

Review

Dawn Brooker and Isabelle Latham, *Person-Centred Dementia Care: Making Services Better with the VIPS Framework, 2nd edn.* London: Jessica Kingsley, 2016, 224 pp. (Pbk). ISBN: 978-1-84905-6-663. £17.99.

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This is the second edition of this book, the first being *Person-Centred Dementia Care – Making Services Better* (2006), which was written by Dawn Brooker, a Professor of Dementia Studies and Director of the University of Worcester. Brooker set up the Association for Dementia Studies where Isabelle Latham is a Senior Lecturer and leads on many different research and education programmes. The focus of the second edition is Person-centred Care via the VIPS framework which runs through the book as the core theme. VIPS stands for:

- *Valuing* people with dementia
- Treating them as *individuals*
- Looking at the world from their *perspective*
- Ensuring they have an enriched *social environment*

The book is in two parts:

1. Unpacking Person-centred Care
2. The VIPS Framework

Part 1 is split into seven chapters which cover issues such as Organizational Culture (chapter 2) and Social Environment (chapter 6) and how these areas impact on Person-centred Care for people with a dementia.

Part 2 of the book is a well laid out section which gives organizations the opportunity to put into practice what the book is about: Person-centred Care using the VIPS method. This section gives questions that organizations can ask themselves from management level down about how well they fare with the Person-centred Care approach.

Part 1

Booker and Latham begin by explaining what they mean by Person-centred Care (chapter 1). They talk about how things have changed globally with regards to Person-centred care and the difficulties in defining what is meant by it, which in turn leads to difficulty in carrying it out within organizations and via homecare. Their basic belief is this:

The primary outcome of a person-centred approach is to maintain personhood in spite of the declining mental powers that dementia brings.

And they focus their writing throughout the book on how to achieve this.

Booker and Latham recognize how much of an impact organizational culture (chapter 2) can have on individuals, both staff and patients. They talk about the importance of setting the right example, both as a manager and a staff member. They point out that just because a way of doing something doesn't seem bad that doesn't necessarily mean it is good. They show how our behaviour is learned from others and so habits of care can be passed from existing members of staff to new starters which can perpetuate the culture people find themselves in. They believe it is only when someone within the culture chooses to question it that changes can really start to be made.

How organizations treat people depends on how they value those people. *Valuing People* (chapter 3) or lack thereof, they say, is not just related to people with a dementia but also people in general within society. They touch upon sexuality, gender and disability as other areas of society where people are seemingly not as valued as others.

They recognize that society on a wider level has a part to play and changes need to be made at government level but point out that change on an individual level is what brings about the wider level change. They encourage people to think about their own behaviour towards those with a dementia (or other members of society who are "different") and challenge people to think about who is responsible for the change.

Creating an organisation that values people means addressing the aspect of culture that influences what and who is valued

They encourage organizations to have a mission statement that all employees are aware of and to challenge any behaviour within the organization and on a wider level that does not allow people to be accepted for who they are.

They believe it is important to know the person you are caring for as an individual, despite the limitations their illness may bring, *Individual Lives*

(chapter 4). It is through knowing personal information about the patient, such as their hobbies, likes and dislikes that carers are able to provide the Patient-centred Care that is so important to them.

Having that *Personal Perspective* (chapter 5) and acting upon it is instrumental in being able to prevent patients with a dementia from becoming distressed or upset. They highlight the need to use the information collected in order to assist the patient and their family.

Personhood is high on their agenda through *Social Environment* (chapter 6) and they emphasize how communication can and should be both verbal and non-verbal. In order to maintain personhood the patient must continue to be seen within their relationship status to those around them.

The VIPS are explained in detail in the final chapter (chapter 7) with full, easy to read examples of how important it is for all aspects of VIPS to be used, not just one or two sections. They give good examples of how they interlink and how they don't work as well if only one or two sections are focused on.

The book is aimed at organizations that care for people with a dementia but the ideas within it could be utilized by any organization to ensure that the people they care for are at the core of what they do. For this reason the book would be suitable for any healthcare organization or professional who wanted to improve the way they cared for their patients. The book is also suitable for any person caring for a family member with a dementia as it highlights a lot of issues that those with a dementia may have to deal with. The book is based on many surveys and case studies and therefore the insight given into Person-centred Care is taken from practical experience and collected data which lends to its credibility.

Spirituality is a unique and personal part of each human being regardless of their faith or belief system. For chaplains supporting patients with dementia the reflective nature of VIPS is helpful in reminding us how best we can meet the needs of those patients we serve. We may not always have the personal stories when we first meet the patients, but over time and by including the staff who care for them and their families in our visits we can gain those stories. As a result we can ensure that the spiritual care and support we give is tailored to the needs of the patient rather than a one size fits all approach. The ideas expressed within *Person-Centred Dementia Care* are excellent and clearly the work of not just those immediately caring for the patient with a dementia but of all people whether management or staff. It obviously takes time and dedication, but if done right by all concerned could radically change the way those who are vulnerable are cared for.

References

Brooker, D. (2006) *Person-Centred Dementia Care – Making Services Better*. London: Jessica Kingsley Publishers Ltd.