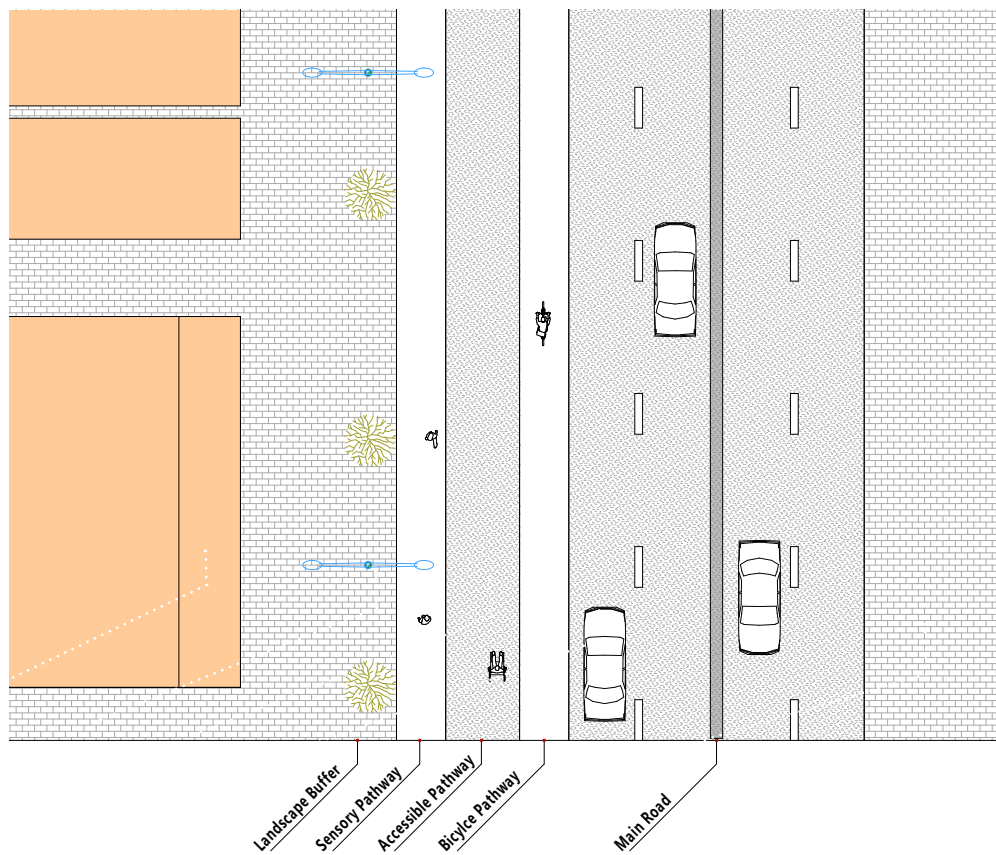
Provision of landscaping and planting opportunities especially within transitional spaces. The natural element of planting will ground and visually settle a user and so providing this opportunity in "trigger" areas can immensely impact the accessibility of the area.

Figure 155

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COMPARTMENTALISATION

Sequential Layout

The spatial sequencing of programs can help mitigate triggering stimulie which tend to isolate ND individuals or provoke challenging behaviours. Within a public space this can look like the introduction of multiple laneways allocated for the use of all members of the public.

In the same way we place importance on our physical health and sustainability of the ecosystem through the introduction of bicycle lanes, we must recognise the importance of creating supportive envionrments which welcome individuals from varying abilities both mentally and physically.

Landscape Buffer
Sensory Pathway
Accesible Pathway
Bicylce Pathway
Main Road

Figure 166

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Promoting Interaction

Circulation routes are the fundamental building blocks of all types of spaces both internally and externally. Existing stigma's surrounding the cost of changing strucural elements in buildings and public spaces for the betterment of accessibility must be overcome.

Spaces which are adaptable, considerate of breakout and transitional spaces and carefully sequenced according to sensory stimuli lead to increase community contribution and reduced presentation of challenging behaviours. It is an investment which not only saves costs but also invites both financial and social gains.
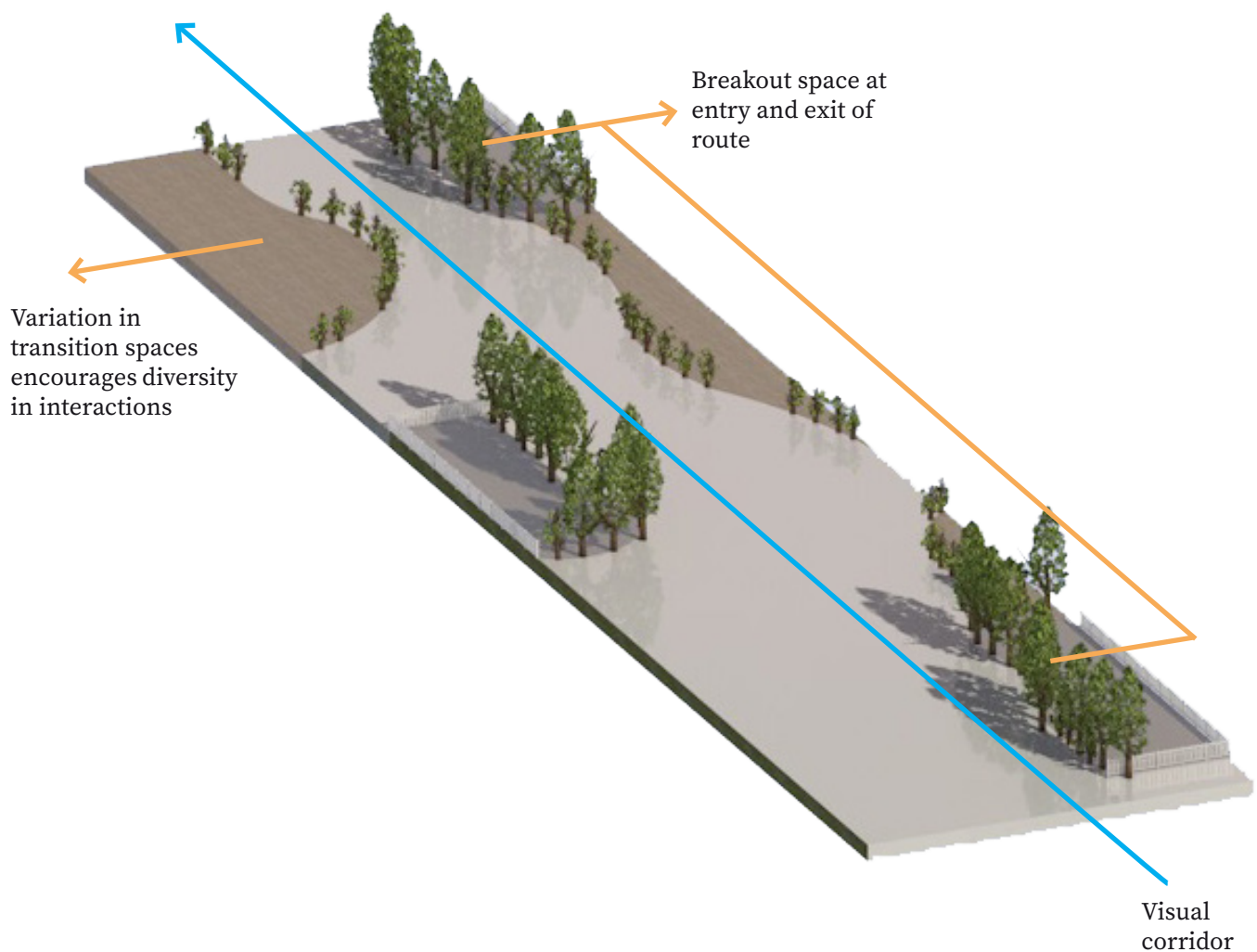
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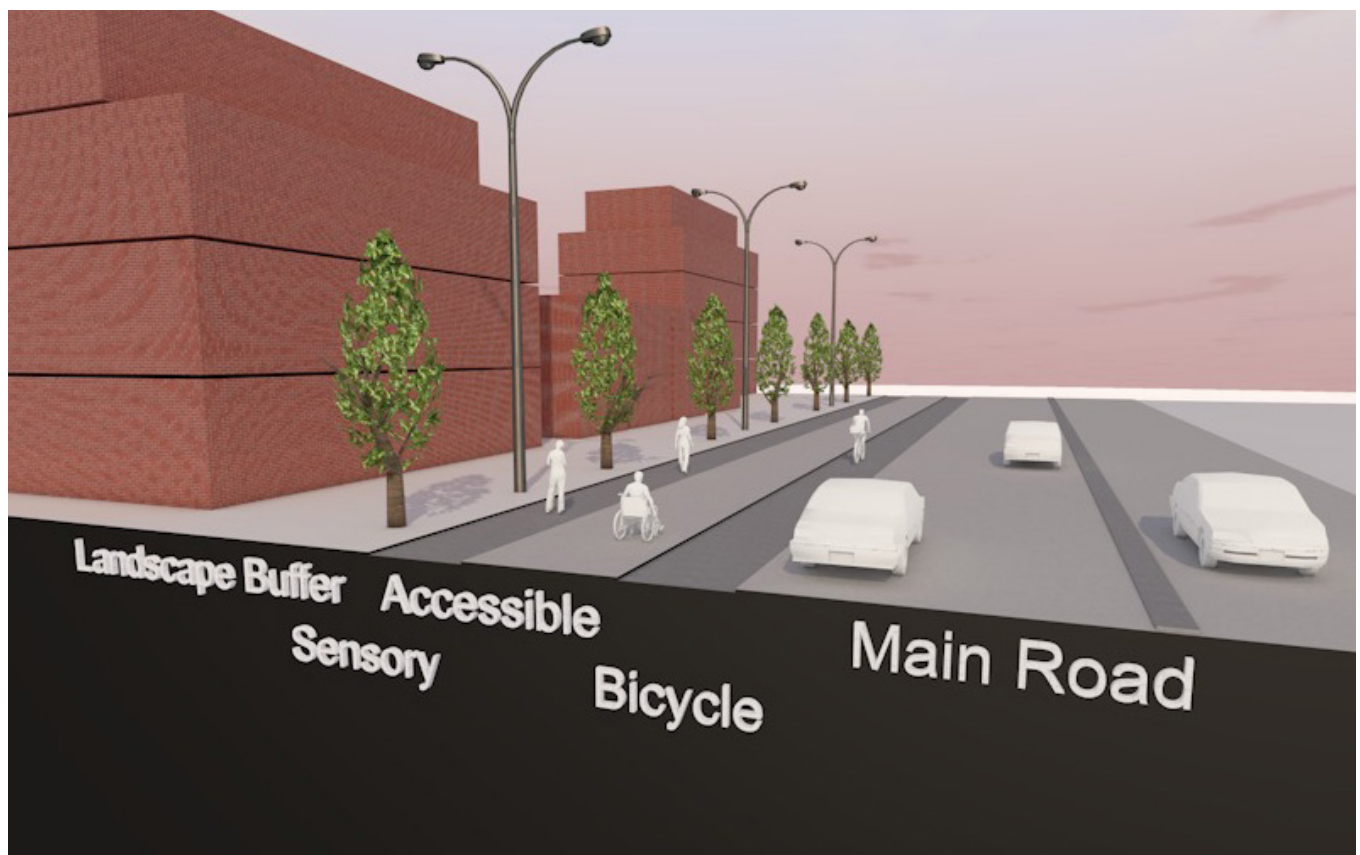
NAVIGATION

Site Layout

Breakout areas positioned throughout a walking route, offer an external opportunity for users to retreat to. This sense of relief encourages interaction within the community and attempts to remove existing concerns regarding accessibility. The placement and design of these spaces also assists ND individuals with an awareness of positioning.

Having a variety of spaces which differ in size, visual barriers and landscape elements not only contributes to the activation of open space but also the interaction of individuals living with a wide range of abilities. Capacity and independence can be built upon regarding interaction in the community due to this diversity in spaces.

Breakout space at entry and exit of route

Variation in transition spaces encourages diversity in interactions

Visual corridor

Figure 188 MHA (Mental Health Access) Design

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Transitional Spaces

Before entering a new space or existing a known area, an opportunity for privacy is often organically presented to users to ensure a an individual has ample time to process and prepare for the upcoming change. These ares are referred to as transition spaces and can be applied both inside and outside and can evolve in layout over time.

The different between such spaces and breakout areas is that movement is encouraged throughout a transitional space. Maintaining visual access to the overall area of the upcoming envrionment is also important during this privacy. Landscaping provides great visual and acoustic barriers without completely removing visual access to what's ahead.
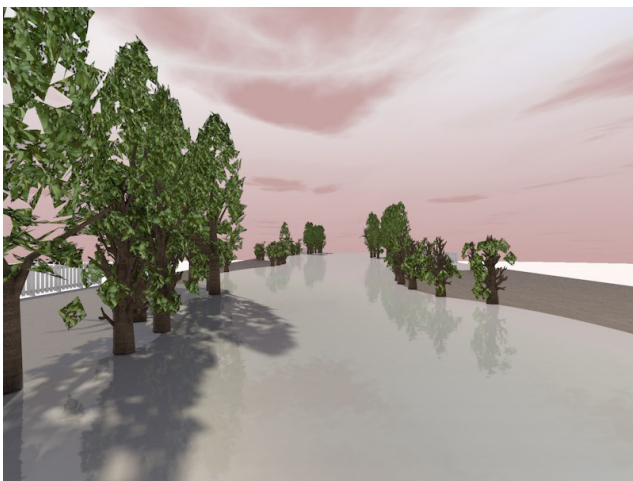
Transparency of overall route

Breakout spaces

Figure 199

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STEP 1

CONTEXTUAL UNDERSTANDING
Study of envrionmental surrounding (proximity to vehicles, residential etc)

STEP 2

CONSULTANCY WITH OT AND BSP
Professional understanding of accessibility requirements

STEP 3

CONSIDERATION OF DEMOGRAPHIC
Understanding age related accessibility requirements