

VIPS approach to person-centred care

Element of person-centred care and definition	Key indicators of each element
<p>Valuing people Valuing people living with dementia and those who care for them: promoting citizenship rights and entitlements regardless of age or cognitive impairment, and rooting out discriminatory practice.</p>	<ol style="list-style-type: none"> 1. Vision: How well everyone in a care team or organization knows what the team stands for, and to what extent they share the same vision. 2. Human resources: The extent to which systems are in place to ensure staff know they are valued as a precious resource. 3. Management ethos: Whether management practices are empowering staff to deliver direct care to ensure care is person-centred. 4. Training and staff development: The extent to which there are systems in place to support the development of a workforce skilled in person-centred dementia care, and whether staff know that supporting people living with dementia is treated as skilled and important work. 5. Service environments: Whether there are supportive and inclusive physical and social environments for people living with cognitive disability, and whether these environments help people. 6. Quality assurance: Whether there are Continuous Quality Improvement mechanisms in place that are driven by knowing and acting upon needs and concerns of people with dementia and their supporters; whether the team strives to get better all the time.
<p>Individual lives Recognising that all people are different: Recognising that people are individuals, appreciating that all people have a unique history and personality, physical and psychological strengths and needs, and social and economic resources, and that these will affect their response to dementia; care and support needs to be tailored to this.</p>	<ol style="list-style-type: none"> 1. Care and support plans: Whether the team's care and support plans promote individual identity, showing that everyone is unique, with hopes, fears, strengths, and needs. 2. Regular reviews: Whether the team recognises and responds to change. 3. Personal possessions: Whether people have their favourite and important things around them, and whether the care team knows why these things are meaningful for them. 4. Individual preferences: Whether a person's likes, dislikes, preferences and choices are listened to, known about, and acted upon. 5. Life story: Whether a person's important relationships, significant life stories and key events are known about and referenced in everyday activities. 6. Activity and occupation: Whether a person's day is full of purpose and engagement with the world, regardless of their needs and abilities.

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<p>Personal perspectives Looking at the world from the perspective of the person living with dementia: Recognising that each person’s experience has its own psychological validity, that people act from this perspective and that empathy with this perspective has its own therapeutic potential.</p>	<ol style="list-style-type: none"> 1. Communication is key: The extent to which the care team is alert to all the ways that people living with dementia communicate, and how skilled the team is at responding appropriately. 2. Empathy and acceptable risk: Whether the team puts themselves in the position of the person they are supporting and think about the world from their point of view. 3. Environment: Whether the physical environment is a place that helps someone living with dementia feel comfortable, safe, and at ease. 4. Physical health: Whether the care team is alert to, responsive to, and optimising people’s health and well-being. 5. Challenging behaviour as communication: Whether the care team always considers and acts on what a person is trying to tell them through their behavioural communication; whether the team looks for underlying reasons rather than seeking to ‘manage’ it. 6. Advocacy: Whether the care team speaks out on behalf of people living with dementia to make sure their rights, respect and dignity are upheld.
<p>Social environment Providing a social environment that supports psychological needs: Providing a supportive social environment requires the recognition that all human life is grounded in relationships and that people living with dementia need an enriched social environment that both compensates for their impairment and fosters opportunities for personal growth.</p>	<ol style="list-style-type: none"> 1. Inclusion: Whether people are helped to feel part of what is going on around them and supported to participate in a way that they are able. 2. Respect: Whether the support the care team provides shows people that they are respected as individuals with unique identities, strengths and needs. 3. Warmth: Whether the atmosphere the care team creates helps people to feel welcomed, wanted and accepted. 4. Validation: Whether people’s emotions and feelings are recognised, taken seriously and responded to. 5. Enabling: Whether the support provided helps people to be as active and involved in their lives as possible, and whether people are treated as equal partners in their care. 6. Part of the community: Whether the care team’s service does all it can to keep people connected with the local community and the local community connected with the service. 7. Relationships: Whether the care team knows about, welcomes and involves the people who are important to a person.

The information from this table is adapted from Brooker, D., and Latham, I. (2016). *Person-centred Dementia Care: Making Services Better with the VIPS Framework* (2nd ed.). Jessica Kingsley Publishers.