Do Cash-For-Care Schemes Increase Care Users' Experience of Empowerment? A Systematic Review

ABSTRACT

In cash-for-care schemes, care users are granted a budget or voucher to purchase care services, assuming this will enable care users to become engaged and empowered customers, leading to more person-centered care. However, opponents argue that cash-for-care schemes transfer the responsibility of the care organization from the Government to the care user, thus reducing care users' feelings of empowerment. The tension between these opposite discourses feeds the assumption that other factors affect care users' experience of empowerment. Therefore, this review explores which antecedents influence the level of empowerment as experienced by care users in cash-for-care schemes. A systematic review on empowerment and person-centered care in cash-for-care schemes was conducted, searching seven databases until March 10, 2020. Included articles needed to be peer-reviewed, written in English or French, and containing empirical evidence of the experience of empowerment of budget holders. The initial search identified 8261 records of which 75 articles were retained for inclusion. The results show that several contextual and personal characteristics determine whether cash-for-care schemes increase empowerment. The identified contextual factors are establishing a culture of change, the financial climate, the regulatory framework and access to support and information. The identified personal characteristics refer to the financial, social, and personal resources of a care user. This review confirms that multiple factors affect care users' experience of empowerment. However, active cooperation and communication between care user and care provider are essential if policy makers want to increase care users' experience of empowerment.

Keywords: cash-for-care scheme, empowerment, self-determination, competence, person-centeredness

INTRODUCTION

Internationally, the focus of policy makers has shifted from a provider-centered to a user-centered approach. In the past, care providers determined how services were provided with no or limited control of its users. To adopt a user-centered approach, services need to be more flexible to meet people's needs in a manner that matches their needs and preferences (Dent & Pahor, 2015; Mead & Bower, 2000). To stimulate the implementation of a person-centered care system, several high income countries have shifted the focus of their payment system from care providers to care users. This focus has been referred to as cash-for-care schemes whereby the Government grants a cash budget or voucher to care users instead of funding care providers and care organizations (Da Roit & Le Bihan, 2010; Timonen, Convery, & Cahill, 2006). With this budget care, users can possibly better address their care and support needs and decide who will be providing their care (Benjamin, 2001; Crozier, Muenchberger, Colley, & Ehrlich, 2013).

If care users are allowed to choose their own care arrangement, proponents of this strategy are convinced that care users will become empowered customers instead of passive recipients (Benjamin, 2001; Powers, Sowers, & Singer, 2016). Instead of having to accept predetermined care services, care users can now weigh providers against each other and choose the care services that match their needs, preferences, and life goals (Kane & Kane, 2001; Riedel, Kraus, & Mayer, 2016). However, opponents argue that cash-for-care schemes are mainly used as a way to reduce costs and as a mean to move the responsibility of the care system away from the Government towards the care users (Ferguson, 2007). Since care users are responsible for purchasing care services, they need the necessary information to detect available services and thus become more vulnerable to service gaps, accountability issues, low quality care, and abuse (Prandini, 2018; Scourfield, 2005).

The tension between the discourse of proponents and opponents feeds the assumption that giving care users purchasing power will not automatically lead to the experience of empowerment because

they can choose the most appropriate care themselves. Moreover, the responsibility of managing a budget can lead to a decreased level of empowerment, when these responsibilities outweigh the benefits of the scheme (Spandler, 2004). Empowerment is also a multidimensional concept, used in different contexts and in different populations. Therefore, several conceptualizations of empowerment exist in the literature, which will be discussed in the next section (Herbert, Gagnon, Rennick, & O'Loughlin, 2009; Schulz, Israel, Zimmerman, & Checkoway, 1995).

Previous reviews have investigated the effect of cash-for-care schemes on care users' feelings of empowerment and control (Kodner, 2003; Webber, Treacy, Carr, Clark, & Parker, 2014). Additionally, two reviews investigated the meaning of choice for care users and the barriers and facilitators to make informed choices (Arksey & Peter, 2008; FitzGerald Murphy & Kelly, 2019). However, none of these studies analyzed the antecedents that determine if cash-for-care schemes successfully lead to care users' experiences of empowerment. The aim of this review is therefore to explore which antecedents influence the level of empowerment care users experience in cash-for-care schemes.

THEORETICAL FRAMEWORK

Empowerment is a complex, multilevel and multidimensional concept, which has been studied in various contexts and populations. In general, empowerment expresses a process of enablement leading to a shift in the balance of power, increased mastery, and self-determination in one's life. However, the definition and phrasing of the concept can change depending on the context in which empowerment is used (Herbert et al., 2009; Woodward, 2020; Zimmerman, 1990, 1995).

As such, in the management and healthcare context two conceptualizations have often been discussed; on the one hand *role or situational empowerment* referring to the delegation of responsibility from a higher level to a lower level (decentralization), on the other hand *psychological empowerment* referring to the subjective feelings of a person (Conger & Kanungo,

1988; Schulz & Nakamoto, 2013; Seibert, Wang, & Courtright, 2011; Thomas & Velthouse, 1990). Conger & Kanungo (1988) were the first who linked empowerment with a need for self-determination or a belief in personal self-efficacy, thereby defining it as an enabling process instead of the delegation of power. This concept was coined 'psychological empowerment', since they used a psychological approach to conceptualize it (Conger & Kanungo, 1988).

Thomas & Velthouse (1990) further refined the concept of psychological empowerment and linked it with intrinsic task motivation, which implies an active orientation towards one's work role. Moreover, this intrinsic task motivation was manifested in four cognitions: meaning, competence, self-determination and impact. Building further on this conceptualization, Spreitzer (1995) was the first to propose a scale that measures psychological empowerment. In this scale, the four cognitions contribute to the measurement of empowerment, so exclusion of one cognition in the measurement will not lead to the elimination of the construct, only to a reduction in the level of empowerment measured (Spreitzer, 1995).

Spreitzer (1995, 1996) also determined the antecedents of psychological empowerment, which can be both personal and contextual/environmental factors. Personal factors are for example age, gender, education and ethnicity. Contextual factors are in the context of the work environment for example sociopolitical support, a participative unit climate, and access to information. Moreover, structural empowerment is in this model defined as a contextual antecedent of psychological empowerment (Maynard, Gilson, & Mathieu, 2012; Seibert et al., 2011; Spreitzer, 1996).

In the healthcare literature researchers also defined antecedents of empowerment, but the antecedents of *patient empowerment* are situated in the healthcare context. Castro et al. (2016) for example undertook a conceptual analysis to differentiate patient empowerment from patient participation and patient-centered care. This conceptual analysis concluded that patient participation facilitated a patient-centered approach, while patient-centered care is a precondition

of patient empowerment. The experience of empowerment thus depends on the involvement of the care user in the decision-making process and the adaptation of care to their personal preferences and needs. In this context, care providers have an important role to play in the level of empowerment that a care user can experience (Castro, Van Regenmortel, Vanhaecht, Sermeus, & Van Hecke, 2016; Higgins, Larson, & Schnall, 2017; Mead & Bower, 2000). In this review, we use the conceptualization of Spreitzer (1995) to define empowerment, while using the conceptual analysis of Castro et al. (2016) to define possible antecedents of empowerment.

METHODS

This review follows the guidelines of the PRISMA-statement for reporting systematic reviews and meta-analyses (Liberati, Altman, Tetzlaff, Mulrow, Gotzsche, Ioannidis et al., 2009).

Search Strategy

The search string consisted of two parts: synonyms of cash-for-care schemes e.g. direct payments, and synonyms defining empowerment and its antecedents e.g. autonomy. The authors used the conceptual analysis of Castro et al. (2016) to determine possible antecedents of empowerment in cash-for-care schemes and thus included person-centered care, user engagement/participation, and competence of the care network in the search string.

Seven databases, CINAHL, Ebscohost Business Source Complete, Embase, ProQuest Social Science Premium Collection, PubMed, Scopus, and Web of Science, were searched until the March 10, 2020. A detailed overview of the search string per database can be found in appendix A.

Eligibility Criteria

To be eligible, studies (i) had to be peer-reviewed, (ii) had to be written in English or French (iii) needed to contain empirical evidence about (factors influencing) the experience of empowerment in cash-for-care schemes and (iiii) needed to report data from the viewpoint of

budget holders themselves or their representatives. No restriction on year of publication was made and no geographical limitations were used. Studies reporting on programs that strive to reduce poverty, ameliorate educational options, or enhance compliance by giving cash to the program participants were excluded, since this was not the scope of the review.

Quality Appraisal and Data Extraction

The quality of the included articles was appraised with the revised Mixed Methods Appraisal Tool (MMAT). The MMAT offers the opportunity to appraise studies with a qualitative, quantitative or mixed method design. Quality is appraised by comparing studies against each other, so no cut-off scores are provided (Pace, Pluye, Bartlett, Macaulay, Salsberg, Jagosh et al., 2012).

The findings, discussion and conclusion section of all included articles were imported in NVivo (Version R1) for further analysis. First, the imported sections were coded through familiarization with the data. Codes comprised of the degree to which care users experienced empowerment and what affects this experience. After the coding process, a coding sheet was developed and codes were grouped into themes using an iterative process (Thomas & Harden, 2008). These emergent themes were then matched with the conceptualization of Spreitzer (1995) to determine similarities and discrepancies, leading to the development of a map, which reports the four cognitions of psychological empowerment and all identified contextual and personal antecedents that influence the experience of empowerment from the viewpoint of care users. The data file can be obtained upon request by contacting the first author.

The results of this review are reported in a descriptive way, since most of the studies used a qualitative approach and report on the subjective experiences of budget holders concerning empowerment and the antecedents to experience empowerment. The results are categorized following the four cognitions of psychological empowerment and the contextual and personal antecedents identified in the literature.

RESULTS

Study Retrieval

The initial search resulted in 8261 records. 4900 records remained after removing duplicates. After one reviewer screened the titles of all 4900 records, two reviewers independently screened the abstracts of the remaining 373 records. When discrepancies occurred during the inclusion process, they were discussed between reviewers until consensus was reached. After reading the full texts of the remaining articles, 62 were included and in case of doubt another reviewer was consulted. Of these 62 included articles, the reference lists were screened for other eligible articles, which led to the inclusion of 13 new articles. A flow diagram of the research process is represented in Figure 1.

Insert Figure 1 about here

Information on the characteristics of each study and the discussed themes can be found in Table 1. Additionally, in Table 2 the quality of each study is appraised with the MMAT. Overall, the quality of the qualitative evidence ranged from moderate to good. The evidence of the quantitative and mixed method studies ranged from low to good.

Insert Table 1 and 2 about here

In the next section, we will first discuss the results on the level of empowerment, using the four cognitions defined by Thomas & Velthouse (1990) and Spreitzer (1995). Next, we discuss the contextual antecedents and personal antecedents that were found in the literature.

Empowerment in Cash-for-Care Schemes

Meaning

None of the included articles discussed if managing a budget was meaningful or important to care users.

Competence

65 of the included articles discussed the importance of competence; care users have to feel competent to manage the allocated budget and to make informed choices to feel empowered. If care users cannot manage the responsibilities and tasks of managing a budget, they will not feel empowered or in control. Moreover, some care users deliberatively choose not to use a cash-for-care scheme, because they expect it to be too difficult to manage or feel overwhelmed by the responsibilities of managing a budget (Arksey & Baxter, 2012; Hamilton, Tew, Szymczynska, Clewett, Manthorpe, Larsen et al., 2016; Irvine, Wah Yeung, Partridge, & Simcock, 2017; Junne & Huber, 2014; Maglajlic, Brandon, & Given, 2000; McNeill & Wilson, 2017; Moran, Glendinning, Wilberforce, Stevens, Netten, Jones et al., 2013; Rabiee, Moran, & Glendinning, 2009; Schore, Foster, & Phillips, 2007; Stainton & Boyce, 2004; Williams, Simons, Gramlich, McBride, Snelham, & Myers, 2003).

Self-determination

In general, all included articles discussed the feeling of self-determination in care users. The results of these studies indicate that cash-for-care schemes can be a mechanism to enhance self-determination. In these schemes care users are able to choose who will be their care provider, weigh alternatives against each other, and choose services that match their needs and preferences. However, the first important choice for care users is to decide whether they want to manage their budget themselves. If a cash-for-care scheme is imposed on care users, they will not feel empowered (Askheim, 2003; Aspinal, Stevens, Manthorpe, Woolham, Samsi, Baxter et al., 2019; Gross, Wallace, Blue-Banning, Summers, & Turnbull, 2012; Manji, 2018; Pozzoli, 2018).

Impact

42 of the included articles discussed the feeling of impact on the care system and their life that care users have. For example, the control care users have in determining the care relationship with their care providers. In several cash-for-care schemes care users become employers and can thus control how their care relationships are filled in e.g., treating the caregiver like family or a more distant relationship (Christensen, 2012; Katzman, Kinsella, & Polzer, 2020; Leece, 2010; McGuigan, McDermott, Magowan, McCorkell, Witherow, & Coates, 2016; O'Rourke, 2016; Rodrigues, 2019; Rodrigues & Glendinning, 2015; Ungerson, 2004).

Level of Empowerment

Six articles measured empowerment in a quantitative way (including mixed method studies), but the authors used different measurement scales e.g., an. adaption of existing scales, the Personal Independence Profile (PIP), and the Adult Social Care Outcome Toolkit (ASCOT) (Benjamin & Matthias, 2001; Hagglund, Clark, Farmer, & Sherman, 2004; Mattson Prince, Manley, & Whiteneck, 1995; Netten, Jones, Knapp, Fernandez, Challis, Glendinning et al., 2012; Ottmann & Mohebbi, 2014; Woolham, Daly, Sparks, Ritters, & Steils, 2017). Only four articles measured the difference in empowerment scores between budget holders and care users receiving conventional services. Empowerment scores were significantly higher in the group of budget holders than in the group of care users receiving conventional services (Hagglund et al., 2004; Mattson Prince et al., 1995; Netten et al., 2012; Ottmann & Mohebbi, 2014). Moreover, these significant results remained in the regression analyses that controlled for cofounders (Hagglund et al., 2004; Netten et al., 2012; Ottmann & Mohebbi, 2014).

The other articles measured the difference in empowerment between the different age groups of budget holders (Benjamin & Matthias, 2001) and between different types of cash-for-care schemes (Woolham et al., 2017). Benjamin & Matthias (2001) found that budget holders under 65 feel more empowered than budget holders who are 65 or older. However, this difference in empowerment

scores is mainly caused by the answers of the budget holders who are 75 years and older. Budget holders between 65 and 74 years report similar empowerment scores as those of budget holders under 65. Woolham et al. (2014) found that direct payment users reported to have more control over daily life than managed budget holders.

Antecedents of Empowerment in Cash-for-Care schemes

Contextual factors

In general, the implementation and promotion of the scheme determine the flexibility of the scheme, the awareness of care users about this option, and its accessibility to the different care user groups. Moreover, four contextual factors emerged from the data: establishing a culture of change, the financial climate, legislation and procedures, and the access to information and support.

Culture of change (CoC)

57 of the included articles discussed the antecedent 'culture of change'. A culture of change refers to the needed change in ideas and attitudes towards disability, mental health and old age of society, informal caregivers, and professional caregivers who determine the access to the cash-for-care scheme. A culture of change encompasses the move from a deficit-based, paternalistic, and excluding attitude to an attitude of inclusion, cooperation, and acknowledgement of the individual and his/her family life. Society and professional caregivers tend to impose the view of a normal body on care users, which leads to deeply rooted assumptions about the capabilities and skills of care users and to the exclusion of care users from the different life domains. Moreover, professional caregivers restrict access to cash-for-care schemes or take over the decision making process based on these ideas, leading to a reduction in the feeling of having an impact and being self-determined.

Informal caregivers can also restrict the involvement of care users in the management of the budget through overprotective behavior or underestimation of the capabilities and skills of their relative (Caldwell, 2007; Hamilton, Mesa, Hayward, Price, & Bright, 2017; Harry, MacDonald,

McLuckie, Battista, Mahoney, & Mahoney, 2017a; Leece, 2000; Maglajlic et al., 2000; Mitchell, 2015; Mitchell, Beresford, Brooks, Moran, & Glendinning, 2016; Williams & Porter, 2017; Williams et al., 2003). When determining which care services are chosen, informal caregivers can even become the focal point of attention during the decision-making process. Some professional caregivers are more sensitive to the needs of and demands on the informal caregiver, when this caregiver is the manager of the budget. Since the informal caregiver is using and directing the budget, professional caregivers discuss the care arrangement with them and can forget to listen to the actual beneficiary of the budget, the care user (Askheim, 2003; Brown, Harry, & Mahoney, 2018; Junne, 2018).

Additionally, care users' needs have to be assessed in the context of their family life, since family members often support the care user. Professional caregivers should thus neither make assumptions about the role informal caregivers have to play in these care arrangements (Caldwell, 2007), nor should the supporting role of the informal caregiver be minimalized (Daly, Roebuck, Dean, Goff, Bollard, & Taylor, 2008; Griffiths & Ainsworth, 2014; Laragy & Ottmann, 2011; Laybourne, Jepson, Williamson, Robotham, Cyhlarova, & Williams, 2016; Mitchell et al., 2016; Rabiee et al., 2009; Williams et al., 2003). To conclude, coproducing a care arrangement thus involves cooperation and partnership with the care user, a multidisciplinary focus, and a family-centered focus.

Financial climate (FC)

53 of the included articles discussed the financial climate of the care system, which refers to the amount of financial resources available in a country and the decisions made regarding the care system in function of these resources. Cash-for-care schemes are sometimes implemented as a cost controlling device, which leads to budget cuts and a reduction in available care services. In times of financial austerity care providers are less inclined to expand their supply and can even raise their

prices, leaving care users with a limited amount of options or leading to a relative reduction in the budget of care users (Day, Thorington Taylor, Hunter, Summons, van der Riet, Harris et al., 2018; Dew, Bulkeley, Veitch, Bundy, Lincoln, Brentnall et al., 2013; Howard, Blakemore, Johnston, Taylor, & Dibley, 2015; Keigher, 1999; Pearson, 2000; Spall, McDonald, & Zetlin, 2005).

Additionally, the budget granted to the care users, has to be large enough to meet their care needs and to allow for a proper wage to be paid when being an employer. This wage includes paying for sickness leave, pensions, and other benefits (Glendinning, Halliwell, Jacobs, Rummery, & Tyrer, 2000b; Katzman et al., 2020; Leece, 2010).

However, four articles found evidence opposing this. Although having a limited budget, some users managed to use the budget in an efficient way. Even with a small budget, care users could get the most out of it and find care services that match their needs (Blyth & Gardner, 2007; Davidson, Baxter, Glendinning, & Irvine, 2013; Netten et al., 2012; Rabiee et al., 2009). Finally, the timeliness of payment of the budget is important, so care users are able to pay their personal assistants on time or can avoid out-of-the pocket purchases of goods and services (Brown et al., 2018; Christensen, 2009; Junne & Huber, 2014; McGuigan et al., 2016; Schore et al., 2007; Spaulding-Givens, Hughes, & Lacasse, 2019). To conclude, policy makers should not use cash-for-care schemes as cost controlling device, but should grant budgets that are sufficient to meet care users' needs and can thus stimulate the development of a care market.

Legislation and procedures (L&P)

54 of the included articles discussed the impact of legislation and procedures, since these determine who is eligible to apply, the administrative responsibilities of care users, and the level of flexibility care users have. Policy makers can restrict access to the scheme by defining eligibility criteria or deter care users by implementing complex bureaucratic processes and procedures. Policy makers can decide to control care users' purchases by ordering to keep and submit records of their

purchases. While in some cash-for-care schemes easy-to-use systems are designed for this, 28 of the included articles reported that it asked a lot of time and effort from the care user due to complex and bureaucratic procedures in force.

Asides, 49 of the included articles discussed how policy makers can issue rules and legislation on the usage of the budget, e.g. qualifications of the workforce, determining the wage to be paid, quality control on the provided care, and financial rules. Financial rules were discussed in 13 articles with two different types that appeared. The first type is care users pooling resources to obtain services (Dew et al., 2013; Maglajlic et al., 2000; Ottmann, Laragy, & Haddon, 2009; Spandler & Vick, 2006). The other is called 'time banking', which allows care users to save up unused hours of care and combine them for a bigger purchase such as an afternoon out. Saving hours is also beneficial for care users with fluctuating needs who need a lot of care during a relapse, but only a few hours during a good period when their condition is under control (Daly et al., 2008; Day et al., 2018; Laragy & Ottmann, 2011; Leece, 2000; Rabiee & Glendinning, 2014; Rabiee et al., 2009; Rodrigues & Glendinning, 2015; San Antonio, Simon-Rusinowitz, Loughlin, Eckert, & Mahoney, 2007; Spaulding-Givens et al., 2019).

Another rule that enhances flexibility, is the ability to hire family or friends as care providers (Arksey & Baxter, 2012; Blyth & Gardner, 2007; Brown et al., 2018; Caldwell, 2007; Harry et al., 2017a; Leece, 2000, 2010; Schore et al., 2007; Ungerson, 2004). This is particularly important to people with an intellectual impairment, since they prefer a caregiver with whom they are familiar with and who knows them well. In the study of Harry et al. (2017a), interviewees reported that in the past their youngsters with an intellectual disability refused the support provided by conventional care services, so the cash-for-care scheme was the first type of care provided after transitioning to adult care services. By allowing to pay family members or friends as care providers, care was provided by someone known to the youngster and thus easier to accept. To conclude, care

users should be able to use their budget flexibly by allowing them to hire family members and to save unspent funds for bigger purchases.

Access to information and support (I&S)

51 articles discussed the availability and accessibility of information and support systems. Care users need timely, accessible, and ongoing information and support to enhance their competencies as a budget holder. When care users are allowed flexibility, they will need support to make decision about their care and to manage their responsibilities as a budget holder. Leaving them without the required information or support, will lead to poor decision making and inefficient budget use.

Moreover, special attention should be given to minority groups who will have problems accessing the right information or support due to language difficulties, inaccessible formats, and mistrust towards the care system. It is therefore important to offer support through trusted people and to offer information in diverse formats (Baxter & Glendinning, 2011; Irvine et al., 2017; Laragy & Ottmann, 2011; Leece, 2000; Maglajlic et al., 2000; San Antonio et al., 2007; Schmidt, 2018; Tracey, Johnston, Papps, & Mahmic, 2018). Using for example only internet sources to offer information, will disadvantage care users who do not have the necessary skills to access these websites. Additionally, if this information is only provided in one language, ethnic diverse groups will not have access to this information (Baxter & Glendinning, 2011; Tracey et al., 2018). To conclude, care users will need information and support to navigate the care system and to be able to manage their budget.

Personal characteristics

Personal characteristics refer to the financial, social, and personal resources of a care user that facilitate the use of a cash-for-care scheme and to take on the role of budget holder. Age as a personal resource was discussed in nine of the included articles. Some studies found that older budget holders were less empowered, lacked control or did not want to take control over their

budget (Benjamin & Matthias, 2001; Day et al., 2018; Ottmann & Mohebbi, 2014; Rabiee & Glendinning, 2014; Rodrigues & Glendinning, 2015; Woolham et al., 2017), while Mitchell et al. (2016) found that younger adults reported to have problems with self-directing their care and thus to feel empowered. Moreover, contextual factors influence the impact that older budget holders have and their self-determination due to a lower budget amount that is granted to them in comparison with younger adults (Laybourne et al., 2016; Moran et al., 2013).

Ethnicity was reported in 12 articles. Most articles discuss concerns for ethnic diverse care users to access the cash-for-care scheme and the needed information and support (Baxter & Glendinning, 2011; Glendinning et al., 2000b; Irvine et al., 2017; Laragy & Ottmann, 2011; Maglajlic et al., 2000; Tracey et al., 2018). However, once ethnic diverse budget holders started to manage their budget, they could control who provided their care and thus purchase person-centered care adapted to their cultural norms (Doyle, 1995; Moran et al., 2013; Rabiee & Glendinning, 2014; San Antonio et al., 2007; Ungerson, 2004; Williams & Porter, 2017)

An important resource, discussed in 50 of the included articles, is the network of care users. If care users are not able to manage the budget due to their disability or condition, they can still feel empowered when the care network supports them the management of the budget. A good care network can resource the necessary skills, abilities, and in some cases financial resources needed if budgets are limited. To conclude, evidence on age and ethnicity is mixed, but the literature shows the importance of social and financial resources to enable care users to manage the budget.

Self-determination and person-centered care

In general, when care users are able to choose their care services, choices are based on their needs and preferences. The results of the included studies report that cash-for-care schemes enable person-centered care and the opportunity to live a normal life in the community. For example, by being able to choose who provides care services and when and where these are provided, care

services are built around their daily routine of the care user and not around the daily routine of the care provider. As a consequence care users could search for a job, go to work, and do their hobbies (Glendinning, Halliwell, Jacobs, Rummery, & Tyrer, 2000a; Katzman et al., 2020; Larsen, Tew, Hamilton, Manthorpe, Pinfold, Szymczynska et al., 2015; Laybourne et al., 2016; O'Rourke, 2016; Rodrigues, 2019; Rodrigues & Glendinning, 2015).

Another effect of being able to choose care services, is family-centered care. Family members can take a break from each other or the informal caregivers can let go some of their care tasks since they work in partnership with a professional care provider who they can trust. This changed the roles between for example parents and children with some care users being able to go to university or to prepare to live independently of their family (Arksey & Baxter, 2012; Askheim, 2003; Blyth & Gardner, 2007; Brown et al., 2018; Caldwell, 2007; Daly et al., 2008; Davidson et al., 2013; Dew et al., 2013; Griffiths & Ainsworth, 2014; Gross et al., 2012; Laragy & Ottmann, 2011; Larsen et al., 2015; Maglajlic et al., 2000; McGuigan et al., 2016; McNeill & Wilson, 2017; San Antonio, Simon-Rusinowitz, Loughlin, Eckert, Mahoney, & Ruben, 2010).

DISCUSSION

Level of Empowerment

The evidence base on the effect of cash-for-care schemes on the feelings of empowerment of care users is mainly qualitative. Using the concept of psychological empowerment, the review analyzed the literature and found evidence for three of the four cognitions, namely competence, self-determination and impact. Evidence for the meaning that managing a budget has on budget holders, was lacking. Moreover, the primary aim of the majority of qualitative studies was to provide an evaluation of the cash-for-care scheme they investigated. Only six articles aimed to investigate the experience of power and control or the meaning of power and control to budget holders (Hamilton et al., 2016; Leece, 2010; Leece & Peace, 2010; Rabiee & Glendinning, 2014;

Ungerson, 2004; Williams & Porter, 2017). From these six articles, only one study uses a theoretical framework to develop their interview guide and analyze the findings of their research (Leece & Peace, 2010).

Another observation is that choice and control are used interchangeably. For example, when examining the titles of the articles of Hamilton et al. (2016), Rabiee & Glendinning (2014) and Williams & Porter (2017), these titles mention choice and control as equals. This is not uncommon since Castro et al. (2016) remarked in their concept analysis that self-determination theory is an underlying theory of empowerment. However, it does make it difficult to distinguish empowerment of the decision making process and the concept of 'choice'. We therefore recommend that future qualitative research should focus on a clear conceptualization of empowerment by using existing frameworks. This should also allow to get a clearer focus on the antecedents of empowerment in cash-for-care schemes.

No quantitative evidence was found on the level of empowerment care users experience in cash-for-care schemes. Only six articles measured empowerment in a quantitative way of which three reported the results of a scale that measures the impact of social care interventions on quality of life (ASCOT) (Benjamin & Matthias, 2001; Hagglund et al., 2004; Mattson Prince et al., 1995; Netten et al., 2012; Ottmann & Mohebbi, 2014; Woolham et al., 2017). Since the articles using the ASCOT-scale also reported results on the individual items of the scale, we decided to include these results in the review (Netten et al., 2012; Ottmann & Mohebbi, 2014; Woolham et al., 2017). However, this also shows the need for more quantitative evidence with validated measurement scales of empowerment. It was noticed that most scales report on control over and choice of services, which is a specific conceptualization of empowerment. Furthermore, others use the conceptualization of control over daily life, which encompasses different life domains. It is thus not clear which life domains care users take in account when responding to this item and how this

affects care users' scores. Future research should therefore focus on a more narrow conceptualization of empowerment that is not only aimed at control in the care context. Since the review provides evidence that it is important for care users to feel able to manage the budget, this aspect should be taken in account when measuring the feelings of empowerment of budget holders. Therefore, it can be of value to use the psychological empowerment scale to determine the level of empowerment of care users and to investigate the antecedents of empowerment.

Antecedents of Empowerment

Most articles found evidence that cash-for-care schemes enhance care users' autonomy, mastery, and feelings of control over life and care arrangement. However, we found that contextual and personal factors affect these experiences as well. The contextual factors refer to the way the scheme is implemented and promoted. Four contextual factors were determined: establishment of a culture of change, the financial climate, the regulatory framework and access to support and information. Personal factors were age, ethnicity, financial resources and the care network of the budget holder.

Additionally, personal and contextual factors also affect each other. For example, the budget amount granted to older people is lower in comparison with younger adults (Laybourne et al., 2016; Moran et al., 2013). If budgets are limited, financial resources of the network can enhance the feeling of self-determination of budget holders and enable independent living (Fisher, Purcal, Jones, Lutz, Robinson, & Kayess, 2021).

Limitations

First, the titles of the articles were screening by one reviewer. However, the first reviewer deliberately included all articles that formed a case of doubt in the abstract screening, so these could be discussed with the second reviewer. Second, the ASCOT-measure was included although this scale was not designed to measure empowerment. However, the articles using the ASCOT

reported on the individual results of the item that asks about existing needs of control over daily life or satisfaction with the 'say' care users have in their care options. Since this definition is also used in the qualitative evidence, we decided to include this measure in the results. Third, the evidence base has a mainly qualitative design and we included studies that analyzed the effects of cash-for-care schemes in different care user populations. However, since all care users received the same type of intervention, it is interesting to note that care users report in a similar way on the antecedents that affect their experience of empowerment. Although these conclusions cannot be generalized to the whole population, it can direct policy makers towards the most important aspects to consider when implementing cash-for-care schemes. Fourth, due to the lack of quantitative evidence this review could not report on the level of empowerment of care users in cash-for-care scheme. It is therefore important that future research targets this research gap in the literature.

CONCLUSION

The evidence base on the experience of empowerment of care users in cash-for-care schemes has two main knowledge gaps. First, more quantitative research is required to measure the level of empowerment of care users and to explore the antecedents of empowerment. Second, more qualitative research is required, which aims to investigate empowerment as a concept in itself and is based on existing theoretical frameworks. Additionally, he main conclusions of this review is that the antecedents of empowerment present itself on both contextual and individual level with an important role for the care network to help care users manage their budget. Furthermore, care providers need to adopt a cooperative attitude if personalization wants to succeed.

REFERENCES

Arksey, H. & Peter, A. 2008. ***Dimensions of Choice: A narrative review of cash-for-care schemes***. University of York, York: Social Policy Research Unit.

Arksey, H. & Baxter, K. 2012. Exploring the Temporal Aspects of Direct Payments. ***British Journal of Social Work***, 42(1): 147-164.

Askheim, O. P. 2003. Personal Assistance for People with Intellectual Impairments: Experiences and dilemmas. ***Disability & Society***, 18(3): 325-339.

Aspinal, F., Stevens, M., Manthorpe, J., Woolham, J., Samsi, K., Baxter, K., Hussein, S., & Ismail, M. 2019. Safeguarding and personal budgets: the experiences of adults at risk. ***Journal of Adult Protection***, 21(3): 157-168.

Baxter, K. & Glendinning, C. 2011. Making choices about support services: disabled adults' and older people's use of information. ***Health and Social Care in the Community***, 19(3): 272-279.

Benjamin, A. E. 2001. Consumer-directed services at home: a new model for persons with disabilities. ***Health affairs***, 20(6): 80-95.

Benjamin, A. E. & Matthias, R. E. 2001. Age, Consumer Direction, and Outcomes of Supportive Services at Home. ***The Gerontologist***, 41(5): 632-642.

Blyth, C. & Gardner, A. 2007. 'We're not asking for anything special': direct payments and the carers of disabled children. ***Disability & Society***, 22(3): 235-249.

Brown, M., Harry, M., & Mahoney, K. 2018. "It's Like Two Roles We're Playing": Parent Perspectives on Navigating Self-Directed Service Programs with Adult Children with Intellectual and/or Developmental Disabilities. ***Journal of Policy and Practice in Intellectual Disabilities***, 15(4): 350-358.

Caldwell, J. 2007. Experiences of families with relatives with intellectual and developmental disabilities in a consumer-directed support program. ***Disability & Society***, 22(6): 549-562.

Castro, E. M., Van Regenmortel, T., Vanhaecht, K., Sermeus, W., & Van Hecke, A. 2016. Patient empowerment, patient participation and patient-centeredness in hospital care: A concept analysis based on a literature review. ***Patient education and counseling***, 99(12): 1923-1939.

Christensen, K. 2009. In(ter)dependent lives. ***Scandinavian Journal of Disability Research***, 11(2): 117-130.

Christensen, K. 2012. Towards sustainable hybrid relationships in cash-for-care systems. ***Disability & Society***, 27(3): 399-412.

Conger, J. A. & Kanungo, R. N. 1988. The Empowerment Process: Integrating Theory and Practice. ***The Academy of Management Review***, 13(3): 471-482.

Coyle, D. 2011. Impact of person-centred thinking and personal budgets in mental health services: reporting a UK pilot. ***Journal of Psychiatric and Mental Health Nursing***, 18(9): 796-803.

Crozier, M., Muenchberger, H., Colley, J., & Ehrlich, C. 2013. The disability self-direction movement: Considering the benefits and challenges for an Australian response. ***Australian Journal of Social Issues***, 48(4): 455-472.

Da Roit, B. & Le Bihan, B. 2010. Similar and yet so different: cash-for-care in six European countries' long-term care policies. ***The Milbank quarterly***, 88(3): 286-309.

Daly, G., Roebuck, A., Dean, J., Goff, F., Bollard, M., & Taylor, C. 2008. Gaining Independence: An Evaluation of Service Users' Accounts of the Individual Budgets Pilot. ***Journal of Integrated Care***, 16(3): 17-25.

Davidson, J., Baxter, K., Glendinning, C., & Irvine, A. 2013. Choosing health: Qualitative evidence from the experiences of personal health budget holders. ***Journal of Health Services Research & Policy***, 18(2): 50-58.

Day, J., Thorington Taylor, A. C., Hunter, S., Summons, P., van der Riet, P., Harris, M., Maguire, J., Dilworth, S., Jeong, S., Bellchambers, H., Haydon, G., & Higgins, I. 2018. Experiences of older people following the introduction of consumer-directed care to home care packages: A qualitative descriptive study. ***Australasian Journal on Ageing***, 37(4): 275-282.

Dent, M. & Pahor, M. 2015. Patient involvement in Europe – a comparative framework. ***Journal of Health Organization and Management***, 29(5): 546-555.

Dew, A., Bulkeley, K., Veitch, C., Bundy, A., Lincoln, M., Brentnall, J., Gallego, G., & Griffiths, S. 2013. Carer and service providers' experiences of individual funding models for children with a disability in rural and remote areas. ***Health and Social Care in the Community***, 21(4): 432-441.

Doyle, Y. 1995. Disability: use of an independent living fund in south east London and users' views about the system of cash versus care provision. ***Journal of Epidemiology and Community Health***, 49(1): 43-47.

Ferguson, I. 2007. Increasing User Choice or Privatizing Risk? The Antinomies of Personalization. ***The British Journal of Social Work***, 37(3): 387-403.

Fisher, K. R., Purcal, C., Jones, A., Lutz, D., Robinson, S., & Kayess, R. 2021. What place is there for shared housing with individualized disability support? ***Disability and Rehabilitation***, 43(1): 60-68.

FitzGerald Murphy, M. & Kelly, C. 2019. Questioning "choice": A multinational metasynthesis of research on directly funded home-care programs for older people. ***Health and social care in the community***, 27(3): e37-e56.

Glendinning, C., Halliwell, S., Jacobs, S., Rummery, K., & Tyrer, J. 2000a. Bridging the gap: using direct payments to purchase integrated care. ***Health and Social Care in the Community***, 8(3): 192-200.

Glendinning, C., Halliwell, S., Jacobs, S., Rummery, K., & Tyrer, J. 2000b. New kinds of care, new kinds of relationships: how purchasing services affects relationships in giving and receiving personal assistance. ***Health and Social Care in the Community***, 8(3): 201-211.

Griffiths, C. A. & Ainsworth, E. 2014. Personalisation: Direct payments and mental illness. ***International Journal of Psychosocial Rehabilitation***, 18(1): 69-78.

Gross, J. M. S., Wallace, L., Blue-Banning, M., Summers, J. A., & Turnbull, A. 2012. Examining the Experiences and Decisions of Parents/Guardians: Participant Directing the Supports and Services of Adults With Significant Intellectual and Developmental Disabilities. ***Journal of Disability Policy Studies***, 24(2): 88-101.

Hagglund, K. J., Clark, M. J., Farmer, J. E., & Sherman, A. K. 2004. A comparison of consumer-directed and agency-directed personal assistance services programmes. ***Disability and Rehabilitation***, 26(9): 518-527.

Hamilton, L. G., Mesa, S., Hayward, E., Price, R., & Bright, G. 2017. 'There's a lot of places I'd like to go and things I'd like to do': the daily living experiences of adults with mild to moderate intellectual disabilities during a time of personalised social care reform in the United Kingdom. ***Disability & Society***, 32(3): 287-307.

Hamilton, S., Tew, J., Szymczynska, P., Clewett, N., Manthorpe, J., Larsen, J., & Pinfold, V. 2016. Power, Choice and Control: How Do Personal Budgets Affect the Experiences of People with Mental Health Problems and Their Relationships with Social Workers and Other Practitioners? ***British Journal of Social Work***, 46(3): 719-736.

Harry, M. L., MacDonald, L., McLuckie, A., Battista, C., Mahoney, E. K., & Mahoney, K. J. 2017a. Long-Term Experiences in Cash and Counseling for Young Adults with Intellectual Disabilities: Familial Programme Representative Descriptions. ***Journal of Applied Research in Intellectual Disabilities***, 30(4): 573-583.

Harry, M. L., Mahoney, K. J., Mahoney, E. K., & Shen, C. 2017b. The Cash and Counseling model of self-directed long-term care: Effectiveness with young adults with disabilities. ***Disability and Health Journal***, 10(4): 492-501.

Herbert, R. J., Gagnon, A. J., Rennick, J. E., & O'Loughlin, J. L. 2009. A systematic review of questionnaires measuring health-related empowerment. ***Research and Theory for Nursing Practice: An International Journal***, 23(2): 107-132.

Higgins, T., Larson, E., & Schnall, R. 2017. Unraveling the meaning of patient engagement: A concept analysis. ***Patient Education and Counseling***, 100(1): 30-36.

Howard, A., Blakemore, T., Johnston, L., Taylor, D., & Dibley, R. 2015. 'I'm not really sure but I hope it's better': early thoughts of parents and carers in a regional trial site for the Australian National Disability Insurance Scheme. ***Disability & Society***, 30(9): 1365-1381.

Irvine, F., Wah Yeung, E. Y., Partridge, M., & Simcock, P. 2017. The impact of personalisation on people from Chinese backgrounds: qualitative accounts of social care experience. ***Health and Social Care in the Community***, 25(3): 878-887.

Junne, J. & Huber, C. 2014. The risk of users' choice: exploring the case of direct payments in German social care. ***Health Risk & Society***, 16(7): 631-648.

Junne, J. 2018. Enabling accountability: An analysis of personal budgets for disabled people. ***Critical Perspectives on Accounting***, 56: 46-62.

Kane, R. L. & Kane, R. A. 2001. What older people want from long-term care, and how they can get it. ***Health affairs***, 20(6): 114-127.

Katzman, E. R., Kinsella, E. A., & Polzer, J. 2020. 'Everything is down to the minute': clock time, crip time and the relational work of self-managing attendant services. ***Disability & Society***, 35(4): 517-541.

Keigher, S. M. 1999. The limits of consumer directed care as public policy in an aging society. ***Canadian Journal on Aging-Revue Canadienne Du Vieillissement***, 18(2): 182-210.

Kodner, D. L. 2003. Consumer-directed services: lessons and implications for integrated systems of care. ***International journal of integrated care***, 3: e12.

Laragy, C. & Ottmann, G. 2011. Towards a Framework for Implementing Individual Funding Based on an Australian Case Study. ***Journal of Policy and Practice in Intellectual Disabilities***, 8(1): 18-27.

Laragy, C., Fisher, K. R., Purcal, C., & Jenkinson, S. 2015. Australia's Individualised Disability Funding Packages: When Do They Provide Greater Choice and Opportunity? ***Asian Social Work and Policy Review***, 9(3): 282-292.

Larsen, J., Tew, J., Hamilton, S., Manthorpe, J., Pinfold, V., Szymczynska, P., & Clewett, N. 2015. Outcomes from personal budgets in mental health: service users' experiences in three English local authorities. ***Journal of Mental Health***, 24(4): 219-224.

Laybourne, A. H., Jepson, M. J., Williamson, T., Robotham, D., Cyhlarova, E., & Williams, V. 2016. Beginning to explore the experience of managing a direct payment for someone with dementia: The perspectives of suitable people and adult social care practitioners. ***Dementia-International Journal of Social Research and Practice***, 15(1): 125-140.

Leece, J. 2000. It's a Matter of Choice: Making Direct Payments Work in Staffordshire. ***Practice***, 12(4): 37-48.

Leece, J. 2010. Paying the Piper and Calling the Tune: Power and the Direct Payment Relationship. ***British Journal of Social Work***, 40(1): 188-206.

Leece, J. & Peace, S. 2010. Developing new understandings of independence and autonomy in the personalised relationship. ***British Journal of Social Work***, 40(6): 1847-1865.

Liberati, A., Altman, D. G., Tetzlaff, J., Mulrow, C., Gotzsche, P. C., Ioannidis, J. P., Clarke, M., Devereaux, P. J., Kleijnen, J., & Moher, D. 2009. The PRISMA statement for reporting systematic reviews and meta-analyses of studies that evaluate health care interventions: explanation and elaboration. ***PLoS medicine***, 6(7): e1000100.

Maglajlic, R., Brandon, D., & Given, D. 2000. Making Direct Payments a Choice: A report on the research findings. ***Disability & Society***, 15(1): 99-113.

Manji, K. 2018. 'It was clear from the start that [SDS] was about a cost cutting agenda.' Exploring disabled people's early experiences of the introduction of Self-Directed Support in Scotland. ***Disability & Society***, 33(9): 1391-1411.

Mattson Prince, J., Manley, M. S., & Whiteneck, G. G. 1995. Self-managed versus agency-provided personal assistance care for individuals with high level tetraplegia. ***Archives of Physical Medicine and Rehabilitation***, 76(10): 919-923.

Maynard, M. T., Gilson, L. L., & Mathieu, J. E. 2012. Empowerment—Fad or Fab? A Multilevel Review of the Past Two Decades of Research. ***Journal of Management***, 38(4): 1231-1281.

McGuigan, K., McDermott, L., Magowan, C., McCorkell, G., Witherow, A., & Coates, V. 2016. The Impact of Direct Payments on Service Users Requiring Care and Support at Home. ***Practice***, 28(1): 37-54.

McNeill, S. & Wilson, G. 2017. Use of direct payments in providing care and support to children with disabilities: Opportunities and concerns. ***British Journal of Social Work***, 47(7): 1903-1922.

Mead, N. & Bower, P. 2000. Patient-centredness: a conceptual framework and review of the empirical literature. ***Social Science & Medicine***, 51(7): 1087-1110.

Mitchell, F. 2015. Facilitators and barriers to informed choice in self-directed support for young people with disability in transition. ***Health and Social Care in the Community***, 23(2): 190-199.

Mitchell, W., Beresford, B., Brooks, J., Moran, N., & Glendinning, C. 2016. Taking on choice and control in personal care and support: The experiences of physically disabled young adults. ***Journal of Social Work***, 17(4): 413-433.

Moran, N., Glendinning, C., Wilberforce, M., Stevens, M., Netten, A. N. N., Jones, K., Manthorpe, J., Knapp, M., FernÃNdez, J.-L., Challis, D., & Jacobs, S. 2013. Older people's experiences of cash-for-care schemes: evidence from the English Individual Budget pilot projects. ***Ageing & Society***, 33(5): 826-851.

Moskos, M. & Isherwood, L. 2019. Individualised funding and its implications for the skills and competencies required by disability support workers in Australia. ***Labour & Industry: a journal of the social and economic relations of work***, 29(1): 34-51.

Neale, J., Parkman, T., & Strang, J. 2019. Challenges in delivering personalised support to people with multiple and complex needs: qualitative study. ***Journal of Interprofessional Care***, 33(6): 734-743.

Netten, A., Jones, K., Knapp, M., Fernandez, J. L., Challis, D., Glendinning, C., Jacobs, S., Manthorpe, J., Moran, N., Stevens, M., & Wilberforce, M. 2012. Personalisation through Individual Budgets: Does It Work and for Whom? ***British Journal of Social Work***, 42(8): 1556-1573.

O'Rourke, G. 2016. Older People, Personalisation and Self: an alternative to the consumerist paradigm in social care. ***Ageing & Society***, 36(5): 1008-1030.

Ottmann, G., Laragy, C., & Haddon, M. 2009. Experiences of disability consumer-directed care users in Australia: results from a longitudinal qualitative study. ***Health and Social Care in the Community***, 17(5): 466-475.

Ottmann, G. & Mohebbi, M. 2014. Self-directed community services for older Australians: a stepped capacity-building approach. ***Health and Social Care in the Community***, 22(6): 598-611.

Pace, R., Pluye, P., Bartlett, G., Macaulay, A. C., Salsberg, J., Jagosh, J., & Seller, R. 2012. Testing the reliability and efficiency of the pilot Mixed Methods Appraisal Tool (MMAT) for systematic mixed studies review. ***International Journal of Nursing Studies***, 49(1): 47-53.

Pearson, C. 2000. Money talks? Competing discourses in the implementation of direct payments. ***Critical Social Policy***, 20(4): 459-477.

Powers, L. E., Sowers, J.-A., & Singer, G. H. S. 2016. A Cross-Disability Analysis of Person-Directed, Long-Term Services. ***Journal of Disability Policy Studies***, 17(2): 66-76.

Pozzoli, F. 2018. Personalisation as vision and toolkit. A case study. ***International Review of Sociology***, 28(1): 62-85.

Prandini, R. 2018. Themed section: the person-centred turn in welfare policies: bad wine in new bottles or a true social innovation? INTRODUCTION. ***International Review of Sociology-Revue Internationale De Sociologie***, 28(1): 1-19.

Rabiee, P., Moran, N., & Glendinning, C. 2009. Individual Budgets: Lessons from Early Users' Experiences. ***British Journal of Social Work***, 39(5): 918-935.

Rabiee, P. & Glendinning, C. 2014. Choice and control for older people using home care services: how far have council-managed personal budgets helped? ***Quality in Ageing and Older Adults***, 15(4): 210-219.

Riedel, M., Kraus, M., & Mayer, S. 2016. Organization and Supply of Long-term Care Services for the Elderly: A Bird's-eye View of Old and New EU Member States. ***Social Policy & Administration***, 50(7): 824-845.

Rodrigues, R. & Glendinning, C. 2015. Choice, Competition and Care - Developments in English Social Care and the Impacts on Providers and Older Users of Home Care Services. ***Social Policy & Administration***, 49(5): 649-664.

Rodrigues, R. 2019. Caring relationships and their role in users' choices: A study of users of Direct Payments in England. ***Ageing & Society***.

San Antonio, P., Simon-Rusinowitz, L., Loughlin, D., Eckert, J. K., & Mahoney, K. J. 2007. Case histories of six consumers and their families in cash and counseling. ***Health Services Research***, 42(1): 533-549.

San Antonio, P., Simon-Rusinowitz, L., Loughlin, D., Eckert, J. K., Mahoney, K. J., & Ruben, K. A. D. 2010. Lessons from the Arkansas cash and counseling program: How the experiences of diverse older consumers and their caregivers address family policy concerns. ***Journal of Aging and Social Policy***, 22(1): 1-17.

Schmidt, A. E. 2018. Older Persons' Views on Using Cash-for-Care Allowances at the Crossroads of Gender, Socio-economic Status and Care Needs in Vienna. ***Social Policy & Administration***, 52(3): 710-730.

Schore, J., Foster, L., & Phillips, B. 2007. Consumer enrollment and experiences in the cash and counseling program. ***Health Services Research***, 42(1): 446-466.

Schulz, A. J., Israel, B. A., Zimmerman, M. A., & Checkoway, B. N. 1995. Empowerment as a multi-level construct: perceived control at the individual, organizational and community levels. ***Health Education Research***, 10(3): 309-327.

Schulz, P. J. & Nakamoto, K. 2013. Health literacy and patient empowerment in health communication: The importance of separating conjoined twins. ***Patient Education and Counseling***, 90(1): 4-11.

Scourfield, P. 2005. Implementing the Community Care (direct payments) Act: Will the supply of personal assistants meet the demand and at what price? ***Journal of Social Policy***, 34(3): 469-488.

Seibert, S. E., Wang, G., & Courtright, S. H. 2011. Antecedents and consequences of psychological and team empowerment in organizations: A meta-analytic review. ***Journal of Applied Psychology***, 96(5): 981-1003.

Shen, C., Smyer, M., Mahoney, K. J., Simon-Rusinowitz, L., Shinogle, J., Norstrand, J., Mahoney, E., Schauer, C., & del Vecchio, P. 2008. Consumer-directed care for beneficiaries with mental illness: lessons from New Jersey's Cash and Counseling program. ***Psychiatric Services***, 59(11): 1299-1306.

Spall, P., McDonald, C., & Zetlin, D. 2005. Fixing the system? The experience of service users of the quasi-market in disability services in Australia. ***Health and Social Care in the Community***, 13(1): 56-63.

Spandler, H. 2004. Friend or Foe? Towards a Critical Assessment of Direct Payments. ***Critical Social Policy***, 24(2): 187-209.

Spandler, H. & Vick, N. 2006. Opportunities for independent living using direct payments in mental health. ***Health and Social Care in the Community***, 14(2): 107-115.

Spaulding-Givens, J., Hughes, S., & Lacasse, J. R. 2019. Money matters: participants' purchasing experiences in a budget authority model of self-directed care. ***Social Work in Mental Health***, 17(3): 323-343.

Spreitzer, G. M. 1995. Psychological empowerment in the workplace: Dimensions, measurement, and validation. ***Academy of Management Journal***, 38(5): 1442-1465.

Spreitzer, G. M. 1996. Social Structural Characteristics of Psychological Empowerment. ***The Academy of Management Journal***, 39(2): 483-504.

Stainton, T. & Boyce, S. 2004. 'I have got my life back': users' experience of direct payments. ***Disability & Society***, 19(5): 443-454.

Stevens, M., Glendinning, C., Jacobs, S., Moran, N., Challis, D., Manthorpe, J., Fernandez, J. L., Jones, K., Knapp, M., Netten, A., & Wilberforce, M. 2011. Assessing the role of increasing choice in english social care services. ***Journal of Social Policy***, 40(2): 257-274.

Stewart, V., Slattery, M., Roennfeldt, H., & Wheeler, A. J. 2018. Partners in Recovery: paving the way for the National Disability Insurance Scheme. ***Australian Journal of Primary Health***, 24(3): 208-215.

Thomas, J. & Harden, A. 2008. Methods for the thematic synthesis of qualitative research in systematic reviews. ***BMC Medical Research Methodology***, 8(1): 45.

Thomas, K. W. & Velthouse, B. A. 1990. Cognitive Elements of Empowerment: An "Interpretive" Model of Intrinsic Task Motivation. ***The Academy of Management Review***, 15(4): 666-681.

Timonen, V., Convery, J., & Cahill, S. 2006. Care revolutions in the making? A comparison of cash-for-care programmes in four European countries. ***Ageing and Society***, 26(3): 455-474.

Tracey, D., Johnston, C., Papps, F. A., & Mahmic, S. 2018. How do parents acquire information to support their child with a disability and navigate individualised funding schemes? ***Journal of Research in Special Educational Needs***, 18(1): 25-35.

Ungerson, C. 2004. Whose empowerment and independence? A cross-national perspective on 'cash for care' schemes. ***Ageing & Society***, 24: 189-212.

Webber, M., Treacy, S., Carr, S., Clark, M., & Parker, G. 2014. The effectiveness of personal budgets for people with mental health problems: a systematic review. ***Journal of mental health***, 23(3): 146-155.

Williams, V., Simons, K., Gramlich, S., McBride, G., Snelham, N., & Myers, B. 2003. Paying the Piper and Calling the Tune? The Relationship Between Parents and Direct Payments for People with Intellectual Disabilities. ***Journal of Applied Research in Intellectual Disabilities***, 16(3): 219-228.

Williams, V. & Porter, S. 2017. The Meaning of 'choice and control' for People with Intellectual Disabilities who are Planning their Social Care and Support. ***Journal of Applied Research in Intellectual Disabilities***, 30(1): 97-108.

Woodward, K. F. 2020. Individual nurse empowerment: A concept analysis. ***Nursing Forum***, 55(2): 136-143.

Woolham, J., Daly, G. U. Y., Sparks, T. I. M., Ritters, K., & Steils, N. 2017. Do direct payments improve outcomes for older people who receive social care? Differences in outcome between people aged 75+ who have a managed personal budget or a direct payment. ***Ageing & Society***, 37(5): 961-984.

Zimmerman, M. A. 1990. Taking aim on empowerment research: On the distinction between individual and psychological conceptions. ***American Journal of Community Psychology***, 18(1): 169-177.

Zimmerman, M. A. 1995. Psychological empowerment: Issues and illustrations. ***American Journal of Community Psychology***, 23(5): 581-599.

FIGURE 1

PRISMA flow diagram of the inclusion process

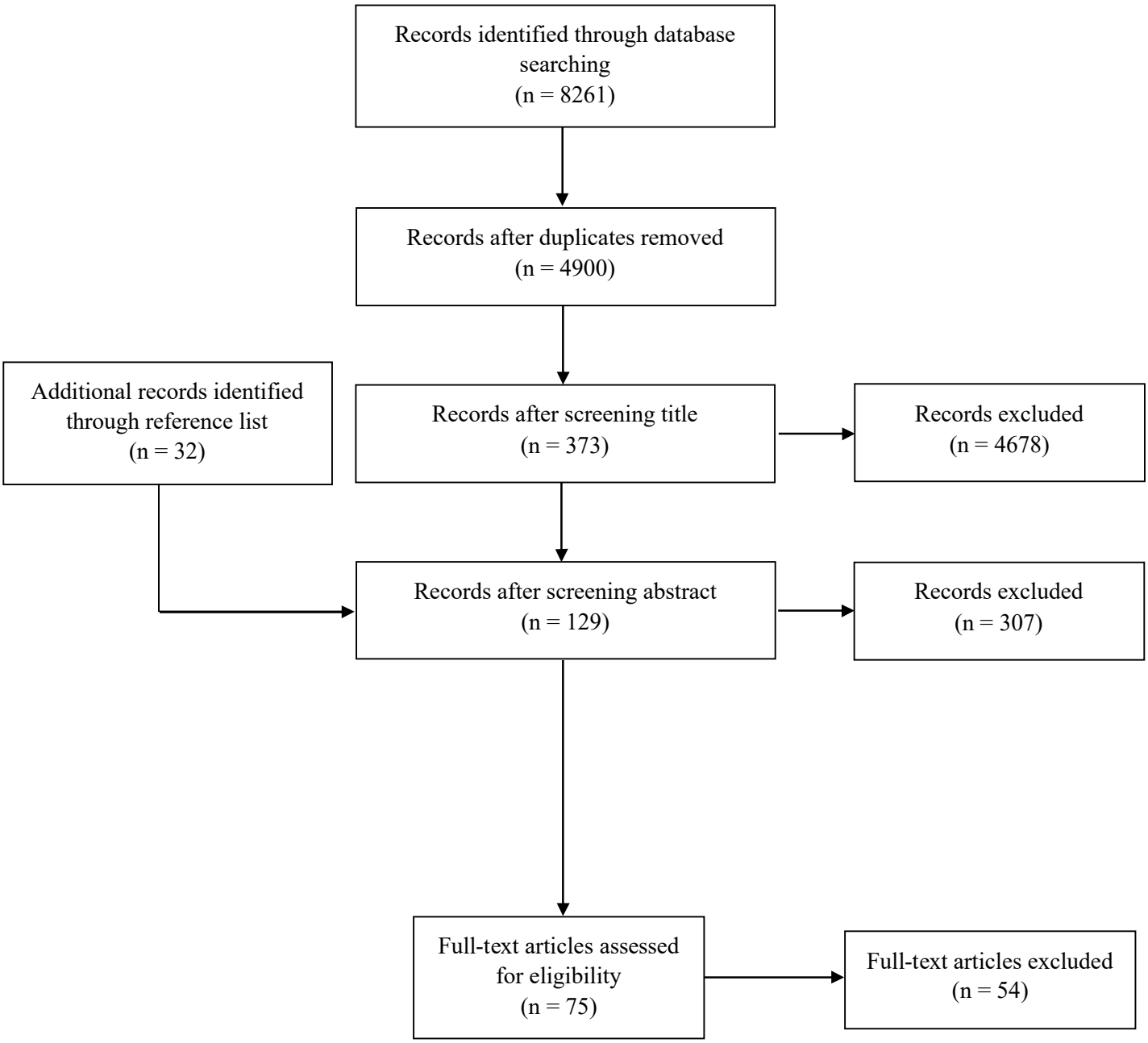

TABLE 1:
Study Characteristics of the included studies and themes discussed in each study

Article	Method	Territory	Scheme[a]	Empowerment[b]			Contextual[c]							Personal
				C	SD	I	CoC	FC	G	L&P[d] A	E	F	I&S	Network
Arksey and Baxter (2012)	Qualitative	England	DP	X	X	X	X		X			X	X	X
Askheim (2003)	Mixed method	Norway	Other	X	X							X		X
Aspinal et al. (2019)	Qualitative	England	Other	X	X									
Baxter & Glendinning (2011)	Qualitative	England	Other	X	X								X	X
Benjamin & Matthias (2001)	Quantitative	USA	Other	X	X		X						X	X
Blyth & Gardner (2007)	Mixed method	England	DP	X	X		X	X	X			X	X	X
Brown et al. (2018)	Qualitative	USA	Other	X	X	X	X	X	X	X		X	X	X
Caldwell (2007)	Qualitative	USA	Other	X	X	X	X	X	X	X		X		
Christensen (2009)	Qualitative	England and Norway	Other	X	X	X	X	X					X	
Christensen (2012)	Qualitative	England and Norway	Other		X	X	X	X				X		
Coyle (2011)	Qualitative	England	Other	X	X		X		X	X	X			
Daly et al. (2008)	Qualitative	England	IB	X	X		X	X	X		X	X	X	

TABLE 1 (continued)

Article	Method	Territory	Scheme[a]	Empowerment[b]			Contextual[c]							Personal
				C	SD	I	CoC	FC	L&P[d] G	L&P[d] A	L&P[d] E	L&P[d] F	I&S	Network
Davidson et al. (2013)	Qualitative	England	Other	X	X	X	X	X	X	X	X	X	X	X
Day et al. (2018)	Qualitative	Australia	Other	X	X		X	X	X	X		X	X	X
Dew et al. (2013)	Qualitative	Australia	Other	X	X		X	X	X		X	X	X	X
Doyle (1995)	Quantitative	England	ILF	X	X	X	X	X	X		X			X
Fisher et al. (2021)	Qualitative	Australia	Other		X	X	X	X					X	X
Glendinning et al. (2000a)	Qualitative	England	DP	X	X	X	X	X	X		X	X		
Glendinning et al. (2000b)	Qualitative	England	DP		X	X	X	X	X	X		X	X	X
Griffiths & Ainsworth (2013)	Qualitative	England	DP	X	X	X	X	X	X	X	X	X	X	X
Gross et al. (2012)	Qualitative	USA	Other	X	X	X			X	X		X	X	X
Hagglund et al. (2004)	Quantitative	USA	Other	X	X			X	X			X		
Hamilton et al. (2017)	Qualitative	England	PB	X	X	X	X	X	X		X		X	X
Hamilton et al. (2016)	Qualitative	England	PB	X	X	X	X	X	X	X	X	X	X	X
Harry et al. (2017a)	Qualitative	USA	Cash and Counseling	X	X		X	X	X	X		X		X
Harry et al. (2017b)	Quantitative	USA	Cash and Counseling		X									

TABLE 1 (continued)

Article	Method	Territory	Scheme[a]	Empowerment[b]			Contextual[c]							Personal
				C	SD	I	CoC	FC	L&P[d] G	L&P[d] A	L&P[d] E	L&P[d] F	I&S	Network
Howard et al. (2015)	Mixed method	Australia	NDIS	X	X		X	X					X	
Irvine et al. (2016)	Qualitative	England	PB	X	X		X	X	X	X			X	
Junne & Huber (2014)	Qualitative	Germany	PB	X	X	X	X	X	X	X	X	X	X	X
Junne (2018)	Qualitative	Germany	PB	X	X	X	X	X	X		X	X	X	
Katzman et al. (2020)	Qualitative	Canada	Other	X	X	X	X	X	X	X	X	X		X
Keigher (1999)	Qualitative	USA	Other	X	X		X	X				X		X
Laragy & Ottmann (2011)	Qualitative	Australia	Other	X	X		X	X	X		X	X	X	
Laragy et al. (2015)	Qualitative	Australia	NDIS	X	X	X	X		X		X		X	X
Larsen et al. (2015)	Qualitative	England	PB	X	X				X	X				
Laybourne et al. (2016)	Qualitative	England	DP		X	X	X	X	X		X			
Leece (2000)	Qualitative	England	DP	X	X		X	X	X		X	X	X	X
Leece (2010)	Qualitative	England	DP	X	X	X	X	X	X		X	X		
Leece & Peace (2010)	Qualitative	England	DP		X		X		X			X		X
Maglajlic et al. (2000)	Qualitative	England	DP	X	X		X	X	X		X	X	X	X
Manji (2018)	Qualitative	Scotland	Other	X	X	X	X	X	X	X	X	X	X	X

TABLE 1 (continued)

Article	Method	Territory	Scheme[a]	Empowerment[b]			Contextual[c]							Personal
				C	SD	I	CoC	FC	L&P[d] G	L&P[d] A	L&P[d] E	L&P[d] F	I&S	Network
Mattson Prince (1995)	Quantitative	USA	Other	X	X		X							X
McGuigan et al. (2015)	Qualitative	Northern Ireland	DP	X	X	X		X	X	X	X	X	X	X
McNeill & Wilson (2017)	Mixed method	Northern Ireland	DP		X		X	X	X	X		X	X	
Mitchell (2015)	Qualitative	Scotland	Other	X	X		X	X	X		X	X	X	X
Mitchell et al. (2017)	Qualitative	England	Other	X	X	X	X	X					X	X
Moran et al. (2013)	Mixed method	England	IB	X	X		X	X	X	X	X	X	X	X
Moskos & Isherwood (2019)	Qualitative	Australia	NDIS		X		X					X		
Neale et al. (2018)	Qualitative	England	Other	X	X	X	X	X	X	X	X	X	X	
Netten et al. (2012)	Quantitative	England	IB	X	X	X	X	X					X	X
O'Rouke (2016)	Qualitative	England	DP	X	X	X		X	X		X			X
Ottmann et al. (2009)	Qualitative	Australia	Other	X	X	X	X	X	X		X	X	X	X
Ottmann & Mohebbi (2014)	Mixed method	Australia	Other	X	X	X			X	X			X	X
Pearson (2000)	Qualitative	England and Scotland	DP	X	X	X	X	X	X	X	X	X		

TABLE 1 (continued)

Article	Method	Territory	Scheme[a]	Empowerment[b]			Contextual[c]							Personal
				C	SD	I	CoC	FC	L&P[d] G	L&P[d] A	L&P[d] E	F	I&S	Network
Pozzoli (2018)	Qualitative	England	PB	X	X		X	X	X	X	X	X	X	X
Rabiee et al. (2009)	Qualitative	England	IB	X	X	X	X	X	X	X	X	X	X	X
Rabiee & Glendinning (2014)	Qualitative	England	Other	X	X	X	X	X				X		
Rodrigues & Glendinning (2015)	Qualitative	England	Other	X	X	X	X	X				X	X	X
Rodrigues (2019)	Qualitative	England	DP	X	X	X	X		X			X	X	X
San Antonio et al. (2007)	Qualitative	USA	Cash and Counseling	X	X	X			X	X		X	X	X
San Antonio et al. (2010)	Mixed method	USA	Cash and Counseling	X	X	X	X		X			X	X	X
Schmidt (2018)	Qualitative	Austria	Other	X	X			X					X	X
Schore et al. (2007)	Mixed method	USA	Cash and Counseling	X	X			X	X	X	X	X	X	X
Shen et al. (2008)	Quantitative	USA	Cash and Counseling		X				X		X		X	X
Spall et al. (2005)	Qualitative	Australia	Other	X	X	X		X	X		X	X		X
Spandler & Vick (2006)	Mixed method	England	DP	X	X		X	X	X	X	X	X		

TABLE 1 (continued)

Article	Method	Territory	Scheme[a]	Empowerment[b]			Contextual[c]							Personal
				C	SD	I	CoC	FC	L&P[d] G	L&P[d] A	L&P[d] E	L&P[d] F	I&S	Network
Spaulding-Givens et al. (2018)	Qualitative	USA	Other	X	X		X	X	X	X		X	X	X
Stainton & Boyce (2004)	Qualitative	Wales	Other	X	X			X	X	X	X		X	
Stevens et al. (2011)	Qualitative	England	IB	X	X	X	X		X			X	X	X
Stewart et al. (2018)	Qualitative	Australia	Other		X	X	X	X	X		X		X	
Tracey et al. (2018)	Mixed method	Australia	NDIS	X			X						X	
Ungerson (2004)	Qualitative	Austria, France, Italy, The Netherlands and England	Other	X	X	X		X				X		X
Williams et al. (2003)	Qualitative	United Kingdom	DP	X	X	X	X		X				X	X
Williams & Porter (2017)	Qualitative	England	PB	X	X	X	X					X	X	X
Woolham et al. (2017)	Quantitative	England	Other	X	X	X		X					X	X

[a] DP = Direct Payments; ILF = Independent Living Fund; IB = Individual Budgets; NDIS = National Disability Insurance Scheme; PB = Personal Budget

[b] C = Competence; SD = Self-Determination; I = Impact

[c] CoC = Culture of Change; FC = Financial Climate; L&P = Legislation and procedures; I&S = Access to Information and Support

[d] G = General (legislation and procedures in general); A = Administration; E = Eligibility; F = Flexibility to use the budget

TABLE 2
Quality Appraisal of the Included Articles

Articles using a qualitative approach					
Article	Relevance qualitative approach	Data collection	Data analysis	Interpretation	Coherence of data and method
Arksey & Baxter (2012)	+	+/-	+	+	+/-
Aspinal et al. (2019)	+	+	+/-	+/-	+/-
Baxter & Glendinning (2011)	+	+	+	+	+
Brown et al. (2018)	+	+	+	+	+
Caldwell (2007)	+	+	+/-	+	+/-
Christensen (2009)	+	+	+/-	+	+
Christensen (2012)	+	+	+/-	+	+
Coyle (2011)	+	+	+	+	+
Daly et al. (2008)	+	+	+	+/-	+/-
Davidson et al. (2013)	+	+	+/-	+/-	+/-
Day et al. (2018)	+	+	+	+	+
Dew et al. (2013)	+	+	+/-	+	+/-
Fisher et al. (2021)	+	+	+	+	+
Glendinning et al. (2000a)	+	+	+/-	+/-	+/-
Glendinning et al. (2000b)	+	+/-	+/-	+	+
Griffiths & Ainsworth (2013)	+	+/-	+	+/-	+/-
Gross et al. (2012)	+	+/-	+	+	+
Hamilton et al. (2017)	+	+	+	+	+
Hamilton et al. (2016)	+	+	+	+	+
Harry et al. (2017a)	+	+/-	+	+	+
Irvine et al. (2016)	+	+	+	+	+
Junne & Huber (2014)	+	+	+/-	+	+
Junne (2018)	+	+/-	+/-	+/-	+/-
Katzman et al. (2020)	+	+	+	+	+
Keigher (1999)	+	+/-	-	-	-
Laragy & Ottmann (2011)	+	+	+/-	+/-	+/
Laragy et al. (2015)	+	+/-	+/-	+/-	+/-

TABLE 2 (continued)

Articles using a qualitative approach (continued)					
Article	Relevance qualitative approach	Data collection	Data analysis	Interpretation	Coherence of data and method
Larsen et al. (2015)	+	+	+	+	+
Laybourne et al. (2016)	+	+	+	+/-	+/-
Leece (2000)	+	-	-	+/-	-
Leece (2010)	+	+	-	+/-	+/-
Leece & Peace (2010)	+	+	-	+/-	+/-
Maglajlic et al. (2000)	+	+	-	+/-	+/-
Manji (2018)	+	+/-	-	+	+/-
McGuigan et al. (2015)	+	+	-	+/-	+/-
Mitchell (2015)	+	+	+	+	+
Mitchell et al. (2017)	+	+	+	+	+
Moskos & Isherwood (2019)	+	+	+	+	+
Neale et al. (2018)	+	+	+	+/-	+/-
O'Rourke (2016)	+	+	+	+	+
Ottmann et al. (2009)	+	+	+/-	+/-	+/-
Pearson (2000)	+	-	-	+/-	-
Pozzoli (2018)	+	+/-	-	+/-	+/-
Rabiee et al. (2009)	+	+/-	+	+	+
Rabiee & Glendinning (2014)	+	+	+	+/-	+
Rodrigues & Glendinning (2015)	+	+	+/-	+/-	+/-
Rodrigues (2019)	+	+	+	+	+
San Antonio et al. (2007)	+	+	+/-	+/-	+/-
Schmidt (2018)	+	+/-	+/-	+	+
Spall et al. (2005)	+	+	+/-	+/-	+/-
Spaulding-Givens et al. (2018)	+	+/-	+	+/-	+/-
Stainton & Boyce (2004)	+	+	+	+	+

TABLE 2 (continued)

Articles using a qualitative approach (continued)					
Article	Relevance qualitative approach	Data collection	Data analysis	Interpretation	Coherence of data and method
Stevens et al. (2011)	+	+	+	+	+
Stewart et al. (2018)	+	+	+	+	+
Ungerson (2004)	+	+/-	+	+/-	+/-
Williams et al. (2003)	+	+	+	+	+
Williams & Porter (2017)	+	+	+	+	+
Articles using a quantitative approach: randomized controlled trials					
Article	Appropriate randomization	Comparable sample	Complete outcome data	Blinding	Adherence
Harry et al. (2017b)	+	+	+	+/-	+/-
Netten et al. (2012)	+	+	+	+/	+/-
Shen et al. (2008)	+	+	+	+/-	+/-
Articles using a quantitative approach: non-randomized controlled trials					
Article	Representative sample	Measurement	Complete outcome data	Confounders presented	Intervention
Benjamin & Matthias (2001)	+/-	+	+	+	+
Doyle (1995)	+/-	+/-	+	-	+
Hagglund et al. (2004)	+	+	+/-	+	+
Mattson Prince et al. (1995)	-	+	+/-	-	-
Woolham et al. (2017)	+	+	+/-	+	+

TABLE 2 (continued)

Articles using a mixed method approach					
Mixed method part					
Article	Relevance mixed method approach	Integration of data	Data analysis	Interpretation	Data quality
Askheim (2003)	+/-	-	-	-	-
Blyth & Gardner (2007)	+/-	+/-	+	+	+
Howard et al. (2015)	+/-	+	+	+	+/-
McNeill & Wilson (2017)	+/-	+	+	+	+/-
Moran et al. (2013)	+	+/-	+	+	+
Ottmann & Mohebbi (2014)	+	-	+/-	+/-	+/-
San Antonio et al. (2010)	+	+	+/	+/	+
Schore et al. (2007)	+	+/-	+/-	+/-	+/-
Spandler & Vick (2006)	+	+/-	+/-	+/-	+/-
Tracey et al. (2018)	+	+/-	+/-	+/-	+/-
Qualitative part					
Article	Relevance qualitative approach	Data collection	Data analysis	Interpretation	Coherence of data and method
Askheim (2003)	+	+	-	-	-
Blyth & Gardner (2007)	+	+	+	+	+
Howard et al. (2015)	+	+	+/-	+	+
McNeill & Wilson (2017)	+	+/-	+/-	+	+/-
Moran et al. (2013)	+	+	+	+	+
Ottmann & Mohebbi (2014)	+	-	+/-	+/-	+/-
San Antonio et al. (2010)	+	+	+/-	+	+/-
Schore et al. (2007)	+	+	+/-	+/-	+/-
Spandler & Vick (2006)	+	+	+/-	+/-	+/-
Tracey et al. (2018)	+	+/-	+/-	+/-	+/-

TABLE 2 (continued)

Articles using a mixed method approach (continued)					
Quantitative part					
Article: descriptive studies	Sampling strategy	Representative	Appropriate measurement	Low nonresponse bias	Appropriate analysis
Askheim (2003)	-	-	-	-	-
Blyth & Gardner (2007)	+	-	+	-	+
Howard et al. (2015)	+/-	-	+	-	+
McNeill & Wilson (2017)	+	-	-	-	+
Spandler & Vick (2006)	+	+	-	+/-	+
Tracey et al. (2018)	-	-	+	-	+
Article: non-randomized study	Representative sample	Measurement	Complete outcome data	Confounders presented	Intervention
Ottmann & Mohebbi (2014)	-	+/-	+/-	+/-	+
Article: randomized controlled trial	Appropriate randomization	Comparable sample	Complete outcome data	Blinding	Adherence
Moran et al. (2013)	+	+	+	+/-	+/-
San Antonio et al. (2010)	+	+	+	+/-	+/-
Schore et al. (2007)	+	+	+	+/-	+/-

APPENDIX A

Search terms used in general and in each database

General search terms used in each database:

Terms regarding (Antecedents of) Empowerment): empowerment OR activation OR autonomy OR self-determination OR voice OR power OR control OR independence OR meaning OR self-efficacy or attitude OR enablement OR coping OR participation OR engagement OR involvement OR "decision making" OR preference OR communication OR collaboration OR cooperation OR cocreation OR choice OR choice behavior OR informed decision OR "expert patient" OR self-care OR self-management OR "health literacy" OR "health knowledge" OR "knowledge acquisition" OR "knowledge gathering" OR "information seeking" OR confidence OR skill OR competence OR "patient centeredness" OR "patient centredness" OR "patient centered" OR "patient centred" OR "patient focused" OR "patient oriented" OR "patient directed" OR "person centeredness" OR "person centredness" OR "person centered" OR "person centred" OR "person focused" OR "person oriented" OR "person directed" OR "client centeredness" OR "client centredness" OR "client centered" OR "client centred" OR "client focused" OR "client oriented" OR "client directed" OR "user centeredness" OR "user centredness" OR "user centered" OR "user centred" OR "user focused" OR "user oriented" OR "user-directed" OR "consumer centeredness" OR "consumer centredness" OR "consumer centered" OR "consumer centred" OR "consumer focused" OR "consumer oriented" OR "consumer directed" OR "holistic care" OR ((customized OR customised OR tailored OR personalized OR personalised OR individualised OR individualized) AND (care OR support))

Terms regarding Cash-for-Care Scheme: "personal budget" OR "direct financing" OR "direct payment" OR "individual budget" OR "cash-for-care" OR "cash for care" OR "personal health budget" OR "personal care budget" OR "individual health budget" OR "individual care budget" OR "personal healthcare budget" OR "individual healthcare budget" OR "personal assistance budget" OR "individual assistance budget" OR "cash and counseling" OR "cash-and-counseling" OR "individualised budget" OR "individualized budget" OR "personalised budget" OR "personalized budget" OR "individualised funding" OR "individualized funding" OR "personalised funding" OR "personalized funding" OR "individual service fund" OR "personal service fund" OR "self-directed budget" OR "cash payment" OR "assistance allowance" OR "monetary transfer" OR "cash program" OR "cash programme" OR "cash benefit" OR "cash transfer" OR "attendance allowance" OR "care allowance" OR "consumer funding" OR "funding package" OR "individualised package" OR "individualized package" OR "managed budget" OR "direct funding" OR "budget holder" OR "individual funding" OR "self-managed budget" OR "individual support budget" OR "personal support budget" OR "flexible funding" OR "healthcare voucher" OR "health voucher" OR "care voucher" OR "attendance voucher" OR "assistance voucher" OR "consumer-directed voucher" OR "self-directed voucher" OR "self-managed voucher" OR "voucher holder" OR "individualized voucher" OR "individualised voucher" OR "personalized voucher" OR "personalised voucher" OR "personal voucher" OR "individual voucher" OR "persoonsgebonden budget"

CINAHL: (*CINAHL Headings OR Terms (Antecedents of) Empowerment) AND (Terms Cash-for-Care Scheme)*

[(MH "Empowerment") OR (MH "Patient Autonomy") OR (MH "Self Concept+") OR (MH "Confidence") OR (MH "Self-Efficacy") OR (MH "Power+") OR (MH "Control (Psychology)+") OR (MH "Decision Making+") OR (MH "Decision Making, Organizational") OR (MH "Decision Making, Patient+") OR (MH "Decision Making, Shared") OR (MH "Collaboration") OR (MH "Communication+") OR (MH "Patient Preference") OR (MH "Attitude to Health+") OR (MH "Information Literacy+") OR (MH "Health Literacy") OR (MH "Information Management") OR (MH "Information Needs") OR (MH "Information Seeking Behavior") OR (MH "Access to Information+") OR (MH "Self Care+") OR (MH "Self-Management") OR (MH "Self Care Agency") OR (MH "Health Knowledge") OR (MH "Skill Acquisition") OR (MH "Coping+") OR (MH "Holistic Care") OR (MH "Patient Centered Care") OR (MH "Consumer Participation") OR (Terms (Antecedents of) Empowerment)] AND [Terms Cash-for-Care Scheme]

Ebscohost Business Source Complete: (Business Thesaurus OR Terms (Antecedents of) Empowerment) AND (Business Thesaurus OR Terms Cash-for-Care Scheme)

[(DE "CONSUMER preferences") OR (DE "CONSUMER behavior") OR (DE "CUSTOMER cocreation") OR (DE "CONSUMER expertise") OR (DE "NEGOTIATION") OR (DE "POWER (Social sciences)") OR (DE "PARTICIPATIVE decision making" OR DE "DECISION making") OR (DE "ACCESS to information") OR (DE "INFORMATION sharing") OR (DE "COMMUNICATION") OR (DE "COOPERATION") OR (AB Terms (Antecedents of) Empowerment)] AND [(DE "HEALTH funding" OR DE "HEALTH & welfare funds") OR (DE "CONSUMER-driven health care") OR (AB Terms Cash-for-Care Scheme)]

EMBASE: (*Emtree Terms OR Terms (Antecedents of) Empowerment)) AND (Terms Cash-for-Care Scheme)*

[('patient centeredness'/exp OR 'consumer health information'/exp OR 'participation'/exp OR 'engagement'/exp OR 'empowerment'/exp OR 'autonomy'/exp OR 'self determination'/exp OR 'independence'/exp OR 'meaning'/exp OR 'self concept'/exp OR 'decision making'/exp OR 'patient decision making'/exp OR 'shared decision making'/exp OR 'preference'/exp OR 'attitude to health'/exp OR 'patient attitude'/exp OR 'patient participation'/exp OR 'informed decision making'/exp OR 'informed choice'/exp OR 'self care'/exp OR 'health literacy'/exp OR 'information literacy'/exp OR 'information seeking'/exp OR 'confidence'/exp OR 'skill acquisition'/exp OR 'skill'/exp OR 'competence'/exp OR 'holistic care'/exp OR 'interpersonal communication'/exp OR 'coping behavior'/exp OR 'cooperation'/exp OR 'collaborative care'/exp OR 'collaboration'/exp) OR (Terms (Antecedents of) Empowerment:ti,ab,kw)] AND [Terms Cash-for-Care Scheme:ti,ab,kw]

Proquest Social Science Premium Package: ***(Thesaurus Terms OR Terms (Antecedents of) Empowerment)) AND (Thesaurus Terms OR Terms Cash-for-Care Scheme)***

[(MAINSUBJECT.EXACT("Health literacy") OR MAINSUBJECT.EXACT("Consumer health information") OR MAINSUBJECT.EXACT("Participation") OR MAINSUBJECT.EXACT("Independence") OR (MAINSUBJECT.EXACT("Empowerment") OR MAINSUBJECT.EXACT("Power") OR MAINSUBJECT.EXACT("Decision making") OR (MAINSUBJECT.EXACT("Attitudes") OR MAINSUBJECT.EXACT("Preferences") OR (MAINSUBJECT.EXACT("Knowledge sharing") OR MAINSUBJECT.EXACT("Knowledge acquisition") OR MAINSUBJECT.EXACT("Access to information") OR MAINSUBJECT.EXACT("Knowledge") OR MAINSUBJECT.EXACT("Information sharing") OR MAINSUBJECT.EXACT("Information dissemination") OR (MAINSUBJECT.EXACT("Information seeking behavior") OR MAINSUBJECT.EXACT("Information literacy") OR (MAINSUBJECT.EXACT("Skills") OR MAINSUBJECT.EXACT("Skill development") OR MAINSUBJECT.EXACT("Confidence") OR MAINSUBJECT.EXACT("Self image") OR ((MAINSUBJECT.EXACT("Client centred practice") OR MAINSUBJECT.EXACT("Competence") OR MAINSUBJECT.EXACT("Meaning") OR MAINSUBJECT.EXACT("Confidence") OR MAINSUBJECT.EXACT("Patient participation") OR MAINSUBJECT.EXACT("Selfmanagement") OR MAINSUBJECT.EXACT("Decision making") OR MAINSUBJECT.EXACT("Power relationships") OR MAINSUBJECT.EXACT("Autonomy") OR MAINSUBJECT.EXACT("Choice") OR MAINSUBJECT.EXACT("Informed choice") OR MAINSUBJECT.EXACT("Knowledge") OR MAINSUBJECT.EXACT("Consumer participation") OR MAINSUBJECT.EXACT("Participation") OR MAINSUBJECT.EXACT("Engagement") OR MAINSUBJECT.EXACT("Psychological empowerment") OR MAINSUBJECT.EXACT("Empowerment") OR MAINSUBJECT.EXACT("Preferences") OR MAINSUBJECT.EXACT("Person centred") OR MAINSUBJECT.EXACT("Information") OR MAINSUBJECT.EXACT("Selfefficacy") OR MAINSUBJECT.EXACT("Selfdetermination") OR MAINSUBJECT.EXACT("Selfcare") OR MAINSUBJECT.EXACT("Access to information") OR MAINSUBJECT.EXACT("Information seeking") OR MAINSUBJECT.EXACT("Skills acquisition") OR MAINSUBJECT.EXACT("Person centred approach") OR MAINSUBJECT.EXACT("Skills") OR MAINSUBJECT.EXACT("Health education") OR MAINSUBJECT.EXACT("Activation") OR MAINSUBJECT.EXACT("Power") OR MAINSUBJECT.EXACT("Selfempowerment") OR MAINSUBJECT.EXACT("Attitudes") OR MAINSUBJECT.EXACT("Client participation") OR MAINSUBJECT.EXACT("User involvement") OR MAINSUBJECT.EXACT("Independence") OR MAINSUBJECT.EXACT("Carer-Patient communication") OR MAINSUBJECT.EXACT("Involvement") OR MAINSUBJECT.EXACT("Health information") OR (MAINSUBJECT.EXACT("Community Involvement") OR MAINSUBJECT.EXACT("Participation") OR MAINSUBJECT.EXACT("Competence") OR MAINSUBJECT.EXACT("Self Determination") OR MAINSUBJECT.EXACT("Meaning") OR MAINSUBJECT.EXACT("Knowledge") OR MAINSUBJECT.EXACT("Knowledge Utilization") OR MAINSUBJECT.EXACT("Participative Decision Making") OR MAINSUBJECT.EXACT("Attitudes") OR MAINSUBJECT.EXACT("Trust") OR MAINSUBJECT.EXACT("Preferences") OR MAINSUBJECT.EXACT("Decision Making") OR MAINSUBJECT.EXACT("Decisions") OR MAINSUBJECT.EXACT("Autonomy") OR MAINSUBJECT.EXACT("Independence") OR MAINSUBJECT.EXACT("Empowerment") OR MAINSUBJECT.EXACT("Information") OR MAINSUBJECT.EXACT("Self Care") OR MAINSUBJECT.EXACT("Choices") OR MAINSUBJECT.EXACT("Power") OR MAINSUBJECT.EXACT("Skills") OR MAINSUBJECT.EXACT("Control") OR ((MAINSUBJECT.EXACT("Health professional-Patient communication") OR MAINSUBJECT.EXACT("Coping skills") OR MAINSUBJECT.EXACT("Information gathering") OR MAINSUBJECT.EXACT("Collaboration") OR MAINSUBJECT.EXACT("Cooperation") OR MAINSUBJECT.EXACT("Communication") OR MAINSUBJECT.EXACT("Individualized") OR MAINSUBJECT.EXACT("Holistic approach") OR MAINSUBJECT.EXACT("Carer-Patient communication") OR MAINSUBJECT.EXACT("Coping") OR (MAINSUBJECT("Communicative Competence") OR MAINSUBJECT("Interpersonal Communication") OR MAINSUBJECT("Communication") OR MAINSUBJECT("Collaboration") OR (MAINSUBJECT.EXACT("Reciprocity") OR MAINSUBJECT.EXACT("Communication") OR MAINSUBJECT.EXACT("Cooperation") OR (MAINSUBJECT("Communication") OR MAINSUBJECT("Interpersonal Communication") OR MAINSUBJECT("Collaboration") OR (MAINSUBJECT.EXACT("Personalized medicine") OR MAINSUBJECT.EXACT("Coping") OR MAINSUBJECT.EXACT("Collaboration") OR MAINSUBJECT.EXACT("Cooperation") OR MAINSUBJECT.EXACT("Customization") OR MAINSUBJECT.EXACT("Adjustment") OR MAINSUBJECT.EXACT("Interpersonal Communication") OR (AB,TI,MAINSUBJECT(Terms (Antecedents of) Empowerment)] AND [MAINSUBJECT.EXACT("Voucher schemes") OR MAINSUBJECT.EXACT("Vouchers") OR AB,TI,MAINSUBJECT(Terms Cash-for-Care Scheme))]

APPENDIX A (continued)

PubMed: ***(MeSH Terms OR Terms (Antecedents of) Empowerment)) AND (Terms Cash-for-Care Scheme)***

[(care, patient centered[MeSH Terms] OR patient participation[MeSH Terms] OR community participation[MeSH Terms] OR autonomy, personal[MeSH Terms] OR power psychology[MeSH Terms] OR self concept[MeSH Terms] OR self efficacy[MeSH Terms] OR patient preference[MeSH Terms] OR health, attitude to[MeSH Terms] OR decision making[MeSH Terms] OR decision making, shared[MeSH Terms] OR behavior, choice[MeSH Terms] OR health literacy[MeSH Terms] OR information, consumer health[MeSH Terms] OR access to information[MeSH Terms] OR information literacy[MeSH Terms] OR self care[MeSH Terms] OR health knowledge, attitudes, practice[MeSH Terms] OR behavior, information seeking[MeSH Terms] OR comprehension[MeSH Terms] OR care, patient focused[MeSH Terms] OR involvement, consumer[MeSH Terms] OR empowerment[MeSH Terms] OR decision making, organizational[MeSH Terms] OR attitude[MeSH Terms] OR competence, mental[MeSH Terms] OR "communication"[MeSH Terms] OR coping behavior[MeSH Terms] OR coping skill[MeSH Terms] OR "cooperative behavior"[MeSH Terms] OR collaboration[MeSH Terms]) OR (Terms (Antecedents of) Empowerment[Title/Abstract])] AND [(Terms Cash-for-Care Scheme[Title/Abstract])]

Scopus: ***(INDEXTERMS OR Terms (Antecedents of) Empowerment) AND (Terms Cash-for-Care Scheme)***

[INDEXTERMS ("patient centeredness") OR INDEXTERMS ("consumer health information") OR INDEXTERMS ("participation") OR INDEXTERMS (engagement) OR INDEXTERMS (empowerment) OR INDEXTERMS (autonomy) OR INDEXTERMS ("self determination") OR INDEXTERMS (independence) OR INDEXTERMS (meaning) OR INDEXTERMS ("self concept") OR INDEXTERMS ("decision making") OR INDEXTERMS ("patient decision making") OR INDEXTERMS ("shared decision making") OR INDEXTERMS (preference) OR INDEXTERMS ("attitude to health") OR INDEXTERMS ("patient attitude") OR INDEXTERMS ("patient participation") OR INDEXTERMS ("informed decision making") OR INDEXTERMS ("informed choice") OR INDEXTERMS ("self care") OR INDEXTERMS ("health literacy") OR INDEXTERMS ("information literacy") OR INDEXTERMS ("information seeking") OR INDEXTERMS (confidence) OR INDEXTERMS ("skill acquisition") OR INDEXTERMS (skill) OR INDEXTERMS (competence) OR INDEXTERMS ("holistic care") OR INDEXTERMS ("interpersonal communication") OR INDEXTERMS ("coping behavior") OR INDEXTERMS (cooperation) OR INDEXTERMS ("collaborative care") OR INDEXTERMS (collaboration) OR TITLE-ABS-KEY (Terms (Antecedents of) Empowerment)] AND [TITLE-ABS-KEY (Terms Cash-for-Care Scheme)]

Web of Science: ***no database specific search terms***

[TOPIC:(Terms (Antecedents of) Empowerment)] AND [TOPIC:(Terms Cash-for-Care Scheme)]