

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

(Please delete if not applicable)



Surname:	Mr/Mrs/Miss/Ms	
First Name(s):		
Address:		
Local Authority:	Postcode:	
Date of Birth:		
Telephone No:	Emergency No:	
Doctor:	Surgery & Tel:	
Email address:		
Reason for Ref:	Date of Referral:	
Referrers Name		
Assess 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:**
- Reg blind: or**
Partially sighted:
- At what age when you began to lose your vision:**
- Hearing Impairment Cause:**
- How old were you when you began to lose your hearing:**

Please state which one and give registration number.
Please insert the age they were when they began to lose vision

Last Hearing Check:
Last Vision Check:
Do you have Ushers:

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

Can you read XXLP Yes/No

Can you read XXXLP Yes/No

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

please circle which method above you would like:

**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
- 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 No

What is their name?

Where do you live:

Alone	Yes / No
With relatives (if so who)	Yes / No
In Sheltered Housing	Yes / No
In a residential home	Yes / No
In a Nursing home	Yes / No
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:	

We can refer you to our Welfare Rights team.

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

If Yes, which benefit? _____

Have you ever been in the Armed Forces which includes National service? YES / NO Scottish War Blinded have

lots to offer, including activities etc, regardless of when you became blind. If you would like to hear more about what they have to offer you can sign below and I can ask them to contact you:

Have you had a Home Fire Safety visit: Yes/No. If you would like us to arrange one for you please tick the box and I will ask them to contact you to arrange a visit:-

Visit Report

Family Support:

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 organisation if applicable:**
- **Process the assessment:**
- **Write to 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 and agree to the GDPR please sign here:

Signature _____

PLEASE COMPLETE THE GDPR FORM ON THE NEXT PAGE

General Opt In Declaration

Deafblind Scotland is committed to ensure that personal data will only be used for the purposes for which it was given and for which Deafblind Scotland has a lawful reason for processing, therefore we require you to opt in if you wish us to stay in touch. Please complete

- 1. I am happy for Deafblind Scotland to securely hold my information for the purposes of communications. (Please tick)**

Yes No

- 2. I am happy to receive newsletters, fundraising and marketing communications from Deafblind Scotland in the form of: (please tick)**

E-mail Post Telephone

- 3. Information should be in; (please tick)**

Braille Moon Large Print XLP

XXLP XXXLP

CD Email

Other please Specify.....

If you opt in we will check with you annually if you still consent to DbS contacting you. You can opt out at any time.