The Health and Social Care Alliance Scotland

(the ALLIANCE)

ALLIANCE
HEALTH AND SOCIAL CARE
ALLIANCE SCOTLAND
people at the centre

Royal College of Occupational Therapists consultation on Dementia Guidelines

ALLIANCE response

29 July 2026

Introduction

The Health and Social Care Alliance Scotland (the ALLIANCE) welcome the opportunity to respond to the Royal College of Occupational Therapists' (RCOT) consultation on *Occupational therapy practice guideline for dementia: supporting prevention, participation and living well*.[1]

Our response advocates for the guidance to recognise the needs and views of people who are Deaf, Deafblind, or who have a Visual Impairment, ensuring their experiences are considered and embedded throughout dementia care planning. We are particularly keen to ensure the inclusion of inclusive communication practices, as well as support for occupational therapists to identify and address early signs of Deafness or Visual Impairment. We hope that in sharing this information, assessments can most accurately reflect people's needs and guide a whole person approach to care planning.

In 2025, the ALLIANCE published research relating to sensory care and dementia. It explored health and medical professionals' awareness and consideration of identifying Deafness, Deafblindness and Visual Impairment when assessing for dementia.[2] Our response draws on these findings (particularly the observations from occupational therapists and other allied health professionals), as well as wider research in this area.

Occupational therapy practice guideline for dementia: feedback on guideline sections

Guideline Section 1 – introduction. Do you have any suggestions for improvement?

Yes. The ALLIANCE suggests that the introduction should draw attention to the fact that people with dementia are likely to experience acquired Deafness, Deafblindness, or Visual Impairment, and occupational therapists should be prepared to support people's communication needs.

Prevalence of sensory impairments significantly increases in older adulthood, including among people living with dementia. Across the UK and Europe, an estimated 70% of people with dementia are also Deaf, Deafblind, or have a Visual Impairment (the majority of whom have acquired Deafness).[3] As such, it is essential that care planning and guidance reflect the probability that people with dementia will require some form of sensory care support to ensure that they can communicate and connect with those around them.

Commented [HT1]: We have good evidence on association, not causality. People with dementia probably live with sensory impairments, so we need to plan for dual care. We don't yet know if Deafness increases the chance of dementia. But we absolutely should adjust communication styles and supports to enable maximum accessibility and inclusion!

Commented [HT2R1]: See: https://baaudiology.org/wp-content/uploads/2024/11/Position-statement-HL-and-dementia-a-guide-for-hearing-professionals-Nov-2024.pdf

It is welcome that the guidance emphasises sensory and multisensory strategies, as well as assistive technologies. The Equality Act 2010 ensures people who are Deaf, Deafblind or who have a Visual Impairment have equal access to health and social care services. Occupational therapists should be directed to information about alternative inclusive communication options, including Easy Read, Large Print, Braille, audio, electronic note-takers, and closed captions – as well as information on how to communicate effectively with people who rely on lip reading and other forms of communication.[4] Some people may also need more specialist communication support, such as BSL-English interpretation, Visual Frame interpretation, tactile BSL or Deafblind manual. At present, many Deaf people report that they struggle to access NHS services, and some are deterred from seeking treatment due to communication barriers. As a result, individuals have difficulty with the self-management of their physical and mental health.[5]

Increased sensory awareness could see a direct impact on how occupational therapists target their interventions. The guidance should detail the potential for timely interventions that address sensory impairment, inclusive communication practices, and their efficacy in supporting people to live well with dementia.

Research shows that internationally, dementia care professionals and eye and hearing care professionals do not regularly work together to support people with dementia through integrated care:

> “Hearing, vision, and dementia care professionals have historically worked independently, and therefore, there is limited sharing of information of relevance to clinical care across these healthcare disciplines.”[6]

The new guidance offers an opportunity for improvements in care pathway planning going forward – with occupational therapists equipped to signpost people to specialist eye and ear care support where needed. We therefore recommend that the RCOT add an additional subsection to the introduction, with a focus on people living with multiple conditions. Guidance should include specific reference to ear and eye care, and recognise the association between sensory impairment and dementia and high incident rates. It should also explore the similarities in barriers to communication and participation experienced by those with sensory impairments, with further emphasis on the importance of tailoring occupational therapy assessments and interventions for inclusive and equitable care.

Foundational principles recommendations

Recommendation 1: Consider undertaking observation-based assessments within familiar settings where people undertake their occupations, being aware of the impact of the environment. Involve people in decision-making about their care based on their goals and aspirations.

Strength: B

The ALLIANCE supports this recommendation.

Recommendation 2: Ensure that all assessments and interventions take into account cultural traditions, beliefs and customs, particularly for people from migrant communities and ethnic minority groups.

Strength: A

The ALLIANCE supports this recommendation and highlights the importance of considering Deaf BSL culture when planning support for BSL users with dementia.

Recommendation 3: Create environments and opportunities where people living with dementia can contribute to and engage in occupations that have meaning to the person, are culturally appropriate and maintain links with others from across their life stages.

Strength: A

The ALLIANCE supports this recommendation.

Recommendation 4: Use occupation to assist the person living with dementia to maintain optimum physical and psychological health, tailoring the occupation to the person's hobbies, interests and their changing needs as the dementia progresses.

Strength: A

The ALLIANCE supports this recommendation and highlights that people's sensory care needs change as they age, and as dementia progresses – and suggests that this should be included within guidance and planning.

Recommendation 5: Use a cognitive approach as part of a multimodal non-pharmacological approach when working with people living with dementia to maintain and improve cognitive function.

Strength: A

The ALLIANCE supports this recommendation.

Recommendation 6: Consider early intervention, tailoring approaches according to dementia subtype and working collaboratively within multidisciplinary teams and with families, carers and supporters to improve self-identity, mood and sense of purpose for the person living with dementia.

Strength: B

The ALLIANCE supports this recommendation.

Recommendation 7: Consider, if appropriate to the needs of the person living with dementia, addressing sexuality in occupational therapy assessments and interventions.

Strength: B

The ALLIANCE supports this recommendation.

Modifiable risk factors for dementia

Recommendation 8: Offer occupation-based health promotion advice and interventions across the life course to support reducing the risk of developing dementia. This could include advising on the benefits of learning new things and participating in leisure activities that involve cognitive engagement and social activities.

Strength: A

The ALLIANCE supports this recommendation and highlights that people's sensory care needs change as they age, and as dementia progresses – and suggests that this should be included within guidance and planning.

Occupation recommendations

Recommendation 9: Provide and support individualised occupation-based interventions for people living with dementia to enhance engagement and social participation, promote identity, self-worth, sense of purpose and support psychological wellbeing and quality of life. This should be available

for people with young onset dementia and across all life stages and in all settings.

Strength: A

The ALLIANCE supports this recommendation.

Recommendation 10: Recommend animal-assisted interventions for people living with dementia to reduce depression levels, noting no significant effects on cognitive function, neuropsychiatric syndrome or independence in activities of daily living.

Strength: A

The ALLIANCE supports this recommendation. We also note the importance of ensuring continued support from hearing dogs, guide dogs, and/or assistance dogs for people with sensory impairments.

Environment recommendations

Recommendation 11: Consider environmental interventions for managing distressed behaviour symptoms and falls prevention in people living with dementia. These might include music, multisensory interventions, person-centred tailored design and environmental modification as part of a multifaceted approach.

Strength: B

The ALLIANCE supports this recommendation. We also note the established correlation between support for sensory impairments and a reduction in falls among older adults.[7]

Technologies recommendations

Recommendation 12: Use digital technologies to support people living with dementia and their families, carers and supporters, selecting technology based on individual need and personal goals, and ensuring technologies are accessible and easy to interact with.

Strength: A

The ALLIANCE supports this recommendation. We also note the wide variety of digital technologies available to support people with sensory impairments. We encourage occupational therapist guidelines to highlight relevant digital resources that meet multiple access needs.

Recommendation 13: Adapt and customise assistive technology to the individual needs of both the person living with dementia and their families, carers and supporters, including consideration of carers' skills and comfort with technology, to prevent abandonment of devices.

Strength: A

The ALLIANCE supports this recommendation.

Recommendation 14: Provide person-centred and family-centred information about specific uses and benefits of different categories of assistive technologies to people living with dementia and their families, carers and supporters, recognising that perceived usefulness may not always correlate with measurable outcomes.

Strength: A

The ALLIANCE supports this recommendation.

Recommendation 15: Use everyday technologies (such as smartphones, tablets and computers) for people living with dementia to maintain sense of identity through achievement, enable current interests, engage in reminiscence and storytelling, and enhance carer-person relationships,

providing social scaffolding matched to individual needs and abilities as a normalised part of learning.

Strength: A

The ALLIANCE supports this recommendation.

Home-based interventions in community settings

Recommendation 16: Provide multicomponent home-based interventions for people living with dementia that are tailored to the individual's needs, incorporating occupation-focused interventions and environmental adaptations/modifications.

Strength: A

The ALLIANCE supports this recommendation.

Recommendation 17: Provide home-based interventions that include both the person living with dementia and where appropriate their families, carers or supporters, providing psychoeducation and skills training for caregivers in communication, task simplification and compensatory intervention strategies embedded within daily routines.

Strength: A

The ALLIANCE supports this recommendation.

Recommendation 18: Provide occupational therapy in community settings for people living with dementia using physical activity and rehabilitation, cognitive stimulation and therapeutic use of music, animals and art, either combined or applied in isolation and maintained over time, to delay cognitive decline, maintain participation in daily activities, slow disease progression and support independent living at home, particularly in the early phase of dementia.

Strength: A

The ALLIANCE supports this recommendation

Occupation to support transitions of care

Recommendation 19: Assess and address the occupational needs of the person living with dementia during all transitions of care, applying a person-led approach, a comprehensive assessment, ensuring the therapeutic activities and occupational interventions match the individual interests, abilities, preferences, and needs.

Strength: A

The ALLIANCE supports this recommendation. Given the high prevalence of sensory impairment among older adults with dementia, and particularly in care home settings, we recommend that sensory care and communication needs should be a key component of any planning during transitions of care – particularly where there is a change in the people providing day to day contact and care, so that staff are well supported to match people's sensory care and communication requirements.

Recommendation 20: Advocate for interdisciplinary collaboration between health and social care professionals across health and care settings during all phases of transitions. Ensure the person living with dementia remains central to all decisions, and that families, carers and supporters are actively involved throughout the process.

Strength: A

The ALLIANCE supports this recommendation, highlighting the need for greater connection between occupational therapists and eye and ear care professionals within dementia care pathways.

Occupation to support quality of life in care settings

Recommendation 21: Provide and/or support the delivery of personalised, occupation-focused interventions focused on activities and occupations for people living with dementia in care settings. Activities provided should follow recommendations 22-24 to enhance quality of life, reduce any stress and distress and improve mood and psychological wellbeing.

Strength: A

The ALLIANCE supports this recommendation.

Recommendation 22: Support the use of multisensory environments to improve the occupational engagement of people in the later stages of dementia, using all sensory modalities in a person-led, individualised approach with the goal of improving the person's mood, decreasing any signs of stress and reducing distress.

Strength: A

The ALLIANCE supports this recommendation, noting the importance of adjusting multisensory environments to support people who are Deaf, Deafblind or who have Visual Impairments (e.g. good lighting for Deaf people who rely on lipreading or BSL, and effective acoustics for people with Visual Impairments or who use hearing aids).

Recommendation 23: Offer reminiscence therapy for people with dementia living in care settings to increase cognitive function and quality of life and reduce depressive and neuropsychiatric symptoms, noting that it does not significantly reduce dependency in activities of daily living.

Strength: A

The ALLIANCE supports this recommendation.

Recommendation 24: Provide person-centred garden activities for people with dementia in care settings including sitting, walking, socialising, having refreshments or meals outdoors, gardening and outdoor therapy, to

improve quality of life and reduce behavioural and psychological symptoms of dementia.

Strength: A

The ALLIANCE supports this recommendation.

Families, carers and supporters' recommendations

Recommendation 25: Provide tailored multicomponent psychoeducation and skills training to families, carers and supporters, including information about dementia, education, skills practice, environmental modifications, communication skills and problem-solving, to enhance confidence and competence in supporting the person living with dementia.

Strength: A

The ALLIANCE supports this recommendation.

Recommendation 26: Support families, carers and supporters to maintain their own health and wellbeing, offering advice and interventions addressing sleep, social support, leisure activities, shared meaningful experiences with the person living with dementia (such as hobbies, walking, spiritual practices and music) and access to respite.

Strength: A

The ALLIANCE supports this recommendation. We also note the importance of ensuring that support for families, carers and supporters is accessible for people with sensory impairments and follows inclusive communication practices. This is particularly important for older carers who are likely to have age-related Deafness, Deafblindness, or Visual Impairments.

Recommendation 27: Recommend assistive technology to support families, carers and supporters assisting a person living with dementia at

home, including technology that supports safety and security, memory and orientation and social and leisure activities.

Strength: A

The ALLIANCE supports this recommendation.

Intellectual disabilities recommendation

Recommendation 28: Consider structured, personalised psychosocial interventions for people with intellectual disabilities and dementia to improve mood, communication, engagement, cognition, daily functioning and quality of life, achieving individual goals related to mood, engagement, safety and independence.

Strength: B

The ALLIANCE supports this recommendation.

Recommendation sections

Do you want to make any comments about the way the recommendations have been structured and the sections we have used?

Yes. It was encouraging to find that the recommendations (including tables) were accessible with a screen reader – a welcome example of accessibility.

We also have the following comments to add on specific recommendations:

- Recommendation 2: It is also important to consider Deaf BSL culture when planning support for BSL users with dementia.
- Recommendations 4 and 8: People's sensory care needs change as they age, and as dementia progresses – this should be included within guidance and planning.

- Recommendation 10: It is also important to ensure that people have access to continued support from hearing dogs, guide dogs, and/or assistance dogs where needed.
- Recommendation 11: There is an established correlation between support for sensory impairments and a reduction in falls among older adults.[8]
- Recommendation 12: There are a wide variety of digital technologies available to support people with sensory impairments. We encourage occupational therapist guidelines to highlight relevant digital resources that meet multiple access needs.
- Recommendation 19: Given the high prevalence of sensory impairment among older adults with dementia, and particularly in care home settings, we recommend that sensory care and communication needs should be a key component of any planning during transitions of care – particularly where there is a change in the people providing day to day contact and care, so that staff are well supported to match people's sensory care and communication requirements.
- Recommendation 20: There is a need for greater connection between occupational therapists and eye and ear care professionals within dementia care pathways.
- Recommendation 22: It is also important to adjust multisensory environments to support people who are Deaf, Deafblind or who have Visual Impairments (e.g. good lighting for Deaf people who rely on lipreading or BSL, and effective acoustics for people with visual impairments or who use hearing aids).
- Recommendation 26: it is important to ensure that support for families, carers and supporters is accessible for people with sensory impairments and follows inclusive communication practices. This is particularly important for older carers who are likely to have age-related Deafness, Deafblindness, or Visual Impairments.

Feedback on guideline sections

Guideline Section 4 – how the evidence informed the recommendations. Do you have any suggestions for improvement?

Yes. The ALLIANCE suggests that the recommendations could be improved by greater reference to sensory care, and by the inclusion of an additional sub-section regarding sensory impairments, including dual sensory and Deafblindness. Given that most people with dementia also have some form of sensory impairment, we believe that this is crucial to ensure that everyone is receiving the right support.

We also welcome the inclusion of the recommendations and supporting evidence around the use of assistive and everyday technology. For both sensory impairments and living with dementia, this helps to promote independence, as well as improving people's social engagements and wellbeing. Whilst outcomes are mixed regarding the effects of technology on cognitive function, using assistive technologies along with other multidisciplinary approaches has been shown to enable people with sensory impairments to participate in activities that can in turn help mitigate cognitive decline.[9]

We would further advocate for a wider discussion of the range of assistive technology that is available. Sensory sector organisation (such as RNIB and RNID) provide a wide range of resources that occupational therapists could use, including technology promoting safety, engagement and participation in daily activities. Whilst these would not be suitable for everyone with dementia who also has a sensory impairment, they can be tailored to suit a wide variety of individuals. Occupational therapists should be aware of as many forms of assistive technology as possible, to ensure that people receive timely and accessible support. To collect evidence to support these recommendations, we recommend that the RCOT should arrange focus groups with people who are Deaf, Deafblind, or who have a Visual Impairment, specifically asking questions around accessibility and inclusion.

The RCOT could also engage directly with organisations from across the sensory sector, to gather evidence and views from professionals working in this area.

Guideline section 5 – implementation of the guideline. Do you have any suggestions for improvement?

Yes. This section of the guidance discusses access to occupational therapy services for underrepresented groups, including making that achievable. However, people with sensory impairments are not listed as an under-represented group as part of the guidance, despite facing multiple barriers to equity and access.

To give one example of a suitable resource, the British Deaf Association's Deaf Dementia Toolkit states that Deaf BSL users with dementia:

> "Have a history of poor access to information; experience a lack of/limited access to resources in BSL; encounter services that have little understanding of the linguistic and cultural needs of Deaf people".[10]

Most dementia services are not designed to be accessible for people who are Deaf, Deafblind, or have Visual Impairments, including BSL users. As such, people with sensory impairments, should be considered as under-represented groups for the purposes of these guidelines. This guidance provides an opportunity to improve accessibility at a systems level.

Evidence from ALLIANCE research for the Cross-party Group on Deafness indicates that medical professionals, including occupational therapists, do not routinely consider sensory impairments during dementia assessments. 47% of medical professionals who participated in our research project either did not assess for sensory impairments or only did so if a sensory impairment was suspected, in comparison to 12% who carried out assessments as standard.[11] The lack of consideration of sensory impairments during assessment processes indicates a general lack of awareness of sensory impairments at all stages. This must be addressed,

to enable accurate assessments and care planning for people with dementia.

Given prevalence rates, we also recommend that guidance should encourage staff to access appropriate sensory awareness training. Sensory awareness – and particularly information on the prevalence of age-related Deafness among people with dementia, and inclusive communication strategies – should be also part of planned support and information for families, careers and supporters.

Guideline section 6 - recommendations for future research. Do you have any suggestions for improvement?

Yes. We believe that the areas currently listed for future research are beneficial and should be taken forward. However, we also believe that future research must include research on the needs of people with sensory impairments and dementia. We would advocate for the RCOT to consult people, families, care givers and supporters with lived experience of sensory impairments and dementia, to ensure that people are properly supported to live well.

Feedback on the guideline overall

Overall, do you think this guideline and its recommendations are appropriate to support occupational therapists in delivering evidence-based practice with people living with dementia and their families, carers and supporters?

Subject to greater consideration of sensory care and staff sensory awareness, yes.

We aimed to highlight and address inequalities in relation to dementia, including consideration of those who are under-represented in research and policy, and who are historically excluded or marginalised. Do you have

any comments or suggestions on how we could strengthen our commitment to equity in this guideline?

This guidance is a useful resource for supporting occupational therapists to carry out their work effectively. However, we do feel that the guidance should provide more explicit mention of the likelihood of people with dementia also experiencing Deafness, Deafblindness, or Visual Impairment – and how to enable occupational therapists to provide the best possible support and care, including inclusive communication good practice.

References to sensory support only relate to sensory environments, and multi-sensory strategies. Whilst we agree these references should be maintained, there also needs to be recognition of the specific support needs of people who are Deaf, Deafblind, or who have Visual Impairments.

There is growing evidence and public awareness of an association between Deafness and Visual Impairment, and dementia. *The Lancet* medical journal first reported on acquired Deafness in adulthood as the largest potentially modifiable risk factor for dementia in 2017.[12] Their subsequent 2024 report added “untreated sight loss” to the list of potentially modifiable risk factors.[13]

The Royal National Institute of Blind People (RNIB) state that more than 250,000 people in the UK are currently living with a Visual Impairment as well as dementia.[14] Research from 2022 also estimated that around 2951 people in Scotland alone were living with both dementia and Deafblindness.[15]

While causality between dementia and sensory impairment is not established, and should be treated with caution, the prevalence of sensory impairments alongside dementia is substantial, affecting the majority of people living with dementia. Occupational therapists should therefore be ready with effective care pathways, informed on inclusive communication best practice, and be supported to tailor care around people’s sensory care needs. This includes practicing timely and inclusive communication. All dementia assessments should consider and assess sensory impairments

as part of routine practice. We also recommend that the RCOT are clear on how to refer people to eye and ear care professionals, to ensure the best possible support for people with dementia.

Finally, we recommend that the guidance should signpost occupational therapists to useful training resources on sensory awareness and inclusive communication.

About the ALLIANCE

The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector membership organisation for the health and social care sector. We bring together over 3,500 people and organisations dedicated to achieving our vision of a Scotland where everyone has a strong voice and enjoys the right to live well, with dignity and respect. Our members are essential in creating a society in which we all can thrive, and we believe that by working together, our voice is stronger.

We work to improve the wellbeing of people and communities across Scotland by supporting change in health, social care and other public services so they better meet the needs of everyone in Scotland. We do this by bringing together the expertise of people with lived experience, the third sector, and organisations across health and social care to shape better services and support positive change.

The ALLIANCE has three core aims. We seek to:

- **Empower people with lived experience:** we ensure disabled people, people with long term conditions, and unpaid carers are heard and that their needs remain at the heart of services and communities.
- **Support positive change**: we work within communities to promote co-production, self management, human rights, and independent living.
- **Champion the third sector:** we work with, support and encourage co-operation between the third sector and health and social care organisations.

The ALLIANCE is committed to upholding human rights. We embed lived experience in our work and aim to ensure people are meaningfully involved at every level of decision-making. Working together creates positive, long-lasting impact.

We work in partnership with the Scottish Government, NHS Boards, universities, and other key organisations within health, social care, housing, and digital technology to manage funding and develop successful projects. Together, our voice is stronger, and we can create meaningful change.

The Scottish Sensory Hub

The Scottish Sensory Hub provides a platform for the voice of lived experience for anyone in Scotland with lived experience of Deafness, Deafblindness or Visual Impairment. It was launched in 2021 and draws experience from Deafscotland (formerly the Scottish Council on Deafness) and SCOVI (Scottish Council on Visual Impairment).

Lived experience is at the heart of everything the Scottish Sensory Hub does. The Sensory Hub acts as a bridge between the Scottish Government, public bodies, the third sector, and individuals, and enshrines a human rights-based approach for all. The Scottish Sensory Hub was founded to provide a strategic forum for cross-sensory input into policy and practice. It focuses on three key areas to promote living a good life – communication, information, and mobility.

Contact

Lewis Shaw, ALLIANCE Scottish Sensory Hub Officer

lewis.shaw@alliance-scotland.org.uk

Hannah Tweed, ALLIANCE Scottish Sensory Hub Manager

hannah.tweed@alliance-scotland.org.uk

Ellie Mae Garnish, Registered Occupational Therapy Practitioner

elliemae.garnish@alliance-scotland.org.uk

T: 0141 404 0231

W: http://www.alliance-scotland.org.uk

References

[1] Royal College of Occupational Therapists, *Occupational therapy practice guideline for dementia: supporting prevention, participation and living well* (May 2026). Available at: https://www.rcot.co.uk/latest-news/consultation-opens-our-draft-occupational-therapy-practice-guideline-dementia.

[2] Health and Social Care Alliance. 'Dementia assessments for people with Deafness, Deafblindness or Visual Impairment – report published' (April 2025). Available at: https://www.alliance-scotland.org.uk/blog/news/dementia-assessments-for-people-with-deafness-deafblindness-or-visual-impairment-report-published

[3] British Society of Audiology, British Academy of Audiology, and the British Society of Hearing Aid Audiologists, *Position Statement and Practice Guideline: The link between adult-onset hearing loss and dementia* (Nov 2024), available at: https://baaudiology.org/wp-content/uploads/2024/11/Position-statement-HL-and-dementia-a-guide-for-hearing-professionals-Nov-2024.pdf. Leroi and co-authors, 'Hearing and vision rehabilitation for people with dementia in five European countries (SENSE-Cog): a randomised controlled trial', The Lancet Healthy Longevity, (November 2024). Available at: https://www.thelancet.com/journals/lanhl/article/PIIS2666-7568(24)00141-7/fulltext; Michalowsky and co-authors, 'Association between hearing and vision impairment and risk of dementia: results of a case-control study based on secondary data', Frontiers in Aging Neuroscience, (December 2019). Available at: https://www.frontiersin.org/journals/aging-neuroscience/articles/10.3389/fnagi.2019.00363/full; Leroi and co-authors, 'Support care needs of people with hearing and vision impairment in dementia: a European cross-national perspective', Disability Rehabilitation, (September 2022). Available at: https://pubmed.ncbi.nlm.nih.gov/34027751/

[4] UK Parliament, Equality Act 2010, Section 20, "Duty to make adjustments" (2010), available at: https://www.legislation.gov.uk/ukpga/2010/15/section/20

[5] Royal National Institute of Deaf People, 'Still Ignored: The Fight for Accessible Healthcare', (2025). P. 10. Available at: https://signhealth.org.uk/wp-content/uploads/2025/04/ENGLAND-Still-Ignored-The-fight-for-Accessible-Healthcare-policy-report-FINAL.pdf

[6] Littlejohn J *et al, 'International Practice Recommendations for the Recognition and Management of Hearing and Vision Impairment in People with Dementia'* (February 2022). P. 121-135. Available at: https://karger.com/ger/article/68/2/121/823802/International-Practice-Recommendations-for-the

[7] NHS Inform "Prevent falls by looking after your vision and hearing", available at: https://www.nhsinform.scot/healthy-living/preventing-falls/keeping-well/prevent-falls-by-looking-after-your-vision-and-hearing/.

[8] As above.

[9] Haanes, G, 'Multidisciplinary Approaches and Community-Based Interventions: Adaptable Strategies for Managing Sensory Impairments in Older Adults.' *Journal of Multidisciplinary Healthcare*, (September 2023). P. 2701–2705. Available at: https://www.tandfonline.com/doi/full/10.2147/JMDH.S416762#abstract.

[10] British Deaf Association, 'The Deaf Dementia Experience in Scotland: A Toolkit for All' (2019). P. 8. Available at: https://bda.org.uk/wp-content/uploads/2019/09/Dementia-Toolkit-A4.pdf.

[11] Health and Social Care Alliance. 'Dementia assessments for people with Deafness, Deafblindness or Visual Impairment – report published' (April 2025). P. 49. Available at: https://www.alliance-scotland.org.uk/blog/news/dementia-assessments-for-people-with-deafness-deafblindness-or-visual-impairment-report-published.

[12] Livingston G, Sommerlad A, Orgeta V et al. 'Dementia prevention, intervention, and care', The Lancet, (2017). P. 2673-2734. Available at: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31363-6/abstract.

[13] Livingston G, Huntley J, Liu K et al. 'Dementia prevention, intervention, and care: 2024 report of the *Lancet* standing Commission', *The Lancet* (2024) P. 572 – 628. Available at: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(24)01296-0/abstract.

[14] Royal National Institute of Blind People, 'Dementia and Sight Loss'. (2025). Available at: https://www.rnib.org.uk/your-eyes/navigating-sight-loss/dementia-and-sight-loss.

[15] Kosters N, McMenemy A, Johnson C, 'Modelling Prevalence of Dementia and Hearing Loss in Scotland'. (March 2021). Available at: https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3762171.

End of document.