Data Collection Documentation

Document Type: **Guidance Notes**

Collection: **Social Care**

SG deadline: **31st July 2014**

Coverage: **Census week including 31st March 2014**

Document Details

Issue History

Version	Status	Author	Issue Date	Issued To	Reason
1.0	Draft	Sarah Mohammed	07/02/14	Julie Rintoul	
1.1	Draft	Tom Russon David Scott	20/03/14		
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1.3	Draft	Tom Russon	26/03/2014		

Approvals

This document requires the following approvals:

Version	Name	Representing	Signature
2.0	Julie Rintoul	Scottish Government	

Signed approval forms are held by the **scotXed** Programme Office.

Location

File Name	Last Updated

1. Introduction

1.1 Purpose of this document

These notes have been prepared by SG to assist local authority and MIS developer and support staff who provide advice and detailed guidance to staff in local authorities. They provide information on the requirements for and the uses to be made of data. Support staff involved in using MIS should find these notes helpful and are free to adapt them and make them more relevant to users of a particular MIS.

The document complements the data specification documents, and the XML Schema prepared by the ScotXed project team. The documents can be downloaded from the ScotXed website at https://www.scotxed.net/socialcare/default.aspx

Precise details of the format of items such as dates are part of the XML schema. Software developers will ensure that values held in the MIS are converted to the format specified in the appropriate schema.

Local authorities should ensure that all data on home care held in local authority MIS is maintained up-to-date and accurate. Good practice suggests that this can often be managed best by procedures and planning which spread the workload throughout the year. This can lead to advantages dealing with the survey returns in March/April of each year.

1.2 Related Documents

The document "Data Specification: Social Care 2014 Uplift" defines the format, potential values and number of occurrences of each data item in the collection.

1.3 Changes from previous year

There have been a number of changes to the 2014 Social Care Survey relative to the 2013 version. All but two of these are relatively minor from the point of view of those completing the survey. The two more substantial changes are as follows:

- The Direct Payments section question entitled 'TotvalSDS' in 2013 has been renamed 'TotValueDP' in 2014. The guidance and scope of the question remain identical.
- All questions that previously required responses selected from a list using numeric codes such as '01' will now accept input either in this form, or as single digit numbers such as '1'.

2. Inclusion Criteria

2.1.1 Collection Scope

Information must be returned on every person who has had an **assessment** of their needs and who as a result of this assessment receives/uses:

During the Census week:
- **Home care service** (provided or purchased by your local authority)
- **Self-directed Support** to purchase services
- **Housing Support service**
- **Meals service** (provided or purchased by your local authority)
- **Shopping service** (provided or purchased by your local authority)
- **Laundry service** (provided or purchased by your local authority)
- **Community Alarm** which is operational
- **Other telecare service** which is operational

At any time during the financial year 1 April 2013 to 31 March 2014:
- A **direct payment** to purchase services
- **Respite care***

* Note that you will be given the choice to return Respite either 1) in the usual spreadsheet; or 2) at an individual level through the Social Care survey. If most of your Respite is available at individual level then you may wish to submit this data through the ProcXed system, as this will provide you with a summary of your data in a format that can be easily added to any other aggregate Respite returns, in order to provide a 'spreadsheet return'.

This survey reports on people who are receiving services which aim to maintain independent living in the community for as long as possible. It therefore includes people living in the community in their own homes. These homes may be privately owned or rented. They will include sheltered accommodation, supported accommodation and amenity housing.
It will not include people who are long-stay residents in Care Homes or who are receiving NHS continuing care.

The census week should include the 31st March 2014. If this is not a typical week for this time of year (due to public holidays or other reasons) then a different week can be chosen. If you choose to use a different week then you should inform the ScotXed team at ScotXed@scotland.gsi.gov.uk

Assessment
An <u>assessment</u> may take the form of:
- A community care assessment
- A self-assessment
- An outcome-based assessment
- A joint assessment with Health or Housing
- A review or re-assessment

Home care service
<u>Home care services</u> are defined as:
- Practical services which assist the client to function as independently as possible and/or continue to live in their own homes, e.g.
- Routine household tasks within or outside the home (basic housework, shopping, laundry, paying bills)
- Personal care of the client; as defined in schedule 1 of the Community Care & Health Act 2002.
- Respite care in support of the client's regular carers, e.g Crossroads Care Attendance Schemes funded by the Local Authority.
- Home care provided to clients living in sheltered housing or supported accommodation.

Exclude:
- Live-in and 24 hour services – these can be included as Housing Support services.

Self-directed Support

A new question on Self-directed Support was introduced in 2013 following the implementation of the SDS bill:

Self-directed Support (tick all that apply)

- Option 1 - Direct Payment (1=Yes; 0= No)

- Option 2 - Directing the available resource (1=Yes; 0= No)

- Option 3 – Local Authority arranged (1=Yes; 0=No)

The three options for Self-directed Support are defined as follows:

Option 1 - Direct Payment

You should **enter "1" for Direct Payment** if the client receives a sum of money into a bank account or onto a pre-paid debit card or by other means. A Direct Payment means that the client can purchase and commission services as a private individual. If the client receives a Direct Payment during the financial year, then the Direct Payment section of the survey should also be completed.

Information on clients receiving Direct Payments was previously collected separately through the Self-Directed Support (Direct Payments) survey.

Option 2 - Directing the available resource

You should enter "1" for Directing the available resource if the client has been assessed as requiring a sum of money in order to meet agreed outcomes. The client will choose the support / services that they want and the local authority will make the arrangements to put these services in place. The money can remain within the local authority or it can be delegated to a provider to hold and distribute under the clients direction. An example of this would be an Individual Service Fund.

Option 3 - Local Authority arranged

You should enter "1" for Local Authority arranged if:
- The client has been assessed as requiring a sum of money to meet agreed outcomes; and
- The client has been explained all the options available to them with regard to self-directed support; and
- The client has chosen that the Local Authority decide and arrange these services.

Note that option 3 is not a catch-all question and services may be arranged by the Local Authority which do not meet the definition of Self-directed Support (LA arranged).

Option 4 – any mixture of options 1-3
There is a fourth option under Self-Directed Support, for clients who receive a mixture of the first 3 options. The survey will not explicitly ask for 'option 4' - this option is derived by looking to see how many clients have ticked more than one of the three options. It may be that a significant proportion of clients fall into this category and capturing the data in this way allows for more flexible analysis.

Can I put '0' for all three SDS options?
In the early years of implementation of the Self-directed Support bill, we expect that SDS will not apply to many clients, as they have not been subject to an outcomes based assessment or review and have not had all the new SDS options explained in detail. The survey *will* therefore accept clients where a zero is returned for each of the three options.

Housing Support service (excluding Telecare and Community Alarms)
Housing support services help people to live as independently as possible in the community.

Housing support services help people manage their home in different ways. These include assistance to claim welfare benefits, fill in forms, manage a household budget, keep safe and secure, get help from other specialist services, obtain furniture and furnishings and help with shopping and housework. The type of support that is provided will aim to meet the specific needs of the individual.

Information should be returned on every person who receives supported living (Housing Support) services which are aimed at enabling the client to maintain independent living. All of these clients should be included in the survey regardless of whether they receive any of the other services asked for.

You should exclude:
- Short-term homelessness services
- Women escaping domestic violence services

Telecare and Community Alarm services (which might also be considered Housing Support Services) should not be included in this question as these are asked about separately in the survey.

Meals service
Meals on wheels services provide clients with a cooked meal. All clients who receive a meals on wheels service should be included in the database regardless of whether they receive any other home care service.

Shopping service / Laundry service
These questions are optional for 2014.

Community Alarm / Other telecare service
Information should be returned on every person who receives a community alarm / telecare service during census week: it should not be property based. Where there is more than one person living within a house who has been identified as eligible for and requiring a community alarm/telecare service, individual information for each person should be provided.

Information should be provided on community alarms/telecare services purchased by the local authority from another provider e.g. Housing Association.   This includes people living within amenity/sheltered/very sheltered/extra care housing where a community alarm (including a sheltered housing alarm) or telecare is included as part of the purchased or provided service.

People living within properties which have had alarms installed historically but which are no longer used to meet care and support needs should not be included.

Some telecare technologies may be installed in a person's home for a short period of time only to assist an assessment of need.   This should be counted for the purpose of the return if the installation is in place during the period covered by the census.

The data provided should be accurate and up to date i.e. closed and deceased service users should not be included.

Respite care

For 2014, you have the option of returning respite information 1) through the previous method, an annual spreadsheet return or 2) at an individual level through the Social Care survey. Further guidance is available from:
http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/RespiteCarenew

Notes on Requirements and Completion for each Template Sheet

PERSON

Data Name	Business Name	Requirement	Notes on Completion
LAcode	Local Authority	Included as a check as to the Local Authority responsible for funding the home care. Note that you should enter this in cell B11 of the template, overwriting the "ENTER CODE HERE" field.	This item must be provided by all local authorities. **LA Codes**

LA Codes table (within Notes on Completion):

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

UniqueID	Uniqueid	The Uniqueid is the key unique identifier of home care clients within local authority (LA) management information systems (MIS). Uniqueid will be used for additional data management and quality assurance purposes, together with allowing linking of the social care dataset together for longitudinal statistical analysis purposes only.	This must be provided for all clients. The Uniqueid must be unique to a particular client. It may be the uniqueid used in the Local Authorities MIS or may be generated for the purposes of the return. If the uniqueid is generated, it must be consistent to the client across all datasets returned for the home care collection and repeatable over time (i.e. in future years). One approach to generating a uniqueid might be to apply a cryptographic hashing algorithm such as SHA-1 (or the stronger SHA-256) to the MIS client ID. The uniqueid will have no meaning to Scottish Government staff but will allow Local Authorities to identify their clients. Where a client appears in more than one dataset they should have the same uniqueid in each (this also applies to data relating to different years to allow for longitudinal analysis). If the Local Authority is unable to provide the same uniqueid each time a client appears then they can provide name, date of birth and postcode information instead.
Surname	Surname	Only required if the local authority is unable to link their own home care data if it is stored on a different MIS. Local authorities who do not supply surname will be expected to be able to link longitudinally. The Scottish Government will use surname for data linking purposes but will remove surname from the final dataset to be used for statistical analysis. The raw data will be stored in a secure data warehouse.	To be provided by local authority if they are unable to link their own data from different MIS and longitudinally.
Forename	Forename	Only required if the local authority is unable to link their own home care data if it is stored on different MIS. Local authorities who do not supply forename will be expected to be able to link longitudinally. The Scottish Government will use forename for data linking purposes but will remove forename from the final dataset to be used for statistical analysis. The raw data will be stored in a secure data warehouse.	To be provided by local authority if they are unable to link their own data from different MIS and longitudinally.

Postcode	Postcode	Must be present and must be a full valid postcode. Postcode will be used as a data quality check with uniqueid. It will also be used to create geography variables such as health board. Postcode can be used for future spatial analysis (e.g distance client lives from a particular service). Postcode will be removed from dataset used for statistical analysis. Raw data will be stored in a secure data warehouse.	This must be provided for all clients.
DateOfBirth	Date Of Birth	Full date of birth must be provided if a local authority is unable to link their own home care data if it is stored on different MIS. If a local authority is able to link their own data (including longitudinally) then the data of birth can be adjusted to YYYY – MM – 01. Date of birth will be used for age analysis. A newly created 'age' variable will appear on the dataset used for statistical analysis and original date of birth will be removed. The original raw data will be stored in a secure data warehouse.	The date of birth must be provided.
Gender	Gender	Must be present.	Gender must be provided for all clients: **Gender** | Value	Display
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1	Male
2	Female	

EthnicGroup	Ethnic Group	To allow analysis of home care client data by ethnic group. The Scottish Government has a clear commitment to equal opportunities under the Scotland Act 1998. The Race Relations (Amendment) Act 2000 puts a general statutory duty on public bodies, including the Scottish Government, to eliminate unlawful discrimination, and to promote equality and good race relations. For this reason, it is important that the Scottish Government is able to monitor the impact of its social work service to ensure that it meets the needs of all home care clients and that no one group is at a disadvantage. This information will enable a national picture to be built of the ethnic background of home care clients, and this in turn will inform policy development and help the Scottish Government to address identified needs and to deploy resources usefully.	Ethnic Group must be provided for all clients: ## Ethnic Group | Value	Display
01 or 1	White
02 or 2	Mixed or multiple ethnic groups
03 or 3	Asian, Asian Scottish or Asian British
04 or 4	African, Caribbean or Black
05 or 5	Other Ethnic Background
97	Not Disclosed
99	Not Known | The purpose in this item is to record the ethnic background of individuals, not nationality. For example, those of Asian background are to be reported as under the Ethnic Group "Asian, Asian Scottish or Asian British". This ignores whether the person was born in Scotland or not. In cases where an individual does not wish their ethnic background to be recorded please use code 97 – Not Disclosed. This code should only be used in cases where **this selection has been made by the appropriate individual.** In all other cases where no return has been made by the appropriate individual, please use code 99 – Not Known. All local authorities are asked to make reasonable efforts to ensure that ethnic background data are available for all clients.
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| Alone | Living alone | People who live alone are more likely to need community care services. They may have less support in terms of informal care (family and friends) and will be more vulnerable if they have a fall or are ill. | To be returned for all clients.

Living Alone
<table><tr><th>Value</th><th>Display</th></tr><tr><td>01 or 1</td><td>Client Lives Alone</td></tr><tr><td>02 or 2</td><td>Other</td></tr><tr><td>09 or 9</td><td>Not Known</td></tr></table> |
| TypeOfHousing | Type of Housing | With an increasing older population, councils will need to consider what types of housing are required in future. | Type of Housing must be provided for all clients:

Type of Housing
<table><tr><th>Value</th><th>Display</th></tr><tr><td>01 or 1</td><td>Mainstream</td></tr><tr><td>02 or 2</td><td>Supported</td></tr><tr><td>03 or 3</td><td>Other</td></tr></table>
Mainstream Housing
This is a private home (either owned/mortgaged or rented) which has not been adapted for special needs in any way.

Supported Housing
This includes:
• Special housing: premises that have been adapted to meet the need of people with particular needs, e.g. wheelchair access.
• Amenity housing: a group of premises with special modifications for particular needs but not supported by a warden.
• Sheltered housing: self-contained premises linked to a warden who provides specialist support to tenants.
• Supported accommodation: A home where external support is put in place to help the tenants live as |

			independently as possible. **Other** Anything not covered in categories 01 and 02.
SDS1 SDS2 SDS3	Self-Directed support	To monitor implementation of the SDS bill which says that councils must give people a choice of options: 1) Having a direct payment 2) Choosing the services they want and asking the council to arrange them 3) Letting the council decide what services are right 4) A mix of these options	To be returned for all clients. Three questions are asked. For each question enter 1 if client receives this type of SDS and 0 if they don't. ### SDS questions | Value	Display
---	---
1	Yes
0	No	 SDS1 – Client has a direct payment SDS2 – Client has chosen services they want and asked council to arrange them SDS3 – Client has been assessed as requiring sum of money to meet agreed outcomes, has been explained all the options available to them regarding SDS and has chosen for the council to decide and arrange services. Note that the emphasis is on choice: the client should only be coded as Self-directed Support if they have chosen one of the options above. Clients may receive more than one type of SDS. Similarly, clients may not receive SDS at all i.e. 0 can be returned for all three questions. If the client receives a Direct Payment (SDS1 = 1) then the Direct Payment section of the survey should also be completed.

Contrib01	Contrib01 – Social Work	Contributors to Total Care Package – **Social Work** - At least one contributor code must be submitted (1/0).	To be returned for all clients. These questions ask who contributes financially to the total care package.
Contrib02	Contrib02 – Housing	Contributors to Total Care Package – **Housing** - At least one contributor code must be submitted (1/0).	For each question enter 1 if client receives this type of contribution and 0 if they don't.
Contrib03	Contrib03 – Independent Living	Contributors to Total Care Package – **Independent Living** - At least one contributor code must be submitted (1/0).	**Contributor questions**
Contrib04	Contrib04 - Health	Contributors to Total Care Package – **Health** - At least one contributor code must be submitted (1/0).	Each client should have at least 1 contributor to their total care package.
Contrib05	Contrib05 - Client	Contributors to Total Care Package – **Client** - At least one contributor code must be submitted (1/0).	
Contrib06	Contrib06 - Other	Contributors to Total Care Package – **Other** - At least one contributor code must be submitted (1/0).	
Contrib99	Contrib99 – Not Known	Contributors to Total Care Package – **Not Known** - At least one contributor code must be submitted (1/0).	
Value	Financial value of Total Care Package		Optional for 2014. A working group has been set up to define the requirements for this variable for future surveys. Can be entered as whole pounds or pounds and pence.

In the fourth column, within the "Contributor questions" section:

Value	Display
1	Yes
0	No

HomeCare	Home Care	Indicator of whether the person receives Home Care service during the census week. Must be present.	To be returned for all clients. **Home Care** | Value	Display
1	Yes
0	No | If HomeCare = 1 then a record should be completed for the HomeCare section of the survey.
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Respite	Respite	Indicator of whether the person has received Respite at any time during the financial year. Must be present for councils who are returning respite at an individual level this year.	This variable will only be returned by those councils who have opted to return the respite survey at an individual level. For these councils: To be returned for all clients who receive a respite service at any time during the financial year, regardless of whether they are in receipt of any other services. **Respite Care** | Value	Display
1	Yes
0	No | If Respite = 1 then the Respite section of the survey should also be completed.

HotMeal	Meals on wheels	Indicator of whether the person receives a Hot Meals service during the census week. Must be present.	Meals on wheels services provide clients with a cooked meal. All clients who receive a meals on wheels service should be included in the database regardless of whether they receive any other home care service. ### Hot Meals | Value	Display
1	Yes
0	No | Note: if the client has purchased a meals service via a direct payment, then this should not be recorded here. They should be recorded as receiving a Direct Payment (SDS1 = 1) and assessed as needing a meals service (Needs08 = 1)
FrozenMeal	Frozen Meals	Indicator of whether the person receives a Frozen Meals service during the census week. Must be present	Frozen meals services provide clients with frozen meals which may be cooked by the clients themselves or by a carer. All clients who receive a frozen meals service should be included in the database regardless of whether they receive any other home care service. ### Frozen Meals | Value	Display
1	Yes
0	No | Note: if the client has purchased a meals service via a direct payment, then this should not be recorded here. They should be recorded as receiving a Direct Payment (SDS1 = 1) and assessed as needing a meals service (Needs08 = 1)

Alarm	Community Alarm	Must be present.	All clients receiving Community Alarm services should be included in the database regardless of whether they receive any other home care services. **Community Alarm** | Value	Display
1	Yes
0	No | See Annex C for definition.
Telecare	Other Telecare	Must be present.	All clients receiving other Telecare services should be included in the database regardless of whether they receive any other home care services. Do not count Community Alarms as Telecare as they are collected separately under 'CommunityAlarm'. If however, a client has a Community Alarm as part of their enhanced Telecare package, then this should be recorded under Community Alarm and Telecare. **Telecare** | Value	Display
1	Yes
0	No | See Annex C for definition of Community Alarm and Telecare.

HousingSupport	Housing Support	Must be present. Housing support services help people to live as independently as possible in the community. They can either be provided in your own home or in accommodation such as sheltered housing or a hostel for homeless people. Housing support services help people manage their home in different ways. These include assistance to claim welfare benefits, fill in forms, manage a household budget, keep safe and secure, get help from other specialist services, obtain furniture and furnishings, and help with shopping and housework. The type of support that is provided will aim to meet the specific needs of an individual person.	If returning information on housing support then all housing support clients should be included in the database regardless of whether they receive other home care services. Housing support is defined in Annex A **Housing Support** | Value	Display
---	---
1	Yes
0	No	
Shopping	Shopping	Optional for 2014.	If returning information on shopping services then all clients should be included in the database regardless of whether they receive other home care services.
Laundry	Laundry	Optional for 2014.	If returning information on laundry services then all clients should be included in the database regardless of whether they receive other home care services.
CareplanDate	Date of Care Plan review	Optional in 2014.	Date of last care plan review or if they are new to service and have only had an assessment then include assessment date instead. Actual date not scheduled date.
EligibilityDate	Eligibility Criteria Date	Provide the date of the most recent Eligibility Criteria score for the client.	YYYY-MM-DD

EligibilityCat	Eligibility Criteria Category	Provide the most recent Eligibility Criteria score for the client.	Eligibility Criteria Categories are as follows:
			Eligibility Criteria Category | Value	Display
---	---
01 or 1	Critical
02 or 2	Substantial
03 or 3	Moderate
04 or 4	Low Risk
99	Not Available	
IoRNDate	IoRN score date	Optional for 2014.	See Annex B for definition. YYYY-MM-DD
IoRN	IoRN score	Optional for 2014.	See Annex B for definition. A-I (must be a capital letter)
Unpaid Carer	Unpaid Carer	Optional for 2013	**Unpaid Carer** | Value	Display
---	---
1	Yes
0	No	

CLIENTGROUP

Data Name	Business Name	Requirement	Notes on Completion
UniqueID	Uniqueid	Uniqueid will be used for additional data management and quality assurance purposes, together with allowing linking of home care datasets together for longitudinal statistical analysis purposes only.	This must be provided for all clients. The Uniqueid must be unique to a particular client. Further information in PERSON section.
ClientGroup	Client group	This data allows analysis of home care client by client group. Main client group should be listed first, followed by any secondary code(s). Client group should be determined by the social worker. At least one client group category should be returned for each client. Multiple client group categories can be provided for each client where applicable. To add multiple categories in the Clientgroup tab, add rows of the same UniqueID like so: 	To be returned for all clients. **Client Groups** (table below) **(1)Dementia** Global deterioration of intellectual functioning. Normally a progressive condition resulting in cognitive impairment ranging from some memory loss and confusion to complete dependence on others for all aspects of personal care. Exclude confusion due to other causes e.g. medicines, severe depression. Does not have to have been medically diagnosed. **(2)Mental Health Problems** Mental health problems are characterised by one or more symptoms including: disturbance of mood (e.g. depression, anxiety), delusions, hallucinations, disorder

Client Groups

Value	Display
01 or 1	Dementia
02 or 2	Mental Health Problems
03 or 3	Learning Disability
04 or 4	Physical Disability
05 or 5	Addiction
06 or 6	Palliative care
07 or 7	Carer's
08 or 8	Problems arising from infirmity due to age
98	Other vulnerable groups
99	Not Known

of thought, sustained or repeated irrational behaviour.

Include: persons assessed as having mental health problems whether or not the symptoms are being controlled by medical treatment.

Exclude: alcohol or drug related problems; dementia.

(3)Learning Disability

A significant, lifelong condition which has three facets: 1)significant impairment of intellectual functioning resulting in a reduced ability to understand new or complex information; 2)significant impairment of adaptive/social functioning resulting in a reduced ability to cope independently; and 3)which started before adulthood with a lasting effect on the individual's development.

(4)Physical Disability

Physical disabilities have many causes in chronic illness, accidents, and impaired function of the nervous system, which, in particular physical or social environments, result in long term difficulties in mobility, hand function, personal care, other physical activities, communication, and participation.

Include: visual impairment, hearing impairment, severe epilepsy; limb loss; severe arthritis; diseases of the circulatory system (including heart disease); diseases of the central nervous system (e.g. strokes, multiple sclerosis, cerebral palsy, spina bifida and paraplegia).

Visual impairment. Blindness or partial sightedness (unless problems resolved by spectacles or contact lenses).

Hearing impairment. Profound or partial deafness and other difficulties in hearing (unless problems resolved by a hearing aid).

Exclude: Acquired brain injury. These clients should be classified under 'other'.

Problems arising from infirmity due to age. These clients should be recorded in the separate category.

(5)Addiction

Alcohol-related problems - Any person who experiences social, psychological, physical, or legal problems related to intoxication and/or regular excessive consumption and/or dependence as a consequence of his/her use of alcohol.

Drugs-related problems - Any person who experiences social, psychological, physical or legal problems related to intoxication and/or regular excessive consumption and/or dependence as a consequence of his/her use of drugs or

			chemical substances.
			(6)Palliative care (as defined by the World Health Organisation)
			Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. See http://www.who.int/cancer/palliative/definition/en/ for full definition.
			(7)Carers
			Where home care is provided to support a carer who is not a home care client in their own right and is caring for a dependent person of any age
			Or carers of children, who receive home care to support their child care, where neither the carer(s), nor child, has a disability or any other problem described in the client groups previously. Please record only those family members who are regarded as clients.
			(8)Problems arising from infirmity due to age
			This category should only be used for clients aged 65 and over.
			(98)Other vulnerable groups
			Clients should be included in this client group if they do not fall under the other categories for example clients with HIV/AIDS.
			Acquired brain injury - Multiple disabilities acquired after birth arising from damage to the brain through head injury, stroke, lack of oxygen, infection, or other causes. People with an acquired brain injury usually have a complex mixture of physical, cognitive, emotional, and behavioural, disorders or difficulties. This may affect how the person perceives the world and their abilities to remember, concentrate, reason and judge. The person's emotional state may be disturbed; personality, behaviour, communication and relationships are also frequently altered. Mobility, sensation, vision, hearing and balance, smell and taste, respiration, heartbeat, and bowel and bladder control may also be affected.
			(99)Not known
			If it is not known whether the person has been given a client group.

HOMECARE

Data Name	Business Name	Requirement	Notes on Completion
UniqueID	Uniqueid	Uniqueid will be used for additional data management and quality assurance purposes, together with allowing linking of home care datasets together for longitudinal statistical analysis purposes only.	This must be provided for all clients. The Uniqueid must be unique to a particular client. Further information in PERSON section.
LaHoursS	Home Care hours - **in house** - scheduled	Local authorities can provide either actual hours, scheduled hours or both.	Either actual hours, scheduled hours or both must be returned for all clients. Max' 168 hours. If local authorities record both on their MIS then it would useful to see the comparison between actual and scheduled hours.
LaHoursA	Home Care hours - **in house** – actual	Local authorities can provide either actual hours, scheduled hours or both.	Either actual hours, scheduled hours or both must be returned for all clients. Max' 168 hours. If local authorities record both on their MIS then it would useful to see the comparison between actual and scheduled hours.
OthLaHoursS	Home Care hours - **another LA** - scheduled	Local authorities can provide either actual hours, scheduled hours or both.	Either actual hours, scheduled hours or both must be returned for all clients. Max' 168 hours. If local authorities record both on their MIS then it would useful to see the comparison between actual and scheduled hours.
OthLaHoursA	Home Care hours - **another LA** - actual	Local authorities can provide either actual hours, scheduled hours or both.	Either actual hours, scheduled hours or both must be returned for all clients. Max' 168 hours. If local authorities record both on their MIS then it would useful to see the comparison between actual and scheduled hours.

PriHoursS	Home Care hours - **private** - scheduled	Local authorities can provide either actual hours, scheduled hours or both.	Either actual hours, scheduled hours or both must be returned for all clients. Max' 168 hours. If local authorities record both on their MIS then it would useful to see the comparison between actual and scheduled hours.
PriHoursA	Home Care hours - **private** - actual	Local authorities can provide either actual hours, scheduled hours or both.	Either actual hours, scheduled hours or both must be returned for all clients. Max' 168 hours. If local authorities record both on their MIS then it would useful to see the comparison between actual and scheduled hours.
VolHoursS	Home Care hours - **voluntary** - scheduled	Local authorities can provide either actual hours, scheduled hours or both.	Either actual hours, scheduled hours or both must be returned for all clients. Max' 168 hours. If local authorities record both on their MIS then it would useful to see the comparison between actual and scheduled hours.
VolHoursA	Home Care hours - **voluntary** actual	Local authorities can provide either actual hours, scheduled hours or both.	Either actual hours, scheduled hours or both must be returned for all clients. Max' 168 hours. If local authorities record both on their MIS then it would useful to see the comparison between actual and scheduled hours.
MultiStaff	Two or more staff required	Must be present.	Must be present. Answer yes if the client requires 2 or more members of staff during any of their visits. **MultiStaff** | Value	Display
---	---
1	Yes
0	No	

PersonalCareS	Hours of **Personal Care** – scheduled	Local authorities can provide either actual hours, scheduled hours or both.	Either actual hours, scheduled hours or both must be returned for all clients. Max' 168 hours.
			If local authorities record both on their MIS then it would useful to see the comparison between actual and scheduled hours.
			Number of hours of personal care must be less than the total hours of home care.
			Personal care includes:
			- Personal hygiene – bathing, showering, hair washing, shaving, oral hygiene, nail care. - Continence management – toileting, catheter/stoma care, skin care, incontinence laundry, bed changing. - Food & diet – assistance with the preparation of food and assistance with the fulfilment of special dietary needs. - Problems with immobility – dealing with the consequences of being immobile or substantially immobile. - Counselling & support – behaviour management, psychological support, reminding devices. - Simple treatments – assistance with medication (including eye drops), application of creams & lotions, simple dressings, oxygen therapy.
			Personal assistance – assistance with dressing, surgical appliances, prostheses, mechanical & manual aids. Assistance to get up and go to bed. Transfers including the use of a hoist.

PersonalCareA	Hours of **Personal Care** – actual	Local authorities can provide either actual hours, scheduled hours or both.	Either actual hours, scheduled hours or both must be returned for all clients. Max' 168 hours.
			If local authorities record both on their MIS then it would useful to see the comparison between actual and scheduled hours.
			Number of hours of personal care must be less than the total hours of home care.
			Personal care includes:
			• Personal hygiene – bathing, showering, hair washing, shaving, oral hygiene, nail care.
			• Continence management – toileting, catheter/stoma care, skin care, incontinence laundry, bed changing.
			• Food & diet – assistance with the preparation of food and assistance with the fulfilment of special dietary needs.
			• Problems with immobility – dealing with the consequences of being immobile or substantially immobile.
			• Counselling & support – behaviour management, psychological support, reminding devices.
			• Simple treatments – assistance with medication (including eye drops), application of creams & lotions, simple dressings, oxygen therapy.
			• Personal assistance – assistance with dressing, surgical appliances, prostheses, mechanical & manual aids. Assistance to get up and go to bed. Transfers including the use of a hoist.

DIRECTPAYMENT

Data Name	Business Name	Requirement	Notes on Completion
UniqueID	Uniqueid	Uniqueid will be used for additional data management and quality assurance purposes, together with allowing linking of home care datasets together for longitudinal statistical analysis purposes only.	This must be provided for all clients. The Uniqueid must be unique to a particular client. Further information in PERSON section.
SDSstartdate	SDSstartdate	The date when the client first started to receive direct payments - must be present.	To be returned for all clients. Must be a valid date. Must not fall after end of Data Collection Period (financial year just ended).
SDSenddate	SDSenddate	The date when the client stopped receiving direct payments - must be present if Self-Directed Support package has finished within the period 1st April 2013 – 31st March 2014.	Must be a valid date if returned. Must not fall before start of Data Collection Period (financial year just ended). Must fall on or after SDSstartdate.
TotValueDP	Direct Payment value	The total value in pounds, the person received in Direct Payments during the financial year, including that for respite services, equipments and temporary adaptations. Also any start-up costs. Must be present.	To be returned for all clients. Must be in £. Can be to two decimal places. Note that in 2013 the Data Name for this question was TotValSDS.
Needs01	Needs01 Personal Care	Type of direct payment provision – Personal Care - At least one code must be submitted (1/0).	To be returned for all clients. Must be a valid value. Each value can occur at most once for a given UniqueID and Dirpay01.
Needs02	Needs02 Health Care	Type of direct payment provision – Health Care - At least one code must be submitted (1/0).	To be returned for all clients. Must be a valid value. Each value can occur at most once for a given UniqueID and Dirpay02.

Needs03	Needs03 Domestic Care	Type of direct payment provision – Domestic Tasks - At least one code must be submitted (1/0).	To be returned for all clients. Must be a valid value. Each value can occur at most once for a given UniqueID and Dirpay03.
Needs04	Needs04 Housing Support	Type of direct payment provision – Housing Support - At least one code must be submitted (1/0).	To be returned for all clients. Must be a valid value. Each value can occur at most once for a given UniqueID and Dirpay04.
Needs05	Needs05 Social, Educational, Recreational	Type of direct payment provision – Social Educational Recreational - At least one code must be submitted (1/0).	To be returned for all clients. Must be a valid value. Each value can occur at most once for a given UniqueID and Dirpay05.
Needs06	Needs06 Equipment and Temporary Adaptations	Type of direct payment provision – Equipment & Temporary Adaptations - At least one code must be submitted (1/0).	To be returned for all clients. Must be a valid value. Each value can occur at most once for a given UniqueID and Dirpay06.
Needs07	Needs07 Respite	Type of direct payment provision – Respite - At least one code must be submitted (1/0).	To be returned for all clients. Must be a valid value. Each value can occur at most once for a given UniqueID and Dirpay07.
Needs08	Needs08 Meals	Type of direct payment provision – Meals - At least one code must be submitted (1/0).	To be returned for all clients. Must be a valid value. Each value can occur at most once for a given UniqueID and Dirpay08.
Needs09	Needs09 Other	Type of direct payment provision – Other - At least one code must be submitted (1/0).	To be returned for all clients. Must be a valid value. Each value can occur at most once for a given UniqueID and Dirpay09.

Needs99	Needs99 Not Known	Type of direct payment provision – Not known - At least one code must be submitted (1/0).	To be returned for all clients. Must be a valid value. Each value can occur at most once for a given UniqueID and Dirpay99.
Support01	Support01 PA contract	Type of care delivery – Personal Assistant Contract - At least one code must be submitted (1/0).	To be returned for all clients. Must be a valid code. Each value can occur at most once for a given UniqueID and Support01.
Support02	Support02 Service Provider Local Authority	Type of care delivery – Service Provider – LA - At least one code must be submitted (1/0).	To be returned for all clients. Must be a valid code. Each value can occur at most once for a given UniqueID and Support02.
Support03	Support03 Service Provider Private	Type of care delivery – Service Provider – Private - At least one code must be submitted (1/0).	To be returned for all clients. Must be a valid code. Each value can occur at most once for a given UniqueID and Support03.
Support04	Support04 Service Provider Voluntary	Type of care delivery – Service Provider – Voluntary- At least one code must be submitted (1/0).	To be returned for all clients. Must be a valid code. Each value can occur at most once for a given UniqueID and Support04.
Support05	Support05 Other	Type of care delivery – Other - At least one code must be submitted (1/0).	To be returned for all clients. Must be a valid code. Each value can occur at most once for a given UniqueID and Support05.
Support99	Support99 Not known	Type of care delivery – Not known - At least one code must be submitted (1/0).	To be returned for all clients. Must be a valid code. Each value can occur at most once for a given UniqueID and Support99.

RESPITE

Data Name	Business Name	Requirement	Notes on Completion
UniqueID	Uniqueid	Uniqueid will be used for additional data management and quality assurance purposes, together with allowing linking of home care datasets together for longitudinal statistical analysis purposes only.	This must be provided for all clients. The Uniqueid must be unique to a particular client. Further information in PERSON section.
RValueDP	Respite – Direct Payment value	This is the annual value of the Direct Payment for respite care in £. It should only refer to the amount of Direct Payment which is given for respite services.	To be returned if the client receives a Direct Payment for respite services. Either whole pounds or pounds and pence.
RNAtHome	Respite Nights – At Home	Overnight sitter services at home Support provided in cared-for person's normal residence through a care attendant or sitting service that enables the carer to be absent, if they wish.	To be returned for all clients who receive respite care. Enter zero if this type of respite is not provided.
RNCareHome	Respite Nights - In Care Home	Overnight in a care home Accommodated away from home in a registered care home or residential school.	To be returned for all clients who receive respite care. Enter zero if this type of respite is not provided.
RNOthersupp	Respite Nights - Other accommodation with support	Overnight in other accommodation with support Accommodated away from home in accommodation with support, in specific short break units such as specialist guest houses, community flats, purpose built or adapted houses.	To be returned for all clients who receive respite care. Enter zero if this type of respite is not provided.
RNOther	Respite Nights - Other accommodation	Overnight in other accommodation Overnight respite care with another family or individual who have been specially recruited, such as adult placement schemes or fostering. Holiday breaks* involving overnight stays (unless in care homes (service type 2) or supported accommodation (service type 3)).	To be returned for all clients who receive respite care. Enter zero if this type of respite is not provided.

RHAtHome	Respite Hours - At Home	**In cared-for person's normal residence** All respite services provided in the home of the cared for person, except overnight. Includes home care and daytime sitter services.	To be returned for all clients who receive respite care. Enter zero if this type of respite is not provided.
RHDayCare	Respite Hours - In a Day Centre	**In a day centre** Day centre attendance (only counted when the provision of a respite care break to the carer is an *explicit* reason for day centre attendance recorded in the care plan of the carer or the cared-for person).	To be returned for all clients who receive respite care. Enter zero if this type of respite is not provided.
RHDayAct	Respite Hours - Day Activities not in a Day Centre	**Day activities not in a day centre** Day services and activities outside the home providing respite for the carer and not based in a day centre. Could include facilitated access to clubs, interest or activity groups or after-school clubs.	To be returned for all clients who receive respite care. Enter zero if this type of respite is not provided.
RHOther	Respite Hours - Other	**Other day respite** Respite care in another family's home in daytime; Holiday breaks* without overnight stay. Supported breaks in a chosen setting for the person with care needs either with or without their carer. Befriending schemes where volunteers provide short breaks	To be returned for all clients who receive respite care. Enter zero if this type of respite is not provided.
RHCareHome	Respite Hours - In a Care Home	**In a Care Home** Respite care provided during the daytime only (i.e. not staying overnight) in a Care Home setting. Overnight stays in a care home should be recorded as service type 2 only.	To be returned for all clients who receive respite care. Enter zero if this type of respite is not provided.

HOUSING SUPPORT

Housing support services help people to live as independently as possible in the community.

Housing support services help people manage their home in different ways. These include assistance to claim welfare benefits, fill in forms, manage a household budget, keep safe and secure, get help from other specialist services, obtain furniture and furnishings and help with shopping and housework. The type of support that is provided will aim to meet the specific needs of the individual.

Information should be returned on <u>every person</u> who receives supported living (Housing Support) services which are aimed at enabling the client to maintain independent living. All of these clients should be included in the survey regardless of whether they receive any of the other services asked for.

You should <u>exclude</u>:
- Short-term homelessness services
- Women escaping domestic violence services

Telecare and Community Alarm services (which might also be considered Housing Support Services) should not be included in this question as these are asked about separately in the survey.

INDICATOR OF RELATIVE NEED (IORN SCORE)

The Indicator Of Relative Need (IoRN) is a tool for categorising people, currently only older people, whose needs have been assessed, into nine groups (A to I) according to their level of need. It uses the answers to a carefully determined set of questions that cover the assessed person's need for support across activities for daily living , personal care, food and drink preparation, mental health and behaviour, and bowel management. The IoRN can be completed easily by a trained professional provided that they are familiar with the person's current health and social care needs. It is completed typically following a comprehensive assessment or SSA. It provides additional insight on a person's level of need and informs the care plan.

The IoRN was developed by ISD Scotland [www.isdscotland.org] on behalf of the Scottish Government.

More detail on the IoRN is available at:

http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Dependency-Relative-Needs/In-the-Community/

Guidance on how to assign a client to an IoRN group can found in Appendix Two, starting on p.57, of the document at the following link, 'National Minimum Information Standards For All Adults In Scotland':

http://www.scotland.gov.uk/Publications/2007/12/13130738/0

COMMUNITY ALARM & TELECARE

Definitions

Telecare is the remote or enhanced delivery of care services to people in their own home by means of telecommunications and computerised services. Telecare usually refers to sensors or alerts which provide continuous, automatic and remote monitoring of care needs emergencies and lifestyle changes, using information and communication technology (ICT) to trigger human responses, or shut down equipment to prevent hazards (Source: National Telecare Development Programme, Scottish Government). Community Alarms are considered to be the basic, introductory level of telecare.

To differentiate between the 'community alarms' and 'telecare' levels within the reported data, local authorities should ensure robust asset management and personal data recording systems associated with the provision of community alarm/telecare services are in place as part of purchased or provided services e.g. within equipment stores and/or alert/call monitoring systems.

Community Alarm is defined as: *A person in receipt of a technology package which consists of a communication hub (either individual home hub unit or part of a communal system e.g. the alarm system within sheltered housing), plus a button/pull chords/pendant which transfers an alert/alarm/data to a monitoring centre or individual responder.*

Telecare is defined as; *A person in receipt of a technology package which goes over and above the basic community alarm package identified above, and includes any other sensors or monitoring equipment e.g. (not an exhaustive list);*

- *linked pill dispensers,*

- *linked smoke detectors,*

- *linked key safes,*

- *bogus caller buttons and door entry systems,*

- *property exit sensors, extreme temperature, flood, falls, movement detectors.*

Stand alone devices and pieces of equipment should not be considered 'telecare' for the purpose of this return i.e. they should be capable of alerting/providing information to a monitoring centre or individual responder and should generally be 'linked' to the home hub or communal alarm system.

If a person is in receipt of an enhanced telecare package which includes a community alarm, then data should be return for both variables ('community alarm' and 'other telecare').

SHORT BREAKS (RESPITE CARE)

1. CARER

A range of terms is used to describe a person who cares for another including: 'unpaid carer,' 'carer,' 'family carer' and 'informal carer.' In this guidance we refer to them as 'carers'.

Carers of any age provide care and support to family members, other relatives, partners, friends and neighbours of any age affected by physical or mental health issues (often long-term), disability, frailty or substance misuse. Some carers care intensively or are life-long carers. Others care for shorter periods. The carer does not need to be living with the cared-for person to be a carer. Anybody can become a carer at any time, sometimes for more than one person.   Carers can be any age ie they include young carers.

Carers are not paid workers. Paid workers are sometimes, incorrectly, called carers when they should be called care workers.

Carers are not volunteers. There may be volunteers supporting the cared-for person and/or the carer, but they are not the carer in this context.

2. PERSON with CARE NEEDS

The person cared for is either an adult or older person with community care needs, or a child with a disability. They will likely have a long-term health problem or disability. This will include people with learning disabilities, physical disabilities, mental health issues, dementia, HIV/AIDS, drug/alcohol abuse problems, autism, acquired brain injury, children with emotional difficulties and other care needs.

Information is asked separately for different age categories. Note that the age group refers to the person being cared for (not the carer):
- Children aged 0-17
- Adults aged 18-64
- Older People aged 65 and over

Note that age should be calculated as at 31st March 2014 (i.e. at the end of the reporting year).

3. SHORT BREAK / RESPITE

Short breaks are provided with the aim of enhancing and developing the quality of life of a person who has support needs and their carer and to support their relationship. The distinctive feature of short breaks is that they should be a positive experience for both. Short breaks can be provided within or outwith an individual's home.

Breaks provided to people without carers are <u>excluded</u> from this data collection, which is intended to measure a key element in support for carers.

This indicator only concerns short breaks (respite) provided or purchased by the Council.

The following types of short break (respite) should be <u>included</u>:
- Planned 'breaks from caring' where this is part of a care plan;
- 'Emergency crisis support' where a carer needs an urgent break to prevent or respond to a crisis;

- short breaks (respite), which are provided directly by the council;
- short breaks (respite) which are secured by the council from another source such as a voluntary or private sector organisation;
- short breaks (respite), even if this subsequently becomes longer term or permanent care. (Note that the original provision needs to have been on a respite basis, and it is only this period which should be reported).
- short breaks purchased using Direct Payments. These will be measured in monetary terms rather than hours and nights.

The following should not be counted as a short break (respite):
- Equipment and adaptations
- Telecare, telehealth care and community alarm services
- School
- Services which are designed to enable the carer to work
- Reablement services

4. **FURTHER GUIDANCE**

Councils should count all respite where the short break occurs during the reporting year – 1 April 2013 to 31 March 2014.

Respite should be the **primary reason** for providing the service and not a secondary benefit.

Day centre services provided on a regular basis to the cared-for person also provide carers with breaks from care tasks. However, they should only be included in this performance indicator if the provision of a respite care break to the carer is an explicit reason for this service recorded in the care plan of the carer or the cared-for person.

Daytime respite services should not be included unless they enable the carer to take a break of **at least one hour** from caring tasks.

Some care homes (and supported accommodation) have beds specifically designated for respite use: exclude any long-stay residents who have been admitted to such beds. Some residents may be admitted for respite which subsequently becomes long-stay. Count the period from admission up to the point when the reason for their continued residency has changed.

Stays in Care Homes should only be counted as overnights. Daytime hours should only be counted in Care Homes if the person is looked after during the day and doesn't stay overnight.

Where the short break involves the carer and person cared for remaining together, for example holidays together, the respite hours or bed-nights should be counted for one person receiving the short break, rather than for two.

5. **CONVERSION to RESPITE WEEKS**

To enable a total respite figure to be calculated to monitor the respite concordat commitment:

- Respite nights will be converted into respite weeks by dividing total nights by seven.
- Daytime hours will be converted into respite weeks by dividing total number of hours by 52.5

Further guidance is available from http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/RespiteCarenew