

Deafblind Scotland vision – “A society in which deafblind people have the permanent support and recognition necessary to be equal citizens”



Deafblind Scotland Needs Assessment Policy

What do we mean by Needs Assessment?

Deafblind Scotland carries out a needs assessment in order to be able to offer an appropriate guide/communicator service to deafblind people. Deafblind people may also have their needs assessed as part of the procedure involved in being offered membership of Deafblind Scotland.

Policy Statement

Deafblind Scotland seeks to provide a guide/communicator service to deafblind people as part of a whole range of services which may improve their quality of life. In order to do this Deafblind Scotland will carry out a straightforward assessment of need which will include both needs as stated by the individual and also those observed by the qualified member of staff who undertakes the assessment.

Where needs are noted during the assessment for membership, the agreement of the individual will be secured before these needs are notified to any appropriate agency. Where possible the potential member will be made aware of other available statutory and voluntary services and the pathway to accessing these services. This will include Deafblind Scotland projects which may include the provision of a guide/communicator service within medical settings, health improvement activities, quality of life activities, etc.

Where needs are noted during an assessment to receive a contracted guide/communicator service then the terms of the agreement under which the service is offered will be adhered to, in which case the individual user will be informed of these.

Definition of Deafblindness

To be assessed for membership the main feature to be assessed is the level of sight and hearing loss, which must be such that they conform to the following criteria:

“Persons are regarded as deafblind if they have a severe degree of combined visual and auditory impairment, resulting in problems of communication, information and mobility”.

To be assessed for a guide/communicator service the following needs of the person will be specifically considered:

- Communication
- Mobility problems

- Health issues
- Mental health issues
- Family support available
- Community support available
- Statutory support available
- Housing support needs
- Shopping support needs
- Independent living support needs
- Social support needs
- Involvement in their community
- Interests and hobbies

Relevant forms will be completed to ensure this information is captured and recorded. Relevant agencies will be informed where the individual has agreed to this or contracted service requires the reporting of need.

Deafblind Scotland will report to the individual when information has been forwarded to other agencies (in compliance with GDPR 2015)

Deafblind Scotland will monitor the response of other agencies to any need reported by Deafblind Scotland.

Deafblind Scotland's staff will include this assessment of need in the service-user's file and ensure any necessary Risk Assessment is undertaken, any identified risks are minimised and control measures implemented.

An assessment of need will be undertaken on request from the individual deafblind person, family members, carers, a statutory agency, voluntary agency, funding agency, Deafblind Scotland projects.

Assessment/Membership Report



Surname:

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First Name(s):

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Address:

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Local Authority:

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Postcode:

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Date of Birth:

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Telephone No:

--

Email address:

--

Doctor:

--

Surgery & Tel:

--

Reason for Ref:

--

Date of Referral:

--

Referrers Name

--

Profession:

--

Assessment date:

--

Assessed by:

--

How would you describe yourself (tick box)?

Asian

White

Africa/Caribbean

Other

Tell us about your work:

Do you have a job?

Yes

No

If yes, what is your job?

If no, when did you last work and what was your job?

The above named person is dual sensory impaired due to:

**Visual Impairment
Cause:**

**Registered blind /
Partially sighted:**

**How old were you
when you began to
lose your vision:**

**Hearing Impairment
Cause:**

**How old were you
when you began to
lose your hearing:**

Last Hearing Check:

Last Vision Check:

Do you have Ushers:

Reg No:
Date:
Date:

Have you had any retraining
since you became deafblind?

Yes No

If yes, please describe

OR

The above named person is single impaired:

SIVI <input type="checkbox"/>	SIHI <input type="checkbox"/>
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Communication Information: (delete as appropriate)

Hearing Aid: Yes/No Sign Language Used:
Yes/No

Spectacles: Yes/No Other Aid: (specify):

Preferred Language: Interpreter:

Yes/No

Hear speech: Yes/No Do you use speech:
Yes/No
DBM/fingerspelling: Yes/No Block letters:
Yes/No
Hand on Signing: Yes/No Lip read:
Yes/No Large writing on paper: Yes/No

Tell us about how you read:

Can you read Braille: Yes/No
Can you read Moon: Yes/No
Can you read normal print: Yes/No

Can you read large print like this: Yes/No

Can you read extra large print Yes/No

Which method would you prefer to receive mail, one of the above or CD or Email, please state which one:

Any relevant information which affects your well being: (include relevant medical information) e.g.

Mobility:

Personal care/Domestic needs:

Mental well being:

Social opportunities:

Description of Risk	Present	Comments
Moving & Assisting Service users	Yes / No	
Hygiene in Service Users Home	Yes / No	
Electrical Equipment	Yes / No	
Challenging Behaviours	Yes / No	
Animal risk	Yes / No	
Smoking / fire risks	Yes / No	
Substance misuse	Yes / No	
Other (specify)	Yes / No	

The above named person would like DBS to write to the appropriate agencies to request the following equipment on their behalf:

Loop	<input type="checkbox"/>	Lighting	<input type="checkbox"/>
Door Access	<input type="checkbox"/>	Telephone	<input type="checkbox"/>

Other:

Is this referral urgent: YES NO

The above named person would like DBS to write to Social Work to request the following training on their behalf:

Mobility/cane <input type="checkbox"/>	Independent Living Skills <input type="checkbox"/>
Home Orientation <input type="checkbox"/>	Route Orientation <input type="checkbox"/>
Communication Skills <input type="checkbox"/>	Information Request <input type="checkbox"/>
Other:	

What kind of support/help do you think you need (if any)?

Communicator/Guide

Volunteer befriender/Guide-help

Mobility training

Communication training

Home-help

Advice

Counselling

Communicard

Other, please describe

Would you like us to write to Social Work to request any of the above services (Funding may be required) YES NO

Tell us about any help you are getting now. Who is your social worker or worker for the blind/deaf?

Which authority/organisation does the above person work for?

Are you already in contact with someone from Deafblind Scotland?

Yes



What is their name?

Where do you live:

Alone	Yes / No
With relatives	Yes / No
In Sheltered Housing	Yes / No
In a residential home	Yes / No
In a Nursing home	
Other, please describe	

Do You receive benefits:

DLA/PIP – Care element	Yes / No
DLA/PIP – Mobility element	Yes / No
Attendance Allowance	Yes / No
Incapacity Benefit/ESA	Yes / No
Severe Disablement allowance	Yes / No
Unemployment Benefit	Yes / No
Other benefits:	

Do you need help in applying for any benefits? Yes / No

If Yes, which benefit?

Other information: _____

How did you find out about Deafblind Scotland? If you picked up a 'Hard to see & Hear leaflet', where from?

What we will do now:

- **Write to Social Work if applicable:**
- **Refer to another org if applicable:**
- **Process the assessment:**
- **Contact you within 4 weeks:**

Please sign to give your permission for us to write to appropriate agencies on your behalf (if required) and that the above information is correct:

Signature _____

******* MEMBERSHIP *******

Membership is free to anyone who fits this
definition:

“Persons are regarded as deafblind if they have a severe degree of combined visual and auditory impairment resulting in problems of communication, information and mobility.”

I confirm that the information contained in this form is correct. I accept it will be shared with people within Deafblind Scotland. All information will remain strictly confidential in accordance with the Data Protection Act 1998.

If you would like to be a member of Deafblind Scotland Please sign here:

Signature _____