
Placing people First: A Rapid Review of Person-Centred Care, Diversity, and Human Rights within Support at Home aged care

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The Journey of Person-Centred Care and Aged Care Reform

The concept of person-centred care emerged in the 1970s and 80s to help health care transition from a purely medical model to a holistic approach considering the combined impact of biological, psychological, and social factors on a person's health and wellbeing (Rogers, 1986). This intentionally challenged 'the doctor knows best' approach shifting the focus toward appreciating the social determinants of health and the broader context of people's lives.

Throughout the 1990s and 2000s, person-centred care gained traction in the broader health, aged care and disability sectors. The emphasis shifted towards addressing an individual's holistic needs and preferences rather than their medical conditions, and the aged care sector started to adopt person-centred practice, recognising the importance of individualised care for older Australians.

In the 2010s, the National Standards on Safety and Quality in Health Care embedded person-centred principles throughout the National Safety and Quality Health Service (NSQHS) Standards along with the introduction of Consumer Directed Care (CDC) in aged care. This allowed older Australians to have more control over the services they received (Tran and Gannon, 2021).

In the 2020s, the Royal Commission into Aged Care Quality and Safety highlighted serious and significant gaps in the understanding and delivery of person-centred care, calling for comprehensive reforms. The report included key findings around:

- **Inconsistent implementation** of person-centred care, aged care services leading to failures to adequately tailor care to the individual needs and preferences of older Australians
- **Lack of training** and education to understand the principles of person-centred care and its individual application
- **Systemic issues within** the aged care sector which focused more on tasks and routines rather than the holistic needs of each individual.

The Aged Care Act (2024) incorporates the Commission's recommendations, mandating a rights-based approach as a fundamental principle to deliver quality care. This is accompanied by a stronger focus on a proportionate risk based regulatory model.

Understanding the diversity of our community and the unique and intersecting identities that all people hold also featured in the Royal Commission recommendations:

"people's life histories, their experiences of trauma, the language they speak, or their cultural needs should be recognised and responded to appropriately: Diversity should become core business in aged care" (Royal Commission into Aged Care Quality and Safety, 2021, p. 76).

The rights-based approach gives the overarching mandate to ensure dignity, rights and freedoms are in the forefront of our minds in planning and delivery of quality aged care services.

Understanding the parts: breaking it all down

Human rights (and a rights-based approach)

Human rights are the fundamental rights and freedoms that every individual is entitled to, simply by being human. They include basic freedoms such as the right to life, freedom of expression, and the right to participate in decisions that affect one's life (United Nations, 1948). Human rights are universal, inalienable (indisputable), and non-discriminatory, meaning they apply to all people, regardless of nationality, ethnicity, gender, or other characteristics, including age (United Nations, 1948).

A rights-based approach emphasises how human rights are achieved. The rights-based Aged Care Act (2024) focuses on prioritising and supporting each person's rights and freedoms throughout the delivery of care. This approach is aligned with the principles of person-centred care, but emphasises where the rights, needs, and choices of each care recipient are respected, and fosters an environment of safety, equality, and respect. Appreciating the vast diversity within older people is fundamental in applying a rights-based approach to person-centred care. The Statement of Rights incorporated within the Bill explicitly outlines the rights that older people have when accessing aged care.

So, what does a rights-based approach involve?

For aged care providers and the workforce it means:

- **Using rights-based approach lens, delivered through the application of the Statement of Rights** as a requirement under the new Aged Care Act.
- **Delivering person-centred care**, ensuring culturally safe, respectful, and trauma aware and healing informed practices are at the centre of the care provided.
- **Ensuring access to high-quality care** based on the equity principle of human rights.

Delivering person-centred care

Person-centred care requires that we focus on understanding and respecting each person's values, preferences, life history, and unique needs, rather than providing a one-size-fits-all model of care. This approach emphasises dignity, autonomy, and meaningful engagement, ensuring that older people are active participants in decisions about their health and wellbeing (ACQSC, 2022).

Person-centred care underpins the Aged Care Quality Standards, which mandates that services must be delivered in a way that is respectful, inclusive, and aligned with a person's goals and choices (Royal Commission into Aged Care Quality and Safety,

2021). Ultimately, person-centred care ensures that older people are seen, heard, and valued as individuals with unique identities, stories and needs.

Key principles of person-centred care include holistic support, relationship-building, empowerment, and responsiveness. This model requires effective communication, cultural competence, and a partnership approach with each individual requiring care, and often in collaboration with families, carers or a support person.

The incoming strengthened Aged Care Quality Standards emphasise the evidence-informed and continuous improvement recommendations, highlighting diversity and inclusion as key principles of an improved person-centred care approach in aged care.

Diversity and inclusion principles

Diversity and inclusion require us to recognise, respect, and value the unique identities, cultures, backgrounds, and experiences of all people accessing care. This includes differences in language, religion, sexuality, gender identity, age, ability, and socioeconomic background and much more. Inclusive aged care ensures that services have an awareness of the diversity of the community and each individual accessing care, providing person-centred, culturally safe, and responsive care to meet the needs and preferences of each individual.

In practice, this involves creating safe and welcoming care, free from discrimination, where services and workers understand, support and respect diverse needs and perspectives, and are knowledgeable and practically equipped to support culturally and linguistically diverse (CALD) communities, Aboriginal and Torres Strait Islander peoples, older lesbian, gay, bisexual, trans/gender diverse, intersex, queer, asexual, plus (LGBTIQA+) people, and people from other diverse communities. A key component of inclusive care is cultural safety, which is also trauma aware and healing informed:

Cultural Safety

The concept of 'cultural safety' was originally developed to apply to health service delivery for Māori communities in New Zealand, and for Aboriginal and Torres Strait Islander communities in Australia. Over time, the concept expanded to apply to inclusive and affirmative health, aged and community service delivery for other communities (Johnston and Kantsaki, (2007). Cultural safety is built through cultural awareness, competence and humility. It is a learning journey.

Cultural safety means delivering affirmative, responsive, person-centred care, that is trauma aware, and healing informed. It requires understanding of histories and life experiences, people's unique identities, their strengths and vulnerabilities. Culturally safe services address power imbalances, encourage leadership and vision, are committed to action, communicating values and requirements in the delivery of safe and inclusive care. Culturally safe services have structures and processes in place that proactively identify and address potential risks to the safety and wellbeing of individuals, groups or communities.

Cultural safety is more than awareness or competence. Culturally safe aged care involves creating an environment where older people, from all walks of life, feel safe, valued supported and respected.

Culturally safe care requires us to critically reflect on our own cultural identity and its impact on our professional practice. This reflection and awareness helps to ensure we do not de-value, demean or disempower the cultural identity and needs of others. Only the person receiving the care can determine if a service is culturally safe (Australian Institute of Health and Welfare [AIHW], 2023).

Trauma aware and healing informed care

Being trauma aware and healing informed requires us to recognise that older people accessing care may be affected by past experiences of trauma, loss and grief. Whether these events happened earlier in life, or more recently, the impacts can influence their access to care and sense of trust, control or safety, resulting in changes in behaviours or withdrawal (Phoenix Australia, n.d.).

The approach acknowledges that experiences such as racism, social stigma, and discrimination (i.e. in relation to discrimination based on sexual or gender identity, or intersex/bodily variation), can heighten the risk of trauma particularly for people from diverse backgrounds. The Healing Foundation (n.d.) describes that for First Nations people, trauma-informed and healing aware care demands that we recognise the trauma, grief, abuse, exploitation and/or racism endured by Stolen Generation survivors, and their descendants. This is often called 'intergenerational trauma' and it has a real impact on health, wellbeing and ageing experiences of First Nations people.

Trauma aware and healing informed care is an essential component of person-centred care. Well applied, it enables the development of care relationships and environments that promote safety, trust, and connection, working with people to heal through meaningful relationships, choice, and control.

Bringing it all together

The interconnecting principles of a rights-based approach, diversity and inclusion and person-centred care

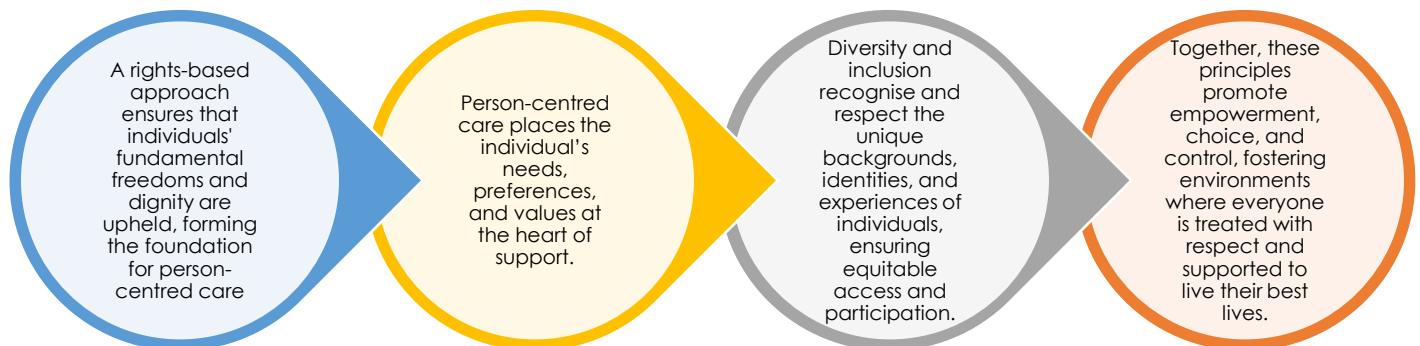
Understanding and applying the interconnecting principles of a rights-based approach, diversity and inclusion, and person-centred care supports the delivery of safe, welcoming and respectful care, while building trust, and upholding the dignity of older people accessing care.

As described earlier in this article, person-centred care has been part of health and human services, including aged care for multiple decades. Evidence informed practice has also evolved as a methodology to ensure our interventions are based on empirical studies, with practice review and clinical appraisal also part of how we work in health and aged services (Pearson, Jordan and & Munn, 2011). It is expected and progressive then that when we know more about a topic, we apply that knowledge.

The response to the Royal Commission into Aged Care Quality and Safety gave the direction for a rights-based Aged Care Act, with key focus areas, one of those being diversity and inclusion. While cultural safety and trauma awareness are not new concepts, they have been purposely drawn into the broader understanding of person-centred care, under Standard 1, The Individual (Aged Care Quality and Safety Commission, 2025).

Like any phase of growth in practice, there is a cycle of building knowledge and awareness before implementation. As research, experiences and stories are incorporated into practice, embedding this knowledge and these message into care for consumers, the interconnecting principles will drive high-quality aged care that promotes human rights and equity putting the person at the centre of their care.

Figure 1. The interconnecting principles of Human rights (and a rights-based approach), diversity and inclusion, and person-centred care that guide ethical, respectful, and equitable service delivery



Action ideas to support your continuous improvement plan – quality and compliance in focus

Developing a continuous improvement plan toward addressing both the quality and mandated areas of the aged care reform is essential. If you have not started, here are some points for consideration:

Understanding the Statement of Rights	<p>Identify and evaluate gaps in your service that are not compatible with the Statement of Rights (Australian Government Department of Health and Aged Care, 2025).</p> <p>Develop a “Statement of Rights Guideline” including best practice examples to illustrate how rights can be effectively implemented in practice.</p>
Developing an awareness of the communities of identity	<p>Ensure an understanding throughout the service of the range of communities articulated within the Statement of Rights, including an understanding of the barriers to access to aged care they might experience:</p> <p>The Commonwealth aged care system offers accessible, culturally safe, culturally appropriate, trauma-aware and healing-informed funded aged care services, if required by an individual and based on the needs of the individual, regardless of the individual’s location, background and life experiences.</p> <p><i>This may include individuals who identify with any, or any combination of the following:</i></p> <ul style="list-style-type: none"> (a) are Aboriginal or Torres Strait Islander persons, including those from stolen generations; or (b) are veterans or war widows; or (c) are from culturally, ethnically and linguistically diverse backgrounds; or (d) are financially or socially disadvantaged; or (e) are experiencing homelessness or at risk of experiencing homelessness; or (f) are parents and children who are separated by forced adoption or removal; or (g) are adult survivors of institutional child sexual abuse; or (h) are care-leavers, including Forgotten Australians and former child migrants placed in out of home care; or (i) are lesbian, gay, bisexual, trans/transgender or intersex or other sexual orientations or are gender diverse or bodily diverse; or (j) are an individual with disability or mental ill-health; or (k) are neurodivergent; or (l) are deaf, deafblind, vision impaired or hard of hearing; or (m) live in rural, remote or very remote areas.
Designing an inclusive person-centred care resource	<p>Ensure accessible information that provides clear, easy-to-understand guidance for your workforce to access trusted support and information.</p>
Developing or linking key policy	<p>Reinforce information presented in guidelines and policy documents to highlight the key enhancements of an inclusive person-centred care</p>

documents/ guidelines to learning modules	approach within training/education. Frame the content as a 'new and improved' model to help reinforce existing knowledge (concerning person-centred care for example) while introducing the updated elements of your approach (i.e. rights-based, focus on diversity and inclusion, cultural safety, trauma aware and healing informed.)
Supporting learning opportunities	For leaders, managers, team leaders, and anyone supervising front line workers, these roles are critical in ensuring an understanding of the competencies needed to deliver high-quality care, and also achieve measurable, reportable consumer outcomes. Consider: how well-equipped are leaders to explain a rights-based approach to their teams? What knowledge, tools, and support is needed to confidently guide workers to provide care that upholds consumer rights (as per the Statement of Rights)? Cultural safety? Trauma awareness? Do they have relevant practice examples?
Developing an enhanced continuous improvement framework	Develop a plan and contribute ongoing iterative information to help your workforce deepen their understanding. Be specific and explicit, explaining rights-based approach and Statement of Rights, diversity and inclusion, and person-centred care.
Using data to monitor the implementation	Develop a diversity data strategy that reflects and supports the diversity of your community. Start by collecting the core diversity data required to evidence your services are culturally safe, accessible and inclusive. Understand who is in your community so you can assess and collect information on Collect consumer needs. Undertake consumer satisfaction surveys that includes feedback on diversity and rights, and provide ongoing opportunities for feedback and complaints. Develop and follow a procedure to document and respond to complaints in a timely and fair manner. Ensure your questions are aligned with what you want to know: satisfaction with service and workforce, are services are equitable, inclusive, and aligned with individual needs, preferences and rights?
Consider working toward Specialisation Verification	For one or more groups included in the Framework, achieving specialisations can help consumers with diverse needs and life experiences identify services who have achieved key framework actions to understand and meet their needs. This can help build the confidence of consumers within these groups who may experience barriers to accessing care and position services as a provider of choice. Achieving specialisation is also relevant evidence to support service planning and delivery and accreditation.
Establishing strong advocacy and support mechanisms	To help consumers understand their rights and access services, provide accessible information that is clear, easy to understand for everyone, and is translated into community languages. Also ensure sensory needs such as vision or hearing adjustments are provided. Promote existing advocacy services and provide support for those who may experience discrimination or marginalisation, ensuring that they can access services.
Regularly assessing and reporting	Identify how effectively your service upholds the Statement of Rights, diversity, and person-centred care. Create transparent processes for client feedback and accountability, continuously improving service delivery based on these insights. Facilitate ongoing discussions within

	supervision and team meeting agendas, and also recruitment processes including position descriptions.
Reviewing and/or establishing policies	Consider impact assessments of services, policies etc. that align with the Statement of Rights, diversity, and person-centred care. Ensure service delivery is guided by these principles through clear guidelines, education, communication, and supporting consumer's rights, access, and respect in all service interactions. Consider an 'on review' update within all policy.
Involving consumers directly in the design	Ensure that the services you provide are truly aligned with consumer needs, preferences, and rights, through ongoing development of care models and resources, fostering greater engagement and satisfaction. Involve Consumer Advisory Group in audit and service planning.
Establishing clear, confidential pathways for consumers to report violations	Under the Statement of Rights, aged care providers must ensure clear processes for feedback and complaints that are confidential and respect privacy. Inform consumers about these pathways and ensure they feel safe using them.
Prioritising education and training for all workers	Ensure a clear and practical understanding of a rights-based approach to aged care, the application of the Statement of Rights, and provide ongoing cultural safety, trauma awareness and inclusive care education. Link to existing training including service-specific training platforms, and provide opportunities for education in staff meetings. Embed education within existing team meetings with case studies/topic reviews/journal club/lunch and learn with clear competencies. Support the workforce directly through relevant Continuous Professional Development (CPD) requirements. Trauma awareness is a first step in developing trauma informed practice when working with consumers. It is essential this education is carried out with care and consideration as it is a sensitive topic with the wellbeing of workers a priority.
Developing a calendar for regular training	Include both formal and informal training sessions and refreshers for workers, ensuring that they remain updated on evidence and inclusive practice development. This could include a system for tracking progress and providing incentives for ongoing learning.
Include ongoing cultural competency training	Expand cultural competence training to reflect on the diversity of the wider community with a focus on unconscious bias, different communities of identity, histories, cultural practices, values and beliefs, and how these overlap with rights, person-centred care, cultural safety and experiences of trauma.

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