



Meeting the social care and support needs of people with concurrent dementia and sight loss presents complex challenges.

Previous research highlighted a number of factors limiting the effective delivery of social care and support for people with concurrent sight loss and dementia, not least that models of care need to respond to both conditions, rather than working in isolation.

The overall aim of the project was to investigate how best to provide care and support for adults living with sight loss and dementia in a range of housing settings.

The Association for Dementia Studies is an active research and education centre. Our multi-professional team are experts in the field of person-centred dementia care and support.

Through research, education, consultancy and scholarship, we make a cutting-edge contribution to building evidence-based practical ways of working with people living with dementia and their families that enables them to live well.



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Around half the people with dementia and sight loss in the study were not receiving any formal support.

Early diagnosis of both conditions is crucial to enable planning and preparation for the future and make it easier to access to services.

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The research used interviews and focus groups to draw on the experience of people living with dementia and sight loss, family members, and a range of service providers, commissioners and support planners.

The development of the guidance included a multi-disciplinary Consensus Event to validate the findings.

Improved lighting
Contrasting colours
Familiar environments
Support at a time that is appropriate for the individual
Ongoing support
Access to social and cognitively stimulating activities
Continuity of care

Care and support for people with dementia and sight loss should aim to preserve independence. Both conditions must be taken into account and assessments should draw on the expertise of dementia and sensory impairment practitioners. Services should aim to provide activities that are accessible to people with dementia and sight loss.

Practical assistance should be provided by familiar staff. Staff and the person they are helping should be given time to get to know each other.

There should be a variety of options to meet individual preferences for support.

This independent project was commissioned by the National Institute for Health Research School for Social Care Research. The project ran from July 2012 until January 2014 and was led by the Centre for Housing Policy at the University of York, in collaboration with the Association for Dementia Studies at the University of Worcester, Bournemouth University Dementia Institute, and the Cambridge Centre for Housing and Planning Research at the University of Cambridge.

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