

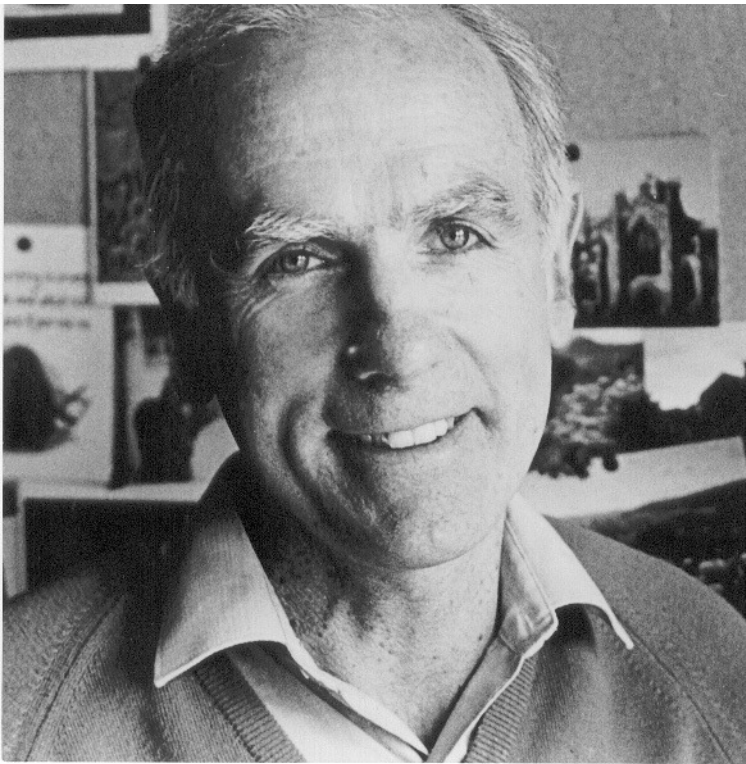
Person Centred Dementia Care: Are you serious??

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Is this reality?

In care homes every resident is regarded as precious. Their needs are anticipated and met without delay. Days are full of joy and free from anxiety. Every single member of the staff team is confident and skilled and exudes warmth and kindness. Families are welcomed as old friends. This happens every day of the week and every hour of the day, regardless of who is on duty or leading the care team. It has been like this for over 5 years.

Person Centred Approaches to people living with dementia



1992 Tom Kitwood:
Towards a theory of personhood in dementia care

2006 NICE –SCIE
guidelines on dementia
care UK Govt
recommend person
centred care

Bowlby and attachment theory into practice



- 1940 First theoretical paper
- 1950 WHO paper endorsing Bowlby's position regarding children needing a continuous "mother" figure

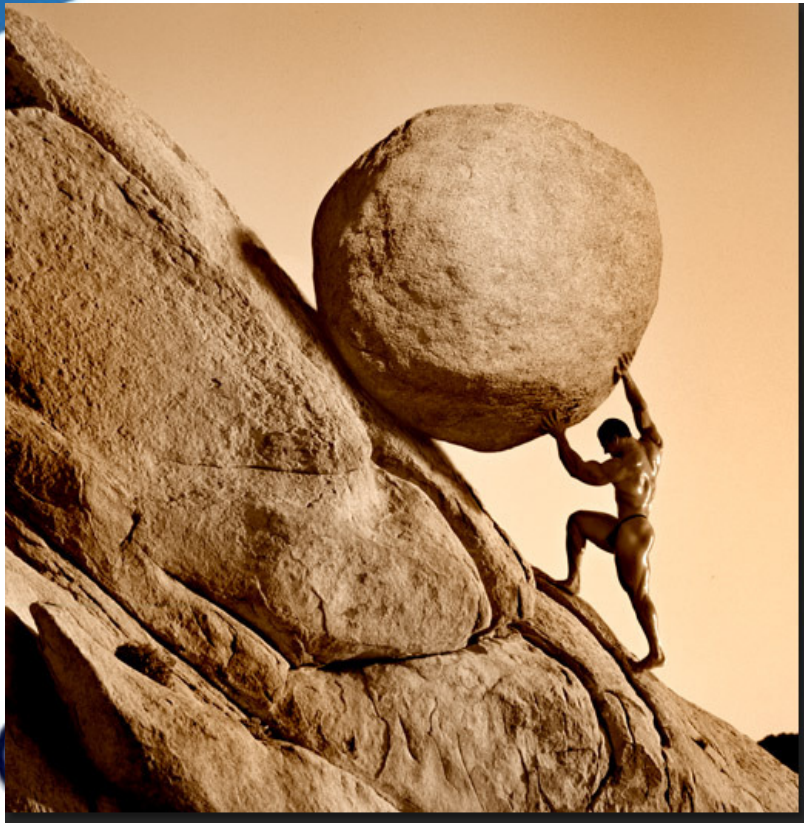
How long until change becomes institutionalised?

- **1949** my 3-year old brother spends 5 weeks in hospital with no contact at all with his mum
- **1967** Aged 8, I spend 3 days in hospital for a tonsillectomy – my mum visits 3 times
- **1995** my 5 week old baby spends 5 days in hospital – I sleep on the floor next to his cot
- **2005** my 10 year old has an appendectomy – I have a bed next to him and a family sitting room

**Using the same timescale we should
have institutionalised person centred
care for people with dementia by**

2057

The Sisyphean Task of achieving person centred care

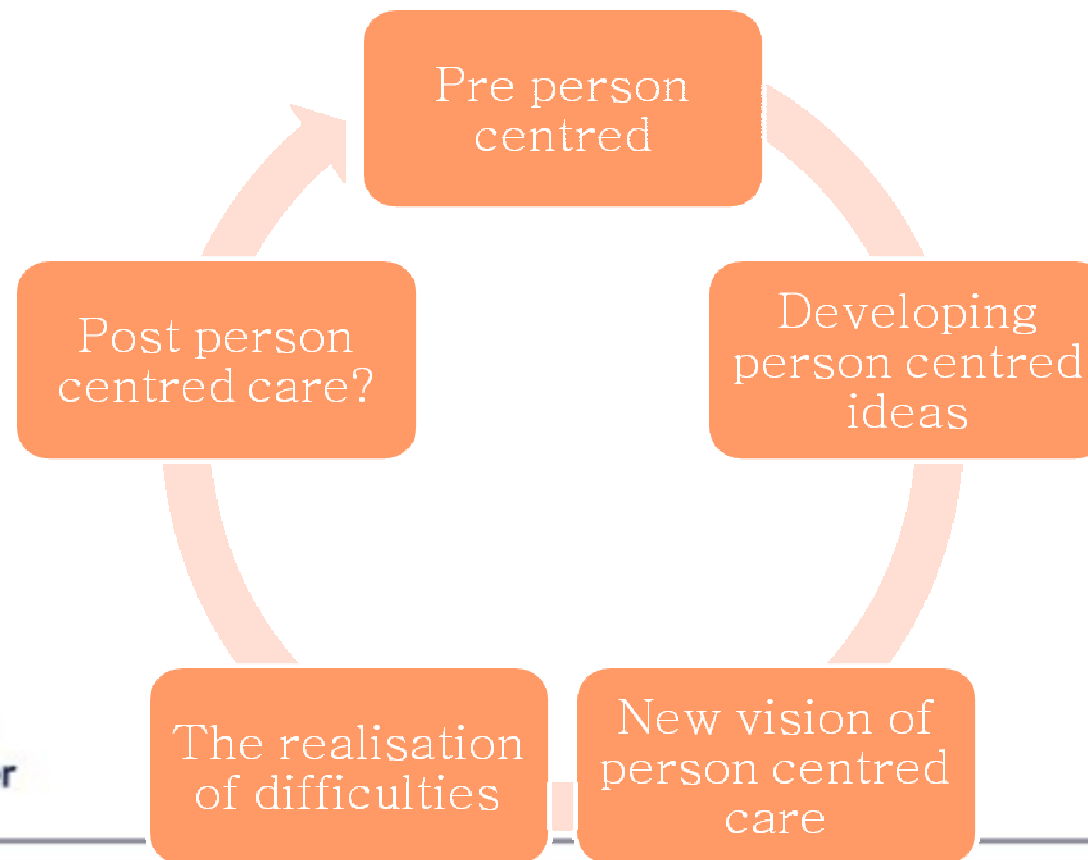


Dementia-ist society
Lack of resources
Lack of political will
Task centred care culture
Lack of clarity
Lack of skills
Lack of leadership
Us and them divide
Institutionalisation

Thanks to Paul Whitby for Sisyphus

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Is there a natural cycle of trying to do person centred care?



Post person-centred care?

- New perspectives and professional models....
- Relationship centred care, emotion oriented care, TLC care, evidence based practice
- Makealotofmoney Care Ltd.
- Reduction of person centredness to non-cognitive & non-pharmacological approaches
- Find a pharmacological solution for problem behaviours

Kitwood predicted post-person centred care..

“It is conceivable that most of the advances that have been made in recent years might be obliterated, and that the state of affairs in 2010 might be as bad as it was in 1970, except that it would be varnished by eloquent mission statements, and masked by fine buildings and glossy brochures”

Tom Kitwood Dementia Reconsidered p 133

Post person centred care: The task of cultural transformation

The question remains as to how can we change the face of long-term care for people with dementia to person centred? Where is the leadership for this?

The answer, gentle reader, is that it comes from you.

Brooker, 2007

Defining person centred care

- In itself it is not a single intervention
- It is not non-pharmacological or non-cognitive
- Person centred care provides a set of guiding principles for our actions in the field of dementia care that enable people with dementia to be in relationship with others.

$$\text{PCC} = \text{V} + \text{I} + \text{P} + \text{S}$$

V = *Values* people

I = *Individuals*
needs

P = *Perspective* of
service user

S = *Supportive*
social psychology

Brooker, D. (2004) What is Person Centred Care for people with dementia? *Reviews in Clinical Gerontology* 13 (3). 215-222.

Brooker, D. (2007) *Person Centred Dementia Care: Making services better* London, Jessica Kingsley Publications

Guiding Principles

- Do my actions **v**alue and honour people living with dementia?
- Do I recognise the **i**ndividual uniqueness of the people I work with?
- Do I make a serious attempt to see my actions from their **p**erspective or stand point?
- Do my actions provide the **s**upport for people with dementia to feel socially confident and that they are not alone?

The Person-Centred Care Provider

VALUING

- V1 vision
- V2 human resource management
- V3 management ethos
- V4 training & staff development
- V5 the service environments
- V6 quality assurance

INDIVIDUALISED

- I 1 care planning
- I 2 regular reviews
- I 3 personal possessions
- I 4 individual preferences
- I 5 life history work
- I 6 activity & occupation

PERSPECTIVE

- P1 communication
- P2 empathy & acceptable risk
- P3 physical environment
- P4 physical health needs
- P5 challenging behaviour
- P6 advocacy

SOCIAL/PSYCHOLOGICAL

- S1 inclusion
- S2 respect
- S3 warmth
- S4 validation
- S5 enabling
- S6 part of family & community

Indicators of **valuing**

1. Every life is precious?
2. Do staff feel valued?
3. Staff act in best interests of service users?
4. Skilled work-force?
5. Physical & social care environments?
6. QA processes service user focussed?

Excellent, Good, OK, Needs serious work?

Indicators of **Individualised** approach

1. Care planning across all needs?
2. Responsive to change?
3. Personal clothing and possessions?
4. Individualised preferences & routines?
5. Key stories of proud times?
6. Occupation & activities ?

Excellent, Good, OK, Needs serious work?

Indicators of the taking the **perspective**

1. Skilled Communicators?
2. Empathy and risk balance?
3. Comfort needs managed?
4. Physical health needs anticipated?
5. “Challenging behaviour” seen as communication?
6. Advocacy?

Excellent, Good, OK, Needs serious work?

Indicators of providing **social-psychological** support

1. Included or talked over?
2. Respect or disregarded?
3. Warmth or coldness?
4. Distress taken seriously or ignored?
5. Helping to do, or doing to?
6. Community or institution?

Excellent, Good, OK, Needs serious work?

Listening to what people tell us about living in a care home

- Choi, Ransom and Wyllie (2008)** *Depression in Older Nursing Home Residents: The Influence of Nursing Home Environmental Stressors, Coping, and Acceptance of Group and Individual Therapy*
- Harmer & Orrell (2008)** *What is meaningful activity for people with dementia living in care homes: A comparison of the views of older people with dementia, staff, and family carers*
- Walsh and Waldmann (2008)** *The Influence of Nursing Home Residency on the Capacities of Low-Dependency Older Adults*

What people in care homes tell us now:

- Give me a life worth living – fun, relationships and something to look forward to, not antidepressants.
- Moving into a care home is a huge life event. It was a shock. Help me through it.
- I want to maintain familiar touchstones of my life
- Remembering the old days and having a sing-song is great
- Death is part of life. I have a lot of experience of coping with hard times. Build on this.
- Give us a stable, well trained staff group in adequate number.
- I like spending time with my family.
- I don't want to share a bathroom or bedroom.
- Give me a break from people that get on my nerves

2057.....

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**Thank you for listening!
Come and talk to me!**

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*Photographs of people living with dementia taking part in
The Enriched Opportunities Programme*