Reviews

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The core objective of this book is to outline what person-centred dementia care looks like, and to show how this knowledge can be used to improve services for people with dementia. The book takes a practical approach to this, outlining in detail the VIPS framework (valuing people, individual lives, personal perspectives and social environment) of person-centred dementia care that can be directly applied to service delivery. This significantly updated second edition considers the framework in light of recent developments in person-centred care, and presents refreshed guidelines. This new edition is also informed by feedback that the authors have collected from service providers since original publication, as well as data and case studies gathered from a large-scale research project (Killett *et al.* 2014). The book is broken down into two sections. Part 1 provides a background and four-part definition of person-centred care, as well as looking at some broader contextual factors. Part 2 presents the VIPS framework tool that can be used by service providers to implement the authors’ vision of person-centred dementia care in practice.

The problem that the authors are looking to address is clear from Chapter 1 entitled ‘What is Person-centred Care?’ In order to find the answer to this question, the book moves beyond the semantics and broad concept often associated with person-centred care, and looks at the specific different elements and indicators that make up person-centred dementia care. This will speak to anyone who is familiar with the concepts involved, and the often ambiguous nature of person-centred working. A brief history of person-centred dementia care is provided, as well as a history of the VIPS framework, and the key elements that make up the framework. Chapter 2, ‘Organisational Culture and Person-centred Dementia Care’, is new to the second edition, and examines the role of organisational culture on the provision of person-centred dementia care.

Chapters 3–6 each looks at one core element of person-centred dementia care under the VIPS framework: ‘Valuing People’, ‘Individual Lives’, ‘Personal Perspectives’ and ‘Social Environment’. Each chapter begins with a helpful introduction to the element to be discussed in that chapter, and the key indicators that relate to that element and can be used to measure its application. The elements are then explored in more detail throughout the chapter, and each of the four chapters ends with an expanded discussion of each of the key indicators, supported by case
studies. Chapter 7 looks at broader contextual issues, re-iterating a lot of the points made in Chapter 2, but in light of the discussion of the four VIPS elements in the preceding chapters. The second part of this book then provides the practical VIPS framework tool, broken up into the different elements and the 25 individual indicators that were outlined in Part 1. Using this tool, care providers can rank themselves from ‘needs more work’ to ‘excellent’.

A key strength of this book is the use of case studies to demonstrate the key indicators of person-centred dementia care. The knowledge and familiarity of the authors in applying the framework is evident in these case examples. Additionally, the book does an excellent job of acknowledging the uncertain nature of a lot of the terms and concepts involved in person-centred care, while also providing a useful framework for the practical implementation of a person-centred model of dementia care. Sufficient time is taken to explain and quantify key terms to avoid ambiguity; however, this does not detract from the highly accessible flow of the book. There is apt use of tables and figures throughout the book to provide case examples, concept breakdowns and research findings to back up the points being made.

Although the referencing is sufficient in parts, there are other areas where additional citations may have been used to strengthen the points being made. For example, claims like ‘a strong person-centred value base means that staff turnover is low’ (p. 163) are not supported by suitable evidence. Each indicator of person-centred dementia care is described in detail, and the logic behind inclusion is outlined in depth with case studies; however, there is minimal engagement with other research in this area in order to strengthen the points being made. However, the book is clearly aimed more at frontline service delivery. The VIPS framework tool at the end of the book would be particularly beneficial for frontline application, and is presented in an easy-to-use and accessible way that makes the book highly recommended reading for any provider or manager of dementia services. The authors provide some keen insights into person-centred dementia care; however, the lack of a critical gaze means that it will likely lack utility or interest beyond frontline service application.

Reference


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