**Q1(April-June 2017)**

**Case study**

**Background**

A woman in her 70’s diagnosed with Vascular dementia two years ago.

She is at mid stages of dementia now. She lives with her husband (carer).

**Diagnosis**

After diagnosis, couple was given a leaflet on Vascular and discharged from memory services.

Both Caree and Carer struggled to cope with the illness as condition progressed quite quickly.

Found my information through another community member.

**Assessment**

 After an assessment, following things were discussed:

1. Carer had no understanding about the condition and how to deal with behavioural symptoms.
2. There was stigma attached as they have stopped going to their regular groups.
3. Carer was quite reluctant to seek help from outsiders due to having a perception that might not find culturally appropriate services.
4. Carer thought person with dementia is possessed as she would often talk to herself and mention blood.

**Actions**

Following actions were taken:

1. Provided 1-1 awareness raising talk with carer in a mother tongue about dementia and provided written information in their mother tongue.
2. Explained in their mother tongue how common is dementia within Bme communities, giving few anonymous examples from their local community. This helped as they realised that it’s just not them. Also, explained the benefits for both of them to attend the activities and groups.
3. As I understand their culture very well, suggested services which would make them both feel comfortable and encouraged them to attend.
4. Explained in the mother tongue about effects dementia would have on people’s behaviour. While talking about her past, it came out she is had witnessed her dad’s accident when she was 8 and her dad died. She was very close to her dad and would mention him a lot. So, explained it could be that her memories have come back.

**Outcomes**

* Better understanding of dementia and how to cope with her change of behaviour.
* Attend ‘Hamari Yaadain’ café regularly.
* Carer has started attending another group while I have arranged for a sitter, from their cultural background, speaks their language to sit with his wife.
* Better relationship between carer and his wife.
* More confidence and reduced social isolation.