Advice Paper: Consumer-centered Design for Short to Medium Stay Residential Facilities

August 2026

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A catalogue record for this book is available from the National Library of Australia

Suggested citation:

Gorman, K., and Carter, B., August 2026. Advice Paper: Consumer-centered Design for Short to Medium Stay Residential Facilities. Health Care Consumers Association. Canberra.

Acknowledgements

HCCA would like to thank the members of the Health Infrastructure Consumer Reference Group who have contributed their knowledge and experience to this paper:

Alison Jean Killen

Ankith Arun Aswath

Bianca Rosetti

Elvin Lam

Heather Warfield

Holly Fletcher

Iga Morzynska

Julia Rollings

Kate Davis

Kerry Snell

Leanne McKean

Lorraine Mallinson

Louise Bannister

Louise Irvine

Luke Lake

Naomi Knight

Pat McCabe

Ravi Krishnamurthy

Saad Khalid

Shobha Varkey

HCCA also wishes to thank the many people who have contributed consumer and carer insights to HCCA's work in health infrastructure projects over nearly two decades of advocacy in this space.

About HCCA

The Health Care Consumers' Association (HCCA) is a health promotion agency and the peak consumer health advocacy organisation in the Canberra region. HCCA provides a voice for consumers on local health issues and provides opportunities for health care consumers to participate in all levels of health service planning, policy development and decision making.

HCCA involves consumers through:

- consumer representation and consumer and community consultations;
- training in health rights and navigating the health system;
- community forums and information sessions about health services; and
- research into consumer experience of human services.

HCCA is committed to **consumer-centred care**[1] as a foundation principle in all its work and to promoting consumer-centred care across the health system, within government and across the ACT community. Consumer-centred care meets the physical, emotional, psychological and cultural needs of consumers and is responsive to someone's unique circumstances and goals.

HCCA is a Health Promotion Charity registered with the Australian Charities and Not for-Profits Commission.

About the ACT Health Infrastructure Consumer Reference Group

In 2023, the ACT Government established the Health Infrastructure Reference Group (HICRG) led by the Health Care Consumers Association (HCCA), to provide input into health infrastructure projects across the ACT.

This group provides expert advice and guidance to ensure that the needs of healthcare consumers and carers are at the forefront of health infrastructure planning and design.

The HICRG oversees consumer and carer engagement, providing invaluable advice on matters such as design, accessibility, safety and amenities. It works collaboratively with existing clinical, consumer, and community groups to achieve the best outcomes for our community.

[1] Consumer-Centred Care Position Statement - HCCA https://www.hcca.org.au/publication/consumer-centred-care-position-statement/ accessed June 2026

Contents

Purpose

The purpose of this paper is to provide practical advice on consumer-centred design principles and applications for short to medium stay residential health facilities. It follows two recent and related papers: Northside Hospital HCCA Design Advice August 2025[2] and Community Health Centre HCCA Design Advice 2026 (to be published).

As with the previous advice papers, this paper is based on:

- advice from the members of the ACT Health Infrastructure Consumer Reference Group, combined with
- advice contributed by community members to the many ACT health infrastructure projects HCCA has supported since 2008.

Short to Medium Stay Residential Health Facilities

Consumers using short to medium stay residential units in health typically:

- Need a longer length of stay than a person in an acute inpatient unit, such as a hospital
- Have significant involvement from family and carers, and
- Require interdisciplinary care from a range of allied health and support work disciplines, for example, psychology, youth work, occupational therapy, mental health support work, education.

The focus of a stay is on the person attaining their best level of function and quality of life. Independence and optimal function are promoted by facilitating usual activity in a home-like environment[3].

While HCCA is confident the recommendations represent improvements to consumer comfort, safety and functionality, the advice in this paper should not be considered a replacement for thorough and meaningful consumer input throughout the whole design planning phase. **In particular, input from consumers must be sought and considered in real time and in combination with information about the purpose of the facility**. Community organisations that support consumers with specific conditions or experiences will also be valuable in advising facility design.

A note about the structure of this Advice Paper: Some principles or design examples below are repeated in multiple sections. This is because the same principles and features support different groups of users or are valuable in a range of spaces. We have written this paper with the expectation that users may not read the whole document but may access discrete sections as required. Therefore, while we have tried to minimise repetition, some is inevitable.

[2] Northside Hospital HCCA design advice August 2025https://www.hcca.org.au/wp-content/uploads/2025/08/HCCA-Design-Advice-Paper-Northside-Hospital-August-2025-1.pdf, accessed June 2026.
[3] AHIA Part B- Health Facility Briefing and Planning HPU 610 Subacute Care Unit P5 https://healthfacilityguidelines.com.au/sites/default/files/HPU_B.0610_4_1.pdf, accessed March 2026.

Executive Summary

Feedback from consumers has highlighted design features that enhance and promote independence, engage the consumer in the recovery of optimum function, and foster connectedness with daily life. Suggestions focused on the following design features:

- Full wheelchair accessibility to ensure that consumers with mobility issues can have access to and can function independently in a residential health service.
- A home-like environment where consumer agency and independence are supported through design. For example, accessible keypad entry to allow free movement during the day and after hours.
- Thoughtfully designed space beyond individual consumer bedrooms that allows enough privacy for family and friends to visit.
- Design features that are stimulating, engage interest and inspire the recovery of function. For example, an area to engage in art or other stimulating activities.
- Connection to the outdoors and nature.
- Proximity to everyday life, for example, shops and public transport.

Consumer-centred design principles and their application to short to medium stay residential facilities

There are a number of principles and specific features that are essential to apply across the planning and design of short to medium stay residential facilities. The aim of these principles and their application is to improve consumer experience and outcomes.

Principle: Universal Design

Universal design is the first principle of consumer-centred design in health facility design, ensuring spaces meet the needs of people with a wide range of abilities.

Universal design principles ensure that spaces accommodate the widest range of abilities - or as close to it as possible - and does not disadvantage a group of people[4].

Universal design principles are:

1. Equitable use: The design does not disadvantage or stigmatise any group of users.
2. Flexibility in use: The design accommodates a wide range of individual preferences and abilities.
3. Simple, intuitive use: Use of the design is easy to understand, regardless of the user's experience, knowledge, language skills, or current concentration level.
4. Perceptible information: The design communicates necessary information effectively to the user, regardless of ambient conditions or the user's sensory abilities.
5. Tolerance for error: The design minimises hazards and the adverse consequences of accidental or unintended actions.
6. Low physical effort: The design can be used efficiently and comfortably, and with a minimum of fatigue.
7. Size and space for approach and use: Appropriate size and space is provided for approach, reach, manipulation, and use, regardless of the user's body size, posture, or mobility.[5]

Principle: Design for all physical abilities

The principle of physical access is to create inclusive, accessible environments that meet the needs of people with a wide range of physical, sensory, and cognitive abilities.

It is to be anticipated that a proportion of people using a short-to-medium-say residential facility will be experiencing some form of impairment, whether long-term or temporary. A lack of physical accessibility may cause significant health inequity by preventing a consumer with physical impairment from accessing short to medium-term residential programs.

[4] The 7 Principles - Centre for Excellence in Universal Design https://universaldesign.ie/about-universal-design/the-7-principles accessed June 2026
[5] Ibid

Design Applications

Physical accessibility examples include:

- Provision for at least one completely wheelchair accessible room. Full wheelchair accessibility should not be confused with ‘wheelchair friendly’ but be taken to mean that all aspects of the room – bathroom, sleeping, storage and other amenity such as desks – are accessible to a person using a wheelchair without modification or the need for assistance.
- Wheelchair accessibility and turning space are required in communal areas such as lounge, kitchen, and meeting rooms.
- Multi-height options for functional areas:
    - Kitchen benches including sinks and cooking appliances are height adjustable or integrate an area where a person in wheelchair can independently prepare food
    - Appliances such as ovens, microwave, kettle and so on are within reach of a person using a wheelchair
    - The installation of fittings and amenities placed at different heights (e.g. power points, charging stations, hand basins and seating).
    - Reception counter (if there is one) at wheelchair/seated height, as well as standing height.
    - Note: Give equal consideration to convenience and suitability of the location of wheelchair-suitable amenities as is given to the location of other amenities.
- Wide corridors, waiting areas, and doorways. Enough space for people with wheelchairs, strollers and mobility aids to move around, through and past each other.
- A front entrance that accommodates all users with wide doorway, automatic doors and level entry (not steps). Do not make a ‘disability entry door’ in a separate or less convenient place.
- Keypad or other manual entry for residents (for after hours or during the daytime if the entry to the facility is ordinarily closed/locked) is at a wheelchair accessible height.
- Automatic doors are used where possible. If this is not feasible, doors that are lightweight with lever-type door handles should be used.
- A fully accessible single user adult toilet and changeroom facility for use by visitors and all gender bathrooms with automatic doors.
- Accessible waiting areas with a mix of ergonomic chairs, with and without arms, to accommodate people with different needs, including chairs to accommodate bariatric consumers and a space for electric wheelchairs and mobility aids such as 4-wheel walkers to be parked.
- An allocated area for pick up and set down should also be provided that is protected from the elements and can accommodate a range of vehicle sizes.

Sensory accessibility examples include:

- Everyday features such as lighting, kitchen and entertainment appliances and keypad entry to the facility, are easy and intuitive to use for people with diverse cognitive ability and capacity.
- Low sensory-input lounge or sitting space. This is helpful for people who are neurodivergent, or who have epilepsy, asthma, multiple chemical sensitivities (MCS), sensory processing disorders, migraines, dementia, mental health needs and other conditions.
- Embed accessible technology for hearing, vision and comprehension support. Supportive technology for these needs is a fast-evolving area. Rather than specify which technology should be used, it is more appropriate to consult with support organisations and consumers at the time of facility design, to select the best option for the use of the building and needs of community.
- Consideration should be given to the need for additional space if a translator is attending in person (a consumer may need them in addition to a family member or carer).
- Device charging facilities may be required for a wide range of devices from hearing aids to mobility scooters. Facilities such as additional screens for telehealth and for interpreting (for both consumers and health staff), and space for parking/ storing mobility equipment may also be required.

Principle: Design for diverse communities

The principle of design for diverse communities means designing inclusive and welcoming spaces that reflect the needs, identities and experiences of people in our communities.

In this advice paper, ‘diverse’ includes individuals and groups across different cultural and linguistic backgrounds and literacy levels, Aboriginal and Torres Strait Islander people, people with disabilities, LG BTQIA+ communities, neurodivergent individuals and older adults. Most consumers hold intersecting identities (i.e. they belong to multiple communities at once), which can lead to increased stigma and marginalisation and affects their health outcomes and access to care.

Consumers have told us that for culturally responsive care, they need spaces to include:

- Design features and technology that improve access to and understanding of information, including:
  - access to interpreter services, and
  - ways to access translated health information into the main community languages.
- Clear signage in plain English (non-medical terminology and no acronyms).
- The ability to use technology to translate information and help with communications.
- Artwork, plants and design elements that reflect and welcome diverse communities.
- Access to private spaces for breastfeeding.

- Gender neutral toilet facilities
- Visible indication of welcome, cultural competence and safety from stigma and discrimination
- Space for assistance to be comfortably provided, for example, for Auslan interpreters to stand side by side with a health professional consulting with or providing information to a healthcare consumer.

Design Applications

- Welcome to Country displays
- Visible indications of welcome and safety may include
    - Cultural/ identity flags
    - Signage expressing welcome in common community languages
    - Signage/posters expressing welcome and support for identity/ disability/ condition. Visual representations use a variety of skin tones, ages, bodies and abilities
    - Availability of relevant and helpful consumer information
- Include artwork by local Aboriginal and multicultural artists.
- Visible information about interpreter services and Auslan capable translation technology
- Use culturally appropriate icons, internationally recognized icons, plain English wording and legible fonts (font design and size)
- Clearly marked all-gender amenities
- Availability of sensory-friendly spaces
- Use of native plants with local cultural significance in landscaping
- Reliable, free Wi-Fi
- Natural light with no backlight for interpreter activities
    - Strong Wi-Fi essential for Auslan video interpreting in emergencies if a local interpreter is unavailable in person.

Principle: Design for family and carer needs

In short to medium stay facilities, families and carers typically have significant involvement[6], providing ongoing and active support to consumers. It is important, therefore, to take an inclusive approach to family and carer needs in short to medium stay residential facilities.

Design Applications

- Private space outside of resident bedrooms is needed for visits with family friends. This does not necessarily need to be a separate space but an area where conversations can be private and the daily activities and concerns of other residents and staff do not intrude.
- Provide spaces for family and carers that include power/charging stations

[6] AHIA Part B- Health Facility Briefing and Planning HPU 610 Subacute Care Unit P5 https://healthfacilityguidelines.com.au/sites/default/files/HPU_B.0610_4_1.pdf accessed March 2026

- Separate spaces which can be used as private breakout rooms or family conference rooms
- Integration with digital support tools
- Space for children (visitors) to play

Principle: Design for Wayfinding

The principle of wayfinding is to help people navigate to and around a health facility with ease regardless of age, ability or literacy level.

In discussing wayfinding over many projects, HCCA often hears consumers from multicultural communities say they would like signage to be translated into different languages. Given the number of community languages in the ACT, and the competing desire for simple uncluttered signage, this is unlikely to be a practical solution for physical signage.

However, noting the fast-evolving digital tools that are used in both wayfinding and literacy spaces, designers must consider the ways in which people who may not be able to read, read common formats or read English can use digital or other tools to find their way, and create a physical environment that supports this. For example, ensuring signage words are in in plain English for clear translation when using translation apps, using universal icons, coloured graphic markers, and providing paper and digital apps with translated information.

Design Applications

- Clear signage optimally placed using colour and plain English in large, legible fonts with high contrast backgrounds. Incorporate icons and braille where possible
- Direct and simple routes between key areas, including to the building itself and within it, to the main reception
- Main entry/ reception is clearly marked with large font signage on the outside of the building
- Wide, non-slip, well-lit footpaths and accessible pavements with sloping kerbs that are wide and unobstructed
- Clear, visible signage at all entrances and drop-off points
- Avoid signage clutter and visual overload with maps available in different formats and locations
- Locate translated written materials in accessible, organised displays
- Use distinctive art or sculpture as recognisable place markers in wayfinding.
- Free, public technology (both Wi-Fi and hardwired) that provides wayfinding help.
- If a facility is large, or there are several buildings on a campus, include on signage the distance consumers will need to travel to specific points.
- Colour coded rooms and maps.
- Roads, walkways, signage and building entrances are well lit.[10]

Principle: Design for cognitive impairment

The principle of designing for cognitive impairment acknowledges that consumers with cognitive impairment may require access to programs in short to medium stay residential facilities.

Cognitive impairment causes changes to mood, memory, thinking and behaviour that may be temporary or permanent. Cognitive impairment is common, but is often not identified, or it is dismissed or misdiagnosed.

Cognitive impairment can be caused by a variety of factors, such as:

- medication side effects
- sleep deprivation
- anxiety
- stroke or other vascular disease
- traumatic brain injury

This design principle focuses on creating calm, clear and safe environments by employing design features that support orientation, independence and wellbeing.

Another important mitigation strategy for people with cognitive impairment is the involvement of family members in their care[7].

A well-designed care environment for people with cognitive impairment is one that maintains people's abilities, independence and engagement in their own care. Design features should provide prompts for wayfinding, maximise accessibility and reduce risks[8].

Design Applications

- Clear contrasts for floors, walls and furniture
- Highly visible toilet doors
- Clear and consistent signage
- Maximise natural light into indoor spaces
- Low noise levels, soft lighting and clutter-free spaces are helpful, therefore
    - Maximise sound baffling
    - Make lighting levels adjustable where possible
    - Provide adequate storage space for the equipment and items used in an area.
- Secure and easy-to-navigate outdoor areas
- Smooth transitions from indoors to outdoors
- Toilet seats and handrails contrast with floors and walls.

[7] NSW Health Western Sydney Area Health Service: Blacktown Carer Zone, https://www.youtube.com/watch?v=rgMNJ2IyW2A, accessed June 2026

[8] Fleming, R., Bennett. K., Dementia Training Australia Environmental Training Resources November 2021, https://dta.com.au/app/uploads/downloads/DTA_Full-Handbook.pdf accessed June 2026

Principle: Design for privacy and separation

The principle of designing for privacy and separation emerges from consistent consumer feedback about the need to maintain privacy in public health spaces. This may be through ensuring privacy for residents when receiving a visit from family or other health professionals involved in their care.

In short to medium stay residential facilities, conversations with staff in the staffing area or around the doorway should not be heard by others. Meeting rooms must be fully soundproof. Information provided and disclosed in or around the staffing area or in meeting rooms is personal information that must be treated confidentially.

Design Applications

- Private space outside of resident bedrooms is needed for visits with family and friends. This does not necessarily need to be a separate space but is a separated area where conversations can be private and where the daily activities and concerns of other residents and staff do not intrude.
- Design features that allow for private conversations with staff in and around the staff area and in particular, around the doorways to staff areas where consumers are approaching staff to speak with them or ask a question.
- Designated wait spaces or another space in the facility that can be flexibly used by visitors or residents who are waiting. These may also serve as flexible private spaces that can be used as:
  - Private space for breastfeeding
  - Low stimulation wait space for sensory needs
  - Isolation if someone suspects they are infectious or conversely, they are immune compromised
  - Private check-in to reception for discussion of needs

Principle: Design for calm, comfort and amenity

As with all health facilities, short to medium stay residential facilities will benefit from design features that help staff, consumers and carers feel comfortable and calm. Fresh air, natural light and natural material elements indoors, and views and access to outdoors supports physical, mental and emotional wellbeing.

Specifically, in relation to short to medium stay residential facilities, consumers have focused on the importance of a home-like environment.

Being a residential facility where people might stay for several weeks, consumers also drew attention to the importance of amenities that encourage and support exercise and spending time outdoors and in nature.

Internal design elements that support the recovery of optimum function by stimulating interest and engagement were also valued by consumers.

Design Applications

- Large windows and natural light in the entrance area, bedrooms, lounge and dining areas as well as in the staffing area along corridors and in waiting areas
- Natural materials inside
- Welcoming, aesthetically pleasing with no smell
- Neutral and uplifting colour palette
- Curved lighting design to follow contours creating a soft organic atmosphere
- Gardens, including raised beds, landscaping, native plants, and lighting.
- Creation of outside therapeutic areas.
- Near access to walking paths and parks
- Views to outside, ideally with natural elements (calming)
- Consideration given to fresh air/adequate ventilation/use of air purifiers
- Inclusion of sensory adjustment measures such as
    - lighting, temperature and sound control
    - specialized furniture
- Art works to help focus and calm.
- In areas where visitors may wait or visit with residents, provide a variety of seating to meet the needs of different sized bodies, levels of ability/ mobility, adults, children, adults carrying or breastfeeding young children.
- Furniture that is both robust and comfortable/relaxing, in keeping with a home-like atmosphere
- Reduce sound/noise throughout the facility. Noise suppression is required in addition to the provision of “quiet space”.
- Digital infrastructure amenities are very important as the person may be staying for some weeks
- Ability to maintain digital connection with family, friends and support groups as required
- Connection to reliable Wi-Fi
- Areas that create interest and interaction to offset boredom
- Space to gather for activity and entertainment
- Spaces that stimulate activity to aid recovery and functioning, for example, art and art therapy in addition to what happens in activity groups
- Access to gym equipment
- Bookshelves, books and digital library programs
- Security of personal belongings beyond what is kept in the room e.g. food in fridge and freezer. People who are struggling with well-being and finances can be negatively affected by loss of personal items if they can only be stored in communal areas.

Principle: Design for community access and connection

The focus of a stay in a short to medium stay residential is on “independence and optimal function”. Maintaining and supporting community access and connection may be key components of consumers achieving independence and optimal function.

Infrastructure can play a key role in this through features that locate the facility in the community and easily integrate and facilitate connection to the ‘outside world’.

Design Applications

- Access to digital infrastructure for people to maintain contact with friends and support groups
- Strong connection to Wi-Fi to support digital connection for multiple residents simultaneously
- Sufficient parking for residents to park their own car
- Easy access to local shops
- Integrated community location that can be easily found, for example, by vendors providing home delivery services
- Access to the facility for residents to easily come and go, including at night
- Public transport for visitors and residents. Set down points should be as close as possible to the facility. Access to the centre from public transport should be level, protected from weather and include rest points. If access is sloped, include level rest points for wheelchair users.
- Provide safe, direct walking routes.
- Provide bicycle paths and lock-up facilities.
- Internal layout has the capacity to include consumers’ whole care team in care planning i.e. health professionals and others engaged with the consumer beyond residential facility and program.