

MY VOICE, MY CHOICE: A SYSTEMATIC REVIEW OF THE LITERATURE RELATING TO CONSUMER-DIRECTED CARE IN AUSTRALIA

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ABSTRACT

OBJECTIVES AND IMPORTANCE OF STUDY

The objective of this systematic review of the literature was to examine the evidence relating to consumer-directed care (CDC) in the aged care environment. CDC entails providing individuals with the option of choice and flexibility in their care, to empower aged care recipients with autonomous decisions over their healthcare choices. Additionally, the researchers found evidence relating to the vulnerability of users of aged care services and the lack of understanding towards a true consumer-oriented approach which was highlighted during the Royal Commission into Aged Care Safety and Quality.

STUDY TYPE AND METHOD

The research team used the PRISMA Method to review the available literature systematically. This qualitative review of the literature on consumer choice in the aged and social care sectors assessed sixteen high-quality research papers and identified themes that emerged to promote authentic consumer voice in aged care services. These articles provided insight into what aged care providers require to increase transparency and facilitate effective, meaningful consumer choice.

RESULTS

Six themes emerged from the literature reviewed: Informed Choice, See Me Hear Me, Funding My Choices, My Choice My Way, Policy, and Know Me, Include Me. The authors found significant challenges to authentic consumer voice in terms of reliable information, complex, inflexible service provision, and a trusted and skilled carer workforce.

CONCLUSION

Authentic consumer choice requires collaboratively designed care plans with consumers, integrating their care-related preferences and values. Providers who have embraced CDC principles, and innovative practices have enhanced person-centred care, and consumer experience and autonomy. Cultivating inclusive, transparent, and collaborative environments to empower older Australians to shape and control their care provision and wellbeing is a key challenge for providers.

KEYWORDS

Aged care; consumer directed care; consumer voice; consumer choice

INTRODUCTION AND BACKGROUND

Consumer Directed Care (CDC) is defined by the Council on the Ageing (COTA) as a way of delivering care that seeks to provide individuals choice and flexibility to aged care consumers [1]. In Australia, CDC began with an initial pilot program during 2011-12 as part of the Commonwealth aged care reform process 'Living Longer, Living Better' package. As a Federal Government policy, it was legislated via the Aged Care (*Living Longer Living Better*) Bill after it was announced on 20 April 2013. The initial pilot program in 2011-12 was part of the Commonwealth Government's aged care reforms initiated over the previous two decades [2]. The aged care CDC policy signalled a move from a service provider focus to a more consumer-oriented approach.

The CDC policy adopted in Australia was intended to change from a provider-based model towards a consumer-centric one and followed similar models applied in the United Kingdom, Sweden, Canada, and the United States of America [2]. Before CDC, older people had to adhere to a pre-determined range of services, which were inflexible and often failed to meet individual needs. CDC's core principle is to cater to each older person's unique needs and preferences, ensuring personalised care [2].

There are six principles underpinning CDC: consumer choice and control, rights, respectful and balanced partnerships, participation, wellness and reablement, and transparency [1]. A primary benefit that proponents of CDC in the Australian aged care system assert is that it allows for greater flexibility in delivering aged care services allowing the older person, or their representative, to organise services that are provided at a time and date convenient to them [4]. The care recipient, or their authorised representative, can also choose the provider they prefer, the type of service they require, and tailor their care plan to the specific circumstances [4].

The government and other proponents of CDC posit that a significant advantage of CDC is that it promotes greater accountability and transparency [2, 5]. As the individual and their caregiver are empowered to take greater control of the care they receive, there is an increased responsibility to ensure that the services provided are of a high standard. This is achieved through a partnership with the service provider, where they are held accountable for delivering the agreed services promptly and professionally [4].

One of the challenges of CDC is ensuring that the individual or their caregivers have the necessary knowledge and skills to manage their care plan effectively [6]. This knowledge gap must be addressed through adequate training and support of all categories of aged care workers in residential and community-based aged care services. Such training will equip them with the essential tools to navigate the inherent complexities of the aged care sector [6].

Additionally, for CDC to work as designed, the government and providers must work together to guarantee sufficient information and resources for the individual and their caregiver to make informed decisions [5, 7]. Thus, CDC extends the opportunity for greater practicality, transparency, and flexibility in service delivery. However, this is dependent on reliable information [8]. Notwithstanding, the information imbalance remains a major barrier to the effective implementation of CDC. The success of CDC depends on the older person or caregiver having the necessary knowledge and support to manage their care plan effectively [8]. The authors of this systematic literature review became aware of the limited research examining consumer or worker perspectives on CDC [6, 9].

Relevant literature refers to the barriers to implementing CDC [2, 9, 10]. The authors define barriers in this paper as the obstacles that prevent CDC from being executed or limiting how it can be implemented in the aged care context. Moreover, the authors perceive barriers to CDC in aged care as ubiquitous and comprised of those factors that hinder the implementation process and reduce the probability of success. Conversely, facilitators bring about an outcome by aiding consumer choice and providing guidance or supervision [11].

This systematic literature review explores high-quality research examining the barriers and facilitators to implementing CDC in Australian aged care services provided in residential or community-based care services.

LITERATURE REVIEW

Historically, the consumer's voice has played little part in determining and developing policies and care delivery in the aged care sector. Beyond the choice given to many consumers regarding consent for care, care is usually passively accepted by consumers with little to no say in the care delivery. One study into residential aged care found

that consumers did not feel they were included in decision-making, had difficulty maintaining autonomy and dignity, and willingly traded such levels of independence for the assistance and safety offered in care [12]. Additionally, the regulatory requirements and their interpretation by aged care providers influence the delivery of care and services offered. The literature reports minimal attempts to include a consumer voice in determining levels of care required, how care is delivered and by whom, when care is delivered, and many other choices presented as a fait accompli to the recipients of such care [12].

In July 2019, the Australian government released a new set of Aged Care Quality Standards [13] that outlined a range of best practice strategies and tools for aged care providers to engage with consumers and their representatives. The standards set out the importance of positioning consumers at the centre of care planning, delivery, and review, shifting the traditional focus from provider processes to quality outcomes for consumers. Following the Royal Commission into Aged Care Safety and Quality, the final report published in 2021 [14] determined that ensuring choice, control, and involvement in decision-making, promotes dignity in the aged care community. UNICEF and WHO assert that all people have the right to participate individually and with support of their care provider in the planning and implementation of their care [15]. There appears to be no better time to ensure the aged care community is not forgotten in the voice and choice offered to consumers.

Whilst there are many barriers to inclusion in the provision of aged care, the literature reports that concentrated efforts are needed to improve consumer voice, choice, control, and involvement in planning care. Researchers, Parkinson and Radford [16] concluded that further and continued

research is required to ensure that Australia provides control and independence in CDC.

For this review, a team was formed to explore the barriers and facilitators of implementing CDC in Australian residential or community-based aged care settings. We examined the literature to determine what evidence-based strategies promote authentic consumer voice in aged care and how the consumer's voice is facilitated.

METHOD

DESIGN

This systematic literature review followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines [17] and the required PRISMA checklist guided the review and reporting process. The authors used a computer-based application (Covidence) to support the organisation, extraction and review of articles returned from the search strings. The researchers screened titles and abstracts and undertook a quality review of included articles to generate the PRISMA flow sheet (see Figure 1).

SEARCH STRATEGY

A comprehensive search was conducted using the Griffith University Library search engine and databases that included PubMed, ProQuest, Web of Science, Scopus and CINHAL.

The researchers searched studies published from 01/01/2018 to 18/03/2023. Search strings used included a combination of keywords using Boolean operators and truncation (*) where necessary. The following keyword combinations were used as search strings across the databases in Table 1 below:

TABLE 1 - SEARCH STRINGS BY DATABASE

No.	Search String	Database
11	TX ([Aged Care] OR [Resident* Care] OR [Elder Care]) AND ([Consumer Voice] OR [Consumer Directed Care])	CINAHL
22	TITLE-ABS-KEY (aged AND care] OR [Resident* AND care] OR [elder AND care] AND [consumer AND voice] OR [consumer AND directed AND care])	Scopus
33	[Aged Care] OR [Resident* Care] OR [Elder Care] AND [Consumer Voice] OR [Consumer Directed Care] And [Aged Care] OR [Resident* Care] OR [Elder Care] AND [Consumer Voice] OR [Consumer Directed Care] AND [Consumer Representation	PubMed

No.	Search String	Database
	And [Resident*] AND [Consumer Voice] AND [Consumer Directed Care] And [Aged] AND [Consumer Voice] AND [Consumer Directed Care]	
44	[Aged Care] OR [Resident* Care] OR [Elder Care] AND [Consumer Voice] OR [Consumer Directed Care] And [Aged Care] OR [Resident* Care] OR [Elder Care] AND [Consumer Voice] OR [Consumer Directed Care] AND [Consumer Representation And [Resident*] AND [Consumer Voice] AND [Consumer Directed Care] And [Aged] AND [Consumer Voice] AND [Consumer Directed Care]	ProQuest
55	[Aged Care] OR [Resident* Care] OR [Elder Care] AND [Consumer Voice] OR [Consumer Directed Care] And [Aged Care] OR [Resident* Care] OR [Elder Care] AND [Consumer Voice] OR [Consumer Directed Care] AND [Consumer Representation And [Resident*] AND [Consumer Voice] AND [Consumer Directed Care] And [Aged] AND [Consumer Voice] AND [Consumer Directed Care]	Web of Science

ELIGIBILITY CRITERIA

The inclusion criteria for the literature review were studies published in English between 2018-2023 and detailed above. Articles were excluded if they were existing systematic reviews of the literature, written in languages other than English, did not address the research question posed or did not meet the quality assessment as measured using the Mixed Methods Assessment Tool (MMAT) [18].

STUDY SELECTION

Titles and abstracts were screened independently by teams of two reviewers to identify studies that met eligibility criteria. Full-text articles that met the inclusion criteria were further reviewed by all team members as detailed in the Results section.

QUALITY ASSESSMENT

The MMAT is a tool that is designed for the critical appraisal stage of mixed methods study reviews [18]. The researchers chose the MMAT quality assessment tool because it supports the appraisal of five study categories: the methodological quality of qualitative research,

randomized controlled trials, non-randomized studies, quantitative descriptive studies, and mixed methods studies. Not all these categories were represented in the included studies. However, the identified studies were of a type that made the MMAT suitable for a quality assessment of the papers.

DATA EXTRACTION

The following information was extracted from each paper: author, year, country, study name, an overview of the CDC intervention characteristics, aged care setting, outcomes measured, and strategies that facilitate CDC. All reviewers independently assessed the extracted data, and disagreements were resolved through discussion until consensus was achieved.

DATA ANALYSIS

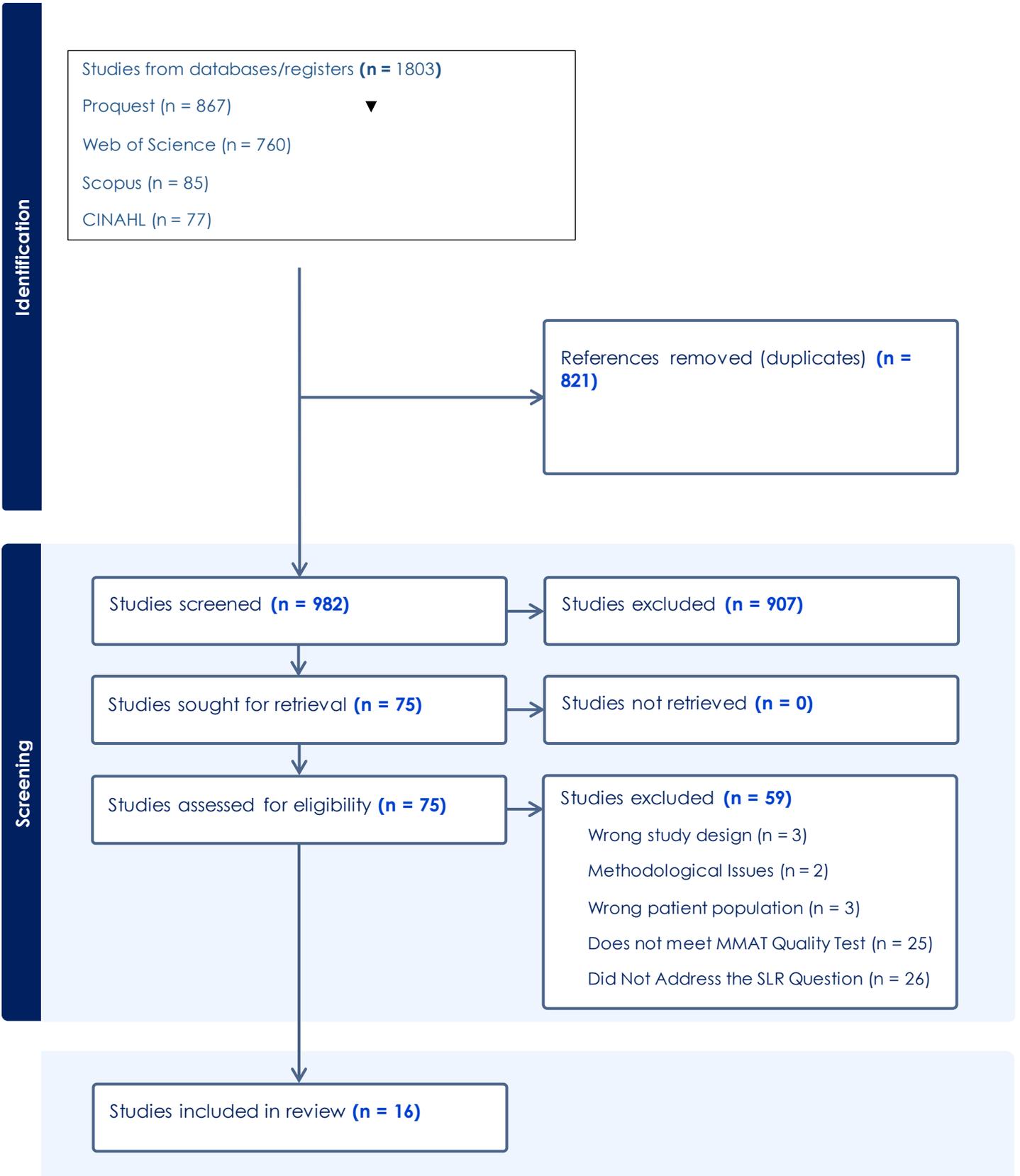
Key themes were derived from the extracted data by identifying common themes and concepts across the literature using a thematic analysis recommended by Clarke and Braun 19. Findings were aligned with the objectives and research questions of the systematic literature review.

RESULTS

This search identified 1803 articles, of which 75 underwent full-text screening, 59 were excluded following quality

assessment with the MMAT tool described above leaving a total of 16 articles eligible for review. See Figure. 1 for the study selection process.

FIGURE 1: STUDY SELECTION PROCESS REPRESENTED IN A PRISMA FLOWCHART 20



STUDY DESIGN AND LOCATION

Included studies were conducted in several countries, Australia (n=13), United Kingdom (n=2) and Sweden (n=1). Table 1. below shows the included papers, location of the study, method, and the themes identified.

TABLE 1: ARTICLES INCLUDED, KEY THEMES AND CHARACTERISTICS

Author(s)	Titles	Location of Study	Purpose of the study and relevance of its contribution	Research methods	Study Design	Themes
Bennett, M., von Treuer, K., McCabe, M. P., Beattie, E., Karantzas, G., Mellor, D., Sanders, K., Busija, L., Goodenough, B., & Byers, J.	Resident perceptions of opportunity for communication and contribution to care planning in residential aged care.	Australia	The study aimed to explore residents' perceptions of the opportunities they must communicate, including the opportunity to express their care preferences and contribute opinions about their care.	Qualitative	Qualitative research	Informed Choice See Me Hear Me My Choice, My Way Know Me, Include Me Finding The Person in The Policy
Chapman, A.	Person-centred care in Northern Ireland: learning from the experiences of adult social care users.	United Kingdom	The study aimed to explore how a person-centred approach could potentially work for older adults in Northern Ireland	Qualitative	Qualitative research	Informed Choice See Me Hear Me Funding My Choices My Choice, My Way Know Me, Include Me Finding The Person in The Policy
Day, J., Thorington Taylor, A. C., Hunter, S., Summons, P., van der Riet, P., Harris, M., Maguire, J., Dilworth, S., Jeong,	Experiences of older people following the introduction of consumer-directed care to home care packages: A qualitative descriptive study.	Australia	To explore the experiences of older people receiving home care package (HCP) support following the introduction of CDC by the Australian government on 1 July 2015	Qualitative	Other: Qualitative and paper survey	Informed Choice See Me Hear Me Funding My Choices Finding The Person in The Policy

Author(s)	Titles	Location of Study	Purpose of the study and relevance of its contribution	Research methods	Study Design	Themes
S., Bellchambers, H., Haydon, G., & Higgins, I.						
Duner, A., Balkebring, P., & Johansson, B. O. O.	Merely a rhetorical promise? Older users' opportunities for choice and control in Swedish individualised home care services.	Sweden	The study aims to investigate how older users of home care services view and experience their opportunities of exerting influence and having choice and control in their everyday living in terms of receiving preferred services that are flexible and responsive to their actual needs and priorities.	Mixed methods	Other: Mixed methods with a cross-sectional study.	Informed Choice See Me Hear Me Funding My Choices My Choice, My Way
Gill, L., Bradley, S. L., Cameron, I. D., & Ratcliffe, J.	How do clients in Australia experience Consumer Directed Care?	Australia	Explores client experience of Australian Consumer Directed Care (CDC).	Qualitative	Other: Semi-structured in-depth interviews	Informed Choice See Me Hear Me Know Me, Include Me Finding The Person in The Policy
Hillcoat-Nalletamby, S.	'Pathways to choice' of care setting.	United Kingdom	The study aims to encourage critical reflection about the limitations of the rational choice approach as an explanatory insight into understanding older people's choice-making about their health or social care requirements. The RQs are not clearly stated in the article.	Mixed methods	Qualitative research	Informed Choice See Me Hear Me Funding My Choices Know Me, Include Me Finding The Person in The Policy

Author(s)	Titles	Location of Study	Purpose of the study and relevance of its contribution	Research methods	Study Design	Themes
Kalaitzidis, E., & Harrington, A.	Resident decision-making in the context of residential aged care.	Australia	To explore residents' views across 4 RACFs in Adelaide regarding decision-making, choice, and control in the context of a RACF.	Qualitative	Qualitative research	Informed Choice Funding My Choices Finding The Person in The Policy
Laragy, C., & Vasiliadis, S. D.	Consumer expectations of self-managing aged home care packages in Australia.	Australia	uses empowerment theory (Hur,2006) to understand consumers' perceptions of self-managing COTA Australia Trial. To better understand older people's motivations for wanting to self-manage their home aged care package, this study addressed the following research questions: (a) why did consumers, or their informal carer on their behalf, volunteer to participate in the self-managing trial; (b) what their expected outcomes (c) were and what were their attitudes towards risk	Mixed methods	Other: Cross-sectional study. Interviews	Informed Choice See Me Hear Me Funding My Choices Know Me, Include Me Finding The Person in The Policy
Laragy, C., & Vasiliadis, S. D.	Self-managed aged home care in Australia - Insights from older people, family carers and service providers.	Australia	Evaluation of an Australian trial of self-managed home aged care. Advocacy organisation COTA consumers and service providers codesigned the self-management model. Primary aim of the evaluation	Mixed methods	Other: Cohort study. Surveys and semi-structured interviews.	Informed Choice See Me Hear Me Funding My Choices

Author(s)	Titles	Location of Study	Purpose of the study and relevance of its contribution	Research methods	Study Design	Themes
			was to examine whether self-management improved consumers' perceptions of their choice, control, and wellbeing.			
Laver, K., Gnanamanickam, E., Whitehead, C., Kurlle, S., Corlis, M., Ratcliffe, J., Shulver, W., & Crotty, M.	Introducing consumer-directed care in residential care settings for older people in Australia: views of a citizens' jury.	Australia	To explore strategies that increase personal decision-making for people in residential care using a Citizens' Jury.	Mixed methods	Other: Market research company collected quant data, but the main study findings were based on qualitative data provided by the citizen's jury.	Informed Choice See Me Hear Me Funding My Choices My Choice, My Way Finding The Person in The Policy
Monro, C., Mackenzie, L., O'Loughlin, K., Low, L. F., & Du Toit, S. H. J.	'I could no longer cope at home': Experiences of clients and families in residential aged care within the context of Australia's aged care reforms.	Australia	To document the experiences of clients and their families in residential aged care within the Consumer Directed Care policies operating. This study explored the lived experiences of clients and families in RACFs amid the reform implementation process.	Qualitative	Qualitative research	Informed Choice See Me Hear Me Funding My Choices My Choice, My Way Finding The Person in The Policy

Author(s)	Titles	Location of Study	Purpose of the study and relevance of its contribution	Research methods	Study Design	Themes
Ogrin, R., Meyer, C., Appannah, A., McMillan, S., & Browning, C.	The inter-relationship of diversity principles for the enhanced participation of older people in their care: a qualitative study.	Australia	The health and aged care workforce must understand and support the diverse needs of older people. to enhance their care experience. We previously identified five principles of diversity training for this workforce: awareness of unconscious bias and prejudice; promotion of inclusion; access and equity; appropriate engagement; and intersectionality. This study aims to explore how these principles are considered from the perspectives of older Australians.	Qualitative	Qualitative research	Informed Choice See Me Hear Me Funding my Choices My Choice, My Way Know Me, Include Me, Finding The Person in The Policy
Petriwskyj, A., Gibson, A., & Webby, G.	What does client 'engagement' mean in aged care? An analysis of practice.	Australia	Understandings and practices of engagement within one large aged-care organisation, considering the perspective of both staff and clients. Implications that these have for power relationships and older people's influence.	Qualitative	Other: Qualitative research. Semi-structured individual interviews and focus groups.	Informed Choice See Me Hear Me My Choice, My Way Know Me, Include Me
Rahja, M., Laver, K., Phillipson, L.,	The decision-making processes and preferences of older Australians purchasing home	Australia	To understand the decision-making processes and spending preferences of	Qualitative	Other: Think aloud technique	Informed Choice See Me Hear Me

Author(s)	Titles	Location of Study	Purpose of the study and relevance of its contribution	Research methods	Study Design	Themes
Comans, T., & Crotty, M.	support services: An explorative inquiry using a “think-aloud” technique.		community-dwelling seniors assessed eligible for CDC home care services			Funding My Choices My Choice, My Way Know Me, Include Me
Russell, S. J., Siostrom, K., Edwards, I., & Srikanth, V.	Consumer experiences of home care packages.	Australia	The study aimed to explore consumers' experiences of receiving a home care package (HCP).	Qualitative	Qualitative research	Informed Choice See Me Hear Me Funding My Choices My Choice, My Way Know Me, Include Me, Finding The Person in The Policy
Seah, S. S. L., Chenoweth, L., & Brodaty, H.	Person-centred Australian residential aged care services: how well do actions match the claims?	Australia	To investigate whether services were person-centred from the perspective of a convenience sample of older residents, their family members, and staff of aged care homes that claimed to be person-centred. In what respects are aged care homes person-centred, as claimed?	Qualitative	Qualitative research	Informed Choice See Me Hear Me My Choice, My Way Know Me, Include Me, Finding The Person in The Policy

DISCUSSION

Six themes were derived from the studies included in this review: Informed Choice, See Me Hear Me, My Choice My Way, Finding The Person In The Policy, Funding My Choices, and Know Me Include Me (see Table 1)

INFORMED CHOICE

Scholarly consensus suggests that access to reliable information is critical for the effectiveness of Consumer-Directed Care (CDC) in aged care services [8, 21, 22, 24]. In the context of CDC, it is highlighted that individuals are entitled to actively engage in their care decisions. The role of reliable information is emphasised as pivotal, equipping individuals with the necessary knowledge to assess and evaluate their care options. However, challenges in accessing accurate information have been documented by numerous studies, which illustrate the challenges participants encounter [8, 21]. The literature indicates that a lack of access to reliable information renders individuals' incapable of making informed decisions, leading to a reduction in their autonomy and control over their care [22]. Consequently, the importance of providing clear and readily accessible information is underscored as crucial in enabling consumers to make well-informed choices regarding their care.

In the realm of aged care, effective communication is identified as essential in ensuring access to reliable information [3]. The imperative for aged care providers to deliver precise information about care, treatment alternatives, and support services available to consumers is recognised [3]. Through clear and transparent communication, it is posited that consumers are empowered to understand the available choices and actively engage in the development of their care plans. This can be facilitated by the creation of informative materials such as fact sheets, brochures, and online resources [8]. The adoption of plain language and the use of various communication channels are suggested to enhance the effectiveness of information dissemination [23]. Furthermore, the customisation of resources to meet the unique needs of consumers is advised, ensuring the delivery of comprehensive and relevant information, including funding options [22, 24]. By providing a clear decision-making process, it is asserted that providers can ensure active consumer participation in care planning [25].

SEE ME, HEAR ME

Consumers

Research indicates that principles such as person-centred care, respecting individual preferences, promoting shared decision-making, and empowering consumers are pivotal for enhancing the care experience and improving quality of life for those receiving health and social care services. Effective communication among providers, case managers, care workers, and consumers, along with their significant others, is essential for comprehending and catering to individual needs and preferences [8, 26].

The literature advocates for an active engagement strategy with consumers, which enables providers to gain valuable insights that are crucial for tailoring care approaches. Emphasising a person-centred framework, which centers on the unique needs, preferences, and goals of consumers, is shown to be instrumental in involving them in the decision-making process and ensuring they have access to high-quality services that align with their requirements [24, 26].

Particularly within aged care, adopting a person-centred approach is highlighted as key to enhancing consumers' quality of life [3]. This approach adjusts care to meet individual needs, preferences, and values, thereby encouraging shared decision-making and care planning. The adoption of genuine person-centred and consumer-directed care models is emphasised as a means to empower individuals, foster autonomy, and improve the overall care experience [3]. There is a growing shift towards personalised care in aged care services, with a focus on tailoring support provision away from conventional service-led models [26]. The role of management and staff in implementing person-centred care is highlighted, along with the necessity for training in person-centred service awareness, knowledge, and skills [26].

The literature emphasises the importance of consumer choice in care services for promoting independence, self-determination, and the use of diverse support sources to maintain independence [22, 28, 29]. Nonetheless, it cautions against the risks associated with a 'one size fits all' approach, which could exacerbate inequalities as individuals with better finances and education might benefit more from consumer choice [22]. Thus, there is a call for ensuring that personalised support and service

delivery are accessible and equitable for all individuals, regardless of their circumstances [22, 28, 29].

Providers

The literature underscores the critical role of consumer choice and access to high-quality providers in delivering personalized and effective health and social care services [8]. Russell [8] emphasises the significance of consumers having access to a range of high-quality providers that cater to their diverse needs and preferences, enabling them to select those that best meet their individual requirements. Further, Bennett [3] points out the necessity for healthcare providers to undergo additional training to enhance communication support, ensuring they can effectively meet the varied needs of consumers, including those with communication impairments, by adopting various communication methods, tools, and strategies.

Gill's [28] observations on consumer hesitancy and the fear of negotiating for more tailored services highlights the need to create a supportive and understanding environment that empowers consumers to voice their concerns and actively engage in decision-making regarding their care [28]. To facilitate consumer choice, Laver and others [30] emphasise the need for greater transparency and improved provider communication, particularly regarding any change in consumer circumstances.

The literature identifies potential challenges to Consumer-Directed Care (CDC), such as inflexible service designs and varying experience levels among providers [31]. It emphasises the importance of ensuring service designs are adaptable and responsive to the diverse and evolving needs and preferences of consumers, alongside facilitating access to preferred providers and suitable service packages to enable meaningful consumer choice [32].

The existence of a marketplace where service providers distinguish themselves by offering value-driven, high-quality services is beneficial [30]. However, concerns about consumer vulnerability and the potential exploitation by unscrupulous providers have been raised [30]. In a competitive market, it is imperative for service providers to proactively understand and meet the needs and preferences of their target audience to remain viable and ensure quality care that aligns with consumer expectations [30]. The literature suggests prioritising transparency of arrangements and access to advocacy services to safeguard consumer rights and wellbeing [30, 31, 32, 33].

Notwithstanding that health and social care providers should be attentive to consumer concerns or complaints and offer comprehensive information about care services, empowering consumers to make informed care choices [33]. The transition towards a consumer-led approach requires tailoring care to meet individual needs while adhering to principles that ensure dignity and human rights [33]. While aged care homes may be attempting to adopt person-centred approaches, a comprehensive understanding of the requirements for a system-wide person-centred approach is lacking [26]. Continual assessment and enhancement of person-centred care provision are essential for its effective implementation.

MY CHOICE, MY WAY

The scholarly discourse underscores the pivotal role of aged care services in bolstering the well-being and quality of life of older individuals. The key findings from the studies highlight the essential factors related to care workers, communication support, care consistency, staff continuity, workforce shortages, and staff training and development [3, 8, 25, 29, 32]. The findings highlight the challenges and opportunities in improving consumer choice in aged care services.

One fundamental aspect identified across much of the literature is the importance of care workers with the necessary training, competence, trustworthiness, punctuality, and empathy [3, 8, 21, 26, 30, 33]. Consumers greatly value access to and choice of consistent care workers who work at regular and set times while demonstrating flexibility to accommodate changing needs. This consistency promotes the development of positive relationships between service users and care workers, enhancing the overall care experience [8].

A consistent theme across studies is the emphasis on the necessity for care workers to possess training, competence, trustworthiness, punctuality, and empathy [3, 8, 21, 28, 29, 32, 33]. The literature reveals that consumers place high value on having access to and the ability to choose care workers who are consistent, work at regular and established times, and exhibit flexibility to meet changing needs [3, 8, 24, 25]. Such consistency is vital for fostering positive relationships between service users and care workers, thereby enriching the care experience.

Furthermore, the need for augmented staff training to address consumer preferences, communication requirements, and enhance both consumer-staff and

social interactions is highlighted [3, 8, 21, 28, 29, 32, 33]. To respond to the diverse communication needs of consumers, additional training for care workers is advocated, enabling them to better comprehend and meet the needs of consumers, ultimately elevating care quality [3, 8, 24]. Staff training and development emerge as crucial elements for ensuring high-quality care and supporting consumer choice, especially for those new to the aged care sector [25]. Emphasising individualised care necessitates adequate resources and support, including proper staff-resident ratios [33, 24].

The literature also points to the importance of consistency and continuity in care. Regular interactions with the same care workers over time lead to the development of meaningful relationships and more effectively meet individual care needs [21, 24]. Prioritising consistent worker assignments empowers consumers in their care decisions and underscores the importance of nurturing long-term connections between service users and care workers [24]. Conversely, high staff turnover is identified as detrimental to personalised care services, with staff continuity and retention being critical for maintaining quality care [21, 22].

Workforce shortages present significant obstacles in aged care delivery, necessitating focused recruitment and training initiatives to attract and retain qualified staff. Ensuring confidentiality, obtaining consent, safeguarding safety, and maximising consumer engagement are crucial for creating an environment that supports consumer choice and delivers effective care [28, 29]. Care workers have a key role in promoting independence and autonomy within aged care services, with negotiation around individualised care enhancing consumer empowerment [23]. Building relationships with consumers and representing the service provider in the community are recognised as important aspects in enhancing consumer choice.

FINDING THE PERSON IN THE POLICY

The scholarly literature in this review have emphasises the integral role of policy in influencing the provision of aged care services, particularly regarding consumer choice. Key policy considerations include the implementation of effective regulation, the establishment of transparent fee structures, the mandating of staff training, and the enhancement of communication services [3, 8, 24]. These elements are critical in advancing Consumer-Directed Care (CDC), personalised support, and the empowerment of individuals.

The regulation of aged care providers and the clarification of fee structures are highlighted as essential policy components [3, 8, 21, 22, 24]. Such measures are vital for ensuring that care is both affordable and of high quality. The literature calls for policy efforts to set minimum standards for staff training, thereby equipping caregivers with the skills and knowledge necessary for delivering superior care [3, 8, 21, 22, 24, 25, 27]. Additionally, policies aimed at promoting staff continuity and reducing turnover within aged care services are advocated [3, 8, 21, 22, 24, 25, 27].

Challenges related to cost constraints and the implementation of policies for individualised care are significant. There is a noted need for support to drive the cultural and philosophical shifts required for the realisation of consumer-led care planning [22, 28, 32]. By addressing these issues, policies can facilitate meaningful opportunities for consumer choice and control [8]. The literature suggests that policy should also address the dynamic and procedural nature of choice-making, enabling consumer participation in governance and underscoring the promotion of independence, choice, and control as central goals of government reforms [8]. CDC initiatives and funding models that prioritise personal care and therapeutic services are seen as a means to bolster consumer choice [23, 24, 29, 31].

For policies to be informed and effective, the involvement of consumers in their development is necessary. Policies should ensure that adequate funding and support are available for providers and staff to acquire the competencies needed to meet assessed care needs efficiently [27, 33]. The impact of policy on equity, especially among diverse populations, requires careful consideration to guarantee fair and inclusive provision of health and social care [25, 27, 33]. The commitment of organisations to a vision that supports person-centred care is deemed crucial [26]. Policy and planning efforts should focus on creating foundational system structures that facilitate the delivery of person-centred care. Aligning policy objectives with organisational practices is essential for fostering high-quality care experiences [26].

FUND MY CHOICES

The literature consistently highlights the importance of reasonable fees and equitable funding as key factors in enhancing consumer experiences within aged care. Studies have shown that participants who enjoyed

satisfactory experiences often credited the reasonable fees charged by their providers [8, 21, 24, 25, 30, 31, 33].

Conversely, a notable number of individuals encountered barriers to accessing needed care due to high fees [8, 21, 22, 25, 31-33]. Interestingly, despite acknowledging the fees as excessive, some studies showed that some participants were reluctant to switch providers, valuing the positive relationships established with their care workers [8, 22, 30]. This indicates that the relationship aspect can influence the decision-making process regarding changing providers.

Regarding direct payments, some studies showed that older individuals opted out, mainly due to the perceived complexity and the additional responsibility of managing finances, including banking, accounts, and payroll operations [31, 32, 33]. Concerns over managing the financial aspects of care, such as apprehensions regarding costs, potential impacts on savings, and anticipated future cost increases, were prevalent [31, 32, 33]. While self-managing funds could potentially reduce administration fees and increase available funds for services, the complexity of funding arrangements often renders self-management daunting [31]. The studies also reported on the limited availability of Consumer-Directed Care (CDC) packages and a general lack of transparency in pricing and service delivery [8, 21, 22, 24, 25, 30, 31, 33].

The provision of individualised budgets is posited as a way to empower aged care consumers to take charge of their care management [30]. Nonetheless, the existing funding model for aged care is marked by complexity, posing significant navigational challenges for consumers and their families [25]. There are notable affordability concerns, particularly for those with limited financial means [25]. Calls for increased transparency in aged care costs and enhanced support for consumers and families in understanding their financial responsibilities and choices have been made [25]. Costs are a pivotal consideration in CDC, often necessitating that service choices be made based on affordability rather than actual need.

The literature highlights the necessity of fully implementing individualised care policies to provide meaningful opportunities for choice and control to older service users [22,24]. Such implementation may also influence financing, as offering individualised care could require additional resources or the reallocation of existing ones [22, 24].

KNOW ME, INCLUDE ME

The findings from this review highlight the importance of social engagement and maintaining connections within the context of aged care. Consumers desire participation in community-based activities that promote social connection and wellbeing. Such interactions must be meaningful, tailored to consumer interests and inclusive of varying levels of cognitive abilities. This highlights the need for adequate financial allocation and support from service providers to enable consumers to participate in community-based activities that promote social connection beyond the confines of the facility and overall wellbeing.

The literature identifies social engagement as a critical element of person-centred care, necessitating the translation of individualised care policies into actionable strategies. This approach allows consumers to make informed choices and maintain control over their care, including access to genuine and significant social interactions [3, 8, 22, 31]. The role of social engagement is significant and meaningful social interactions can positively influence individuals' choices regarding their care, and increased social engagement can mitigate feelings of loneliness and isolation among consumers [3, 8, 22, 31]. Conversely, negative experiences are linked to poor communication and a lack of respect and can significantly minimise active participation by consumers in decisions related to their care needs [3, 8, 22, 31].

Social engagement is integral to the design and evaluation of aged care services. This integration emphasises the importance of informed, appropriate, responsive, and effectively delivered policies to facilitate meaningful social interactions among consumers. The adoption of personalised and inclusive approaches, alongside the establishment of robust policies, and supportive environments that prioritise human connection and community engagement is fundamental to the delivery of effective person-centred care [3, 8, 27, 33].

CONCLUSION

While designed to support older Australians to remain at home as they age, the aged care system presents inherent challenges to consumer choice. One primary obstacle is the limited availability of service providers, particularly in rural and remote areas, restricting older individuals' options for CDC. Navigating the complex aged care system poses

another significant hurdle, as older adults and their families struggle to understand available choices and access appropriate services. Additionally, staff attitudes and rigid service designs can hinder the realisation of CDC, while cognitive impairments further impede informed decision-making. These barriers collectively diminish the ability of older Australians to exercise control over their health and care options.

Amid these barriers, several enablers hold promise for enhancing consumer choice in aged care. Access to information stands out as a pivotal factor, empowering older individuals, and their families to make informed decisions about their care options. Personalised care packages that cater to individual preferences and needs offer opportunities for tailoring services, promoting a sense of autonomy and dignity. Policy reforms emphasising person-centred care and consumer-directed approaches also pave the way for greater choice and control. Furthermore, fostering engagement with family members and the care workers, and recognising the role of older adults as active citizens rather than passive consumers, can contribute to a more empowered decision-making process and an improved experience for all stakeholders.

To promote consumer choice in aged care, stakeholders must address the identified barriers and leverage the enablers required, including the improvement of information dissemination, simplifying the aged care system, and enhancing staff attitudes to encourage open dialogue with consumers. Personalised care plans should be developed in collaboration with older individuals, incorporating their preferences and values. Policymakers should prioritise CDC principles, and service providers should adopt innovative practices that prioritise older adults' autonomy. By fostering a culture of inclusivity, transparency, open communication and partnership, the aged care sector can work towards ensuring that older Australians have the agency to shape their care experiences and exercise meaningful control over their health and wellbeing.

STRENGTHS AND LIMITATIONS

This paper synthesises the current literature on the facilitators to promote CDC. To eliminate bias, team composition included academics with broad experience and at each stage two reviewers examined each paper and consensus achieved.

The Royal Commission into Aged Care 14 and COVID-19 pandemic disrupted the aged care system impacting the ability of providers to make meaningful change. Workforce shortages and the implementation of emergency responses to the pandemic shifted the focus to protection of consumers, the workforce, and the delivery of core services. The lag between handing down of the Final Report and Recommendations of the Royal Commission 14, and their implementation has also impacted progress towards CDC.

The review found a paucity of quality research available that aligned with the research question, signalling the need for further research into the factors that can facilitate successful CDC.

Whilst all attempts were made to identify the literature, keyword searches are problematic for this topic with various names used to describe aged care. To address this the research team applied a variety of common terms, widely used to capture the relevant literature on the topic under study.

CONFLICT OF INTEREST STATEMENT

No conflicts of interest.

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