



## SCOTTISH EXECUTIVE

### HEALTH DEPARTMENT COMMUNITY CARE STATISTICS

## DAY SERVICES FOR ADULTS CENSUS RETURN - FORM D1B

NOTES FOR COMPLETION – 31 MARCH 2006

### Page 1: Identity of Home

**This section has been partially pre-printed. Please check all details carefully for accuracy, make any necessary changes and complete any details which are missing.**

### Contact for Queries:

Please enter the name and telephone number of a person who may be contacted in the event of queries arising on the content of the return. **It is recommended that you retain a copy of the completed form for this purpose.**

### Main Client Group:

Please tick the box which best describes your main or intended client group: For example:

Older People;

Older People with Dementia (See paragraph under “**Client Group**” below);

Learning Difficulties;

Physical Disabilities;

Mental Health Problems;

Other – Please specify i.e. Multiple Users (where no clear client group is targeted);

### Facilities in use

Please state whether the centre is currently in use or not. If not in use then please give a reason why (e.g. being refurbished, centre closed on *date*, etc). If currently in use, please tick box to show on which days the centre opens and give details of the times the centre is open.

**Page 2: Section 1: Establishment Details:**

Please enter a '✓' in the box which best describes the centre.

1.1 - Type of Service

1.2 - Registration

1.3 - Administration of Service

Please complete this Section whether or not your centre is registered with a local authority.

1.4 – Capacity

Enter the number of places and hours which are available in the census week. Enter also the number of people using the centre during the census week. Please ensure that the number of people recorded in section 1.4 of page 2 agrees with the number of users in Section 2.

**Census Week** - *If the census week (week ending **31 March 2006**) does not reflect the level of service usually provided, e.g. reduced hours due to holidays, less than weekly opening, please use the nearest representative week to the census date.*

**Page 3: Section 2: User Information**

***Note: This section should be completed with details of clients using the centre during the census week. After you have completed this section, please go back and check that the number of entries you have made match section 1.4 on page 2.***

One line should be completed for each resident.

Date of Birth should be entered one character in each of the 8 boxes (DDMMYYYY i.e. 01011900).

If you are not aware whether or not a particular client is in receipt of home care then please record "Unknown" in the column for that client. There is no need to pursue clients for this information.

Postcode of Client

Please enter the postcode of the client's home address.

### Primary or Main Client Group

This column should be completed **using the following codelist (also printed on the form)**. **Please enter only one entry per user.**

1. People with Dementia
2. People with physical disabilities / sensory impairment (including frailty due to old age).
3. People with learning difficulties
4. People with mental health problems
5. People with alcohol or drug problems
6. People with HIV/ Aids
9. Other

For Client Group 1, 'People with Dementia', please ensure that you record only residents who have been 'medically diagnosed' as suffering from dementia. If staff believe that the resident shows signs of suffering from dementia, but there has been no formal medical diagnosis this client group should not be used. Use such as client group 2.

### Service Types

These columns should be completed **using the following codelist (also printed on the form)**.

Domestic/Practical – shopping; food preparation; cooking; using appliances; laundry; etc.

Social/Personal Development – personal relationships; confidence building; communication; advocacy; etc.

Education/Employment – literacy skills; basic education; skills training; further education; work experience; etc.

Leisure/Recreation – sports; arts and crafts; social events; outings; hobbies; etc.

Personal Care – personal hygiene; dressing skills; feeding skills; mobility; dietary advice; medication; mental well-being; etc.

### Transport Provided

Please enter 'Y' if transport is provided by the centre, an independent sector organisation or by the Local Authority. Enter 'N' if transport is provided by private means (e.g. friend or family).

**Page 5: Section 3.1 Staffing of Home:**

This section should be completed as per the instructions on the form.

If the home is a local authority or registered day centre, these staff should be accounted for in this form and not the Scottish Care Home Census (Form SCHC).

The Whole Time Equivalent (WTE) is calculated by adding together all the hours of part-time staff and dividing by your standard full-time working week. For example, 4 part-time staff each working 16 hours per week and a standard full-time working week of 37.5 hours. Then,  $WTE = (4 \times 16) \div 37.5 = 1.7$  – rounded to the first decimal place. **Remember to calculate Management, Care and Other staff separately.**

**3.2 Other Personnel**

Record the number of volunteer helpers who have assisted during the reporting week.

Record also the number of visiting workers who have assisted during the census week.

Record also, where relevant, the types of service provided by those visiting workers.

<b>Local Authority</b>	<b>Code</b>
Aberdeen City	100
Aberdeenshire	110
Angus	120
Argyll & Bute	130
Clackmannanshire	150
Dumfries & Galloway	170
Dundee City	180
East Ayrshire	190
East Dunbartonshire	200
East Lothian	210
East Renfrewshire	220
Edinburgh, City of	230
Eilean Siar	235
Falkirk	240
Fife	250
Glasgow City	260
The Highland	270
Inverclyde	280
Midlothian	290
The Moray	300
North Ayrshire	310
North Lanarkshire	320
Orkney Islands	330
Perth & Kinross	340
Renfrewshire	350
Scottish Borders	355
Shetland Islands	360
South Ayrshire	370
South Lanarkshire	380
Stirling	390
West Dunbartonshire	395
West Lothian	400
OUTWITH Scotland	420