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De-institutionalisation of Aged Care Residential Facilities in Australia: Aldersgate Village in Adelaide and Wintringham Facilities in Melbourne as Case Studies

Aged care residential facilities in Australia were based on the institutional settings of a hospitalist model with an emphasis on effective surveillance and control. Although the Guidelines for the Provision of Nursing Home Facilities published by the Australian government in 1983 stated that a nursing home should be domestic in character, the detailed requirements stipulated were still institutional in nature. An early attempt to challenge such guidelines was the Pomroy House and the Wisteria Lodge (1985) in the Aldersgate Village in Adelaide, designed by Brian J. Kidd. Based on his work for the Aldersgate Village, Kidd published the booklet, The Image of Home: Alternative Design for Nursing Homes in 1987, advocating the significance of creating a home-like environment for the elderly. He was commissioned by the government to prepare and publish the Hostel Design Guidelines in 1988, which was in striking contrast to those guidelines published in 1983. A number of recommendations have been incorporated in the subsequent designs of Wintringham aged care facilities in Melbourne, including the Port Melbourne Hostel (1996), the Gilgunya Village (2000), and the Eunice Seddon Home (2010). The historical review of the evolution of aged care facilities and relevant design guidelines in Australia, together with case studies, can illustrate a continuous advocacy and implementation of de-institutionalisation. Creating a home-like living environment with privacy, choice, and comfort is crucial to the elderly in order for them to maximise their residual capacity and reinforce their individual identity.

Aged care residential facilities in Australia were based on the institutional settings of hospitalist model.¹ It was common to arrange large multi-bedded rooms opening onto long, central corridors. Sleeping spaces were subdivided by sliding curtains with impersonal decor, resulting in a lack of privacy and private territory. Similar to the Panopticon devised by Jeremy Bentham, nurses' stations at strategic locations enabled the staff for effective surveillance and control.² Meals were provided in centralised dining areas based on daily routines programmed by the institution. The austere, collective living environment affected the individuality and personal identity of residents.

In *Culture against Man*, Jules Henry describes the dehumanising situation of nursing homes in the early 1960s:

So they feel they are not human, and from this comes anguish that expresses itself in clinging. But silence is not the only form of dehumanising communication to which these people are exposed. Empty walls, rows of beds close together, the dreariness of their fellow inmates, the bedpans, the odors, the routinisation, all tell them they have become junk. Capping it all is the hostility of the patients to one another and the arbitrary movement from place to place like empty boxes in a storeroom. At the end is a degraded death.³

Judith Carboni in "Homelessness among the Elderly" further correlates the rigid institutionality of nursing homes with the notion of homelessness. Due to the loss of intimacy with the place and the condition of non-personhood, residents are suffering from the "negation of home" and enduring the "painful state of homelessness within the confines of the total institution of the nursing home".⁴

In the seminal essay "On the Characteristics of Total Institutions", Erving Goffman identifies salient features of institutionalised totality. Contrary to the basic social arrangement of an individual engaging with others in different places under different authorities, all aspects of life of institutional residents occur in the same place under a single authority. Their daily activities are carried out in company with a large batch of other residents in accordance with a regular schedule and a rational plan, fulfilling the official aims of the institution within custodial facilities.⁵

In response to the negative effects of living in total institutions, Lee Bowker advocates the importance of humanising institutions for the aged. Residents of nursing homes should be enabled to make choices about their everyday activities and to personalise their own space for the sense of individuality.⁶

Guidelines for the Provision of Nursing Home Facilities, 1983

Although the *Guidelines for the Provision of Nursing Home Facilities* published by the Australian government in 1983 (referred to here as the *1983 Guidelines*) stated that a nursing home should not be considered as a hospital and should be "residential in character" and "homely in atmosphere", the stipulated detailed requirements were still institutional

in nature.⁷ Residents' status was defined as "patient" and their rooms were regarded as "wards". Multi-bedded rooms were recommended by considering "four beds per ward" and a minimum of merely "one single bed ward per ten patients" as desirable provisions.⁸ Collective living environment could also be reflected by shared toilets and bathrooms. Only one toilet per eight patients and one shower cubicle per ten patients were recommended.⁹ The guidelines unambiguously promoted the rationale of operational efficiency, encouraging a compact layout instead of a disjointed establishment.¹⁰ A minimum of one nurses' station per floor should be provided and located for the "most effective supervision of passages in patient zones ... affording supervision over patient and visitor movements".¹¹ The exercise of dominance, surveillance, and control following the Panopticon mechanism was clearly adopted. These specific requirements confined the design of new nursing home facilities in Australia, leading to institutional settings rather than catering for specific, individual needs of residents.

Aldersgate Village in Adelaide

An early attempt to challenge the *1983 Guidelines* was the Pomroy House and the Wisteria Lodge (1985) in the Aldersgate Village, Adelaide, designed by Brian J. Kidd and commissioned by the Adelaide Central Mission. The Aldersgate Village was established in 1944 and reached its peak occupancy with 480 residents by the early 1960s.¹² Kidd was a senior lecturer and a member of the Centre for Applied Research on the Future at the University of Melbourne. Based on his work for the now-defunct Aldersgate Village, Kidd published the booklet, *The Image of Home: Alternative Design for Nursing Homes* in 1987, advocating the significance of creating a home-like environment for the elderly.¹³ In opposition to the conventional institutional model of aged care residential facilities, the Pomroy House and the Wisteria Lodge were designed as family residences, using the same floor plan with domestic scale and decor.

As shown on the floor plan, each nursing home had 16 single bedrooms sharing a common dining room and two lounges located on both wings. Besides, there was a smaller private dining room to cater for family gathering, which could be booked in advance. A quiet room was provided adjacent to each lounge, offering a variety of social spaces for residents to use according to their choices and needs. Both common dining room and lounges had direct access to verandahs and gardens outside, encouraging residents not merely to stay indoors, but to engage with nature.

In opposition to the standard long corridor arrangement of having a row of bedrooms with identical doors and indistinguishable locations, bedrooms were grouped into four clusters. This could shorten the length of the circulation space and facilitate residents to identify their own rooms. Each cluster of four bedrooms shared one toilet and one shower cubicle, achieving a better proportion than the provisions of the *1983 Guidelines*. Rather than locating the nurses' station for the "most effective supervision ... over patient and visitor movements" recommended by the *1983 Guidelines*, the so-called "study room" next to the entry hall served as a nurses' station against the conventional perception as "a symbol of

control over people and not compatible with the concept of 'home'.¹⁴ Since each bedroom had direct access to surrounding landscaped areas similar to the common dining room and lounges, staff in the study room could no longer enjoy the most effective surveillance and control. Instead, as mentioned by Kidd, there is no more hierarchical separation of staff and residents under this arrangement.¹⁵

Contrasting to the recommended provision of "one single bed ward per ten patients" stipulated in the *1983 Guidelines*, 100 per cent single bedrooms were provided in both Pomroy House and Wisteria Lodge, emphasising the right of residents to single room accommodation. However, the Commonwealth Department of Health expressed severe reservations and queried whether "the nursing needs of 'patients' would be best served in private rooms".¹⁶ Another concern was the proliferation of small nursing home buildings, which might require higher "staff to patient ratio", incurring more government funding for staff. In response to the issues raised by the Commonwealth Department of Health, both the client and the architect had the consensus of treating the project as the experimentation for exploring an alternative way of designing nursing homes in Australia outside the restrictions imposed by the *1983 Guidelines*.¹⁷ When the architect presented the physical model to the government officer, the initial feedback from the officer was "that's not a nursing home, it looks like a house!"¹⁸ This could be considered as an appraisal of fulfilling the original design intention of creating a home-like environment for the elderly. After a prolonged back-and-forth negotiation with the government, the plans were finally approved subject to the condition that the Adelaide Central Mission could not request for additional funding for more staff than a conventional model would use.¹⁹ By challenging the *1983 Guidelines* in various aspects, Kidd's design for the Aldersgate Village served as an exemplar for future directions in nursing homes in Australia.

Hostel Design Guidelines, 1988

The Commonwealth Department of Community Services and Health published the *Hostel Design Guidelines* in 1988 (referred to here as the *1988 Guidelines*) written by Kidd. At the outset of the guidelines, the crucial role of aged care facilities with "a truly domestic character" to address the personal rights and dignity of residents is highlighted.²⁰ This reflects a substantial change from the previous focus on operational efficiency in the *1983 Guidelines* to the notion of resident-centered care, emphasising the individual needs of the elderly. Obviously, the *1988 Guidelines* was a continuation of Kidd's experience for the Aldersgate Village and his publication, *The Image of Home: An Alternative to Institutional Design for Elderly People in Nursing Homes* in 1987.

Against the long-held institutionalised approach, the *1988 Guidelines* promote the idea of "normalising physical settings, lifestyles, and programmes as far as possible".²¹ Aged care facilities should reflect a truly domestic character both internally and externally for residents to evoke their memories of a warm and comfortable home setting, as opposed to the ease of disorientation within large-scale institutional buildings. As demonstrated by both Pomroy House and Wisteria Lodge, a small-scaled nursing house should be surrounded

by natural landscape, which can offer a stimulating environment for social encounters or personal retreat when desired. An outdoor barbecue area is suggested to be provided in close proximity to the common dining area for gatherings among residents, facilitating a sense of community. Some residents can even participate in gardening for leisure if they are interested and capable to do so. Apart from the verandahs on the periphery of the building, several small-scale nursing houses are preferred to be connected together by covered walkways to facilitate circulation within a garden setting.

Under the principle of the “least restrictive alternative”, the elderly living in aged care facilities are encouraged to retain or restore their independence and decision making.²² Each resident should be treated as an individual with respect for his or her daily habits and choices rather than being subject to a more restricted lifestyle. They can maximise their residual capacity and engage with the community without the need of staying in the nursing home for the whole day and being segregated from the rest of society.

Different from the *1983 Guidelines* of considering “one single bed ward per ten patients” as a desirable provision, the *1988 Guidelines* unequivocally states that “the provision of single bedrooms is essential”.²³ This can significantly enhance the privacy of residents and enable them to personalise their individual accommodation, which is not feasible in multi-bedded rooms. Besides, the *1988 Guidelines* recommend that “if finance permit, a private verandah is recommended.”²⁴ Being a transitional space between indoor and outdoor, the private verandah becomes an extended territory to residents for personalisation. In addition to single bedrooms, the *1988 Guidelines* further states that “ensuite units incorporating toilet, shower and basins are strongly recommended to each bedroom.”²⁵ Compared with the recommendation of merely one toilet per eight patients and one shower cubicle per ten patients in the *1983 Guidelines* and one toilet/shower cubicle per four residents in the Pomroy House and the Wisteria Lodge completed in 1985, the *1988 Guidelines* shows a noteworthy improvement. Undoubtedly, ensuite facilities are highly preferable from the perspectives of personal privacy, dignity, and convenience.

From the initial reservation attitude of the government about the design of both Pomroy House and Wisteria Lodge in the early 1980s to the publication of the *1988 Guidelines* by the Commonwealth Department of Community Services and Health, this reflects a significant change of official attitude towards the de-institutionalisation of aged care residential facilities in Australia. The *1988 Guidelines* encourage the exploration of alternative designs, aiming to “give rise to a range of creative alternatives, giving choice and variety in the solutions.”²⁶ This objective has been realised in the Wintringham aged care facilities in Melbourne to a certain extent.

Wintringham Aged Care Facilities in Melbourne

Wintringham was formed in 1989 with a clear mission to provide residential aged care services to those who are both elderly and homeless. The design brief for Wintringham’s new aged care facilities clearly adopts the principle of the “least restrictive alternative”:

The individual should retain in as many ways as possible, control over their life decisions, personal health and daily routines. The individual has fundamental rights that should be protected and not weakened, demeaned or withdrawn through design, practice or managerial decisions.²⁷

An example to realise the above overriding principle is the Wintringham Port Melbourne Hostel designed by Allen Kong. It was opened in 1996, providing accommodation to 35 residents. All aged people enjoy single bedrooms with ensuite provisions there. As questioned by the Wintringham founder, Bryan Lipmann: “what is the harm to society in giving them some dignity before they die?”²⁸

In opposition to mainstream design with bedrooms opening onto central, double-loaded corridors within a single institutional building, the 35 bedrooms are scattered over the site and are grouped into six clusters. Every cluster has its own lounge and dining area with self-contained domestic kitchen and laundry facilities, accommodating five to seven residents. Unlike centralised dining arrangement offering pre-set menus in typical nursing homes, a part-time house carer is responsible for purchasing and preparing meals for residents in a cluster. This can cater for individual needs of the residents, who can even smell the aromas coming from the domestic kitchens during the meal preparation process. By having a cozy lounge and a dining area with a full-equipped kitchen in each cluster, this can invoke the atmosphere of a family environment, offering a comparable degree of comfort found in the familiarity of home.

A salient feature of the Wintringham Port Melbourne Hostel is the provision of a verandah in front of each bedroom and the use of covered walkways connecting different buildings and clusters together. Similar to the recommendation of the *1988 Guidelines*, Wintringham’s design brief covers the role of verandahs:

An idea worth developing is to investigate the use of verandahs as private or semi communal space. A verandah adjoining a bedroom would provide a resident with an extension to their rooms that would enable friends to gather. The verandahs could also enable rooms to be linked without the need for interior corridors.²⁹

When initiating the idea of providing extensive verandahs for aged care facilities, the Wintringham faced severe reservation from the Victorian Department of Health. The government requested all the verandahs to be weathertight by glass enclosures due to the concern about the elderly moving around externally.³⁰ However, this defeated the original design intention of giving a transitional space to each resident adjacent to his or her bedroom. This extended territory plays a pivotal role in residents’ everyday life by enabling them to sit outside and interact with other residents and visitors socially without the privacy of their bedrooms being invaded. As affirmed by the architect, Allen Kong, if the aged care facilities allow the elderly to be outside even for a small time, it would improve their health and wellbeing.³¹ After a lengthy negotiation with the government, such idea was finally

accepted and realised.

There are five layers of space in the Wintringham Port Melbourne Hostel, ranging from (1) the most private single bedroom; (2) the initial point of social contact at the verandah outside the bedroom; (3) lounge, dining room, and kitchen of each cluster; (4) landscaping areas within the whole site; to (5) the common room shared among all the residents and the community. This can give the residents different levels of engagement according to their choices and needs.

By having clusters of buildings built with timber finishes and sandstone bricks and connected by verandahs, the Wintringham Port Melbourne Hostel evokes the domestic scale and character of traditional Australian cottages, which blends into the neighbouring streetscape harmoniously. Its non-institutional image is further enhanced by the use of low picket fencing and seating walls around the site, avoiding the conventional segregation of aged care facilities from the surroundings.

Similar to the recommendation of the 1988 *Guidelines* of connecting several small-scale



Fig. 1 Verandah of the Wintringham Port Melbourne Hostel facing the street. © Hing-wah Chau.



Fig. 2 Verandah and landscaping of the Wintringham Port Melbourne Hostel. © Hing-wah Chau.

nursing houses by covered walkways within a garden setting, the meandering circulation pattern through landscaped areas of the Wintringham Port Melbourne Hostel allows the elderly to have daily encounters with nature. Residents can stroll from one garden to another through verandahs and covered walkways in all weather. Wandering in the landscape can unfold a dramatic montage of changing scenes, bringing delight and stimulation to the elderly. The Wintringham Port Melbourne Hostel received the World Habitat Award in 1998, which recognised its innovative approach to housing old people.³²

The notion of de-institutionalisation of aged care facilities has been further developed in the Wintringham's Gilgunya Village in Coburg and the Eunice Seddon Home in Dandenong. In the Gilgunya Village, the extensive landscaping areas with ponds, fountains, bridges surrounded by domestic cottages and meandering verandahs, create a small village atmosphere within the serenity of its natural surroundings. In the Eunice Seddon Home, a variety of vibrant colours is used to differentiate bedrooms. This can reinforce the sense of individual identity of each resident, which is in stark contrast to the normal institutional settings of having a row of bedrooms with identical doors and indistinguishable locations.



Fig. 3 Landscaping of the Gilgunya Village, Coburg, Victoria, 2000. © Hing-wah Chau.



Fig. 4 The use of colour of the Eunice Seddon Home, Dandenong, Victoria, 2010. © Hing-wah Chau.

Conclusion

This review of the evolution of aged care facilities and relevant design guidelines in Australia, as well as the study of the prominent cases of the Aldersgate Village in Adelaide and Wintringham Facilities in Melbourne, has revealed that there has been a continuous advocacy and implementation of de-institutionalisation since the 1980s. Creating a home-like living environment with privacy, choice, and comfort is crucial to help elderly people maximise their residual capacity and maintain and reinforce their individual identity. With an increasing aging population in Australia, the design of aged care facilities to address growing demand, involving an increasing number of elderly people of ethnic backgrounds, deserves more academic research in the near future.

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- 30 Farrelly, *The Wintringham Story*, 39.
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