



# Data Collection Documentation

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**Document Type:** Data Specification

**Collection:** Social Care

**SG deadline:** 31<sup>st</sup> July 2016

**Coverage:** 1<sup>st</sup> April 2015 – 31<sup>st</sup> March 2016

(with the exception of Home Care, Housing Support and Meals services - which are collected for a Census Week that includes 6<sup>th</sup> April 2016)

# Document Details

## Issue History

Version	Status	Author	Issue Date	Issued To	Reason
1.0	Draft				

## Approvals

This document requires the following approvals:

Version	Name	Representing	Signature

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

## Location

File Name	Last Updated

## Notes on Requirements and Completion for each Template Sheet

Valid values (as specified in the third column) are required for all fields, unless otherwise stated.

### PEOPLE (MUST BE COMPLETED FOR EACH CLIENT)

Data Name	Business Name	Values																																																																			
LAcodes	Local Authority	<p data-bbox="786 517 909 544"><b>LA Codes</b></p> <table border="1" data-bbox="801 555 1518 1238"> <tbody> <tr><td>100</td><td>Aberdeen City</td><td>270</td><td>Highland</td></tr> <tr><td>110</td><td>Aberdeenshire</td><td>280</td><td>Inverclyde</td></tr> <tr><td>120</td><td>Angus</td><td>290</td><td>Midlothian</td></tr> <tr><td>130</td><td>Argyll &amp; Bute</td><td>300</td><td>Moray</td></tr> <tr><td>150</td><td>Clackmannanshire</td><td>310</td><td>North Ayrshire</td></tr> <tr><td>170</td><td>Dumfries &amp; Galloway</td><td>320</td><td>North Lanarkshire</td></tr> <tr><td>180</td><td>Dundee City</td><td>330</td><td>Orkney Islands</td></tr> <tr><td>190</td><td>East Ayrshire</td><td>340</td><td>Perth &amp; Kinross</td></tr> <tr><td>200</td><td>East Dunbartonshire</td><td>350</td><td>Renfrewshire</td></tr> <tr><td>210</td><td>East Lothian</td><td>355</td><td>Scottish Borders</td></tr> <tr><td>220</td><td>East Renfrewshire</td><td>360</td><td>Shetland Islands</td></tr> <tr><td>230</td><td>Edinburgh, City of</td><td>370</td><td>South Ayrshire</td></tr> <tr><td>235</td><td>Eilean Siar</td><td>380</td><td>South Lanarkshire</td></tr> <tr><td>240</td><td>Falkirk</td><td>390</td><td>Stirling</td></tr> <tr><td>250</td><td>Fife</td><td>395</td><td>West Dunbartonshire</td></tr> <tr><td>260</td><td>Glasgow City</td><td>400</td><td>West Lothian</td></tr> </tbody> </table>				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
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UniqueID	Uniqueid	Text																
CHI	CHI	10-digit number. The current CHI number consists of the 6 digit Date of Birth (DDMMYY) followed by a 3 digit sequence number and a check digit. The tenth digit is always even for females and odd for males.  (OPTIONAL)																
Surname	Surname	Text																
Forename	Forename	Text																
Postcode	Postcode	Text																
DateOfBirth	Date Of Birth	YYYY-MM-DD																
Gender	Gender	<table> <thead> <tr> <th>Value</th> <th>Display</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Male</td> </tr> <tr> <td>2</td> <td>Female</td> </tr> </tbody> </table>	Value	Display	1	Male	2	Female										
Value	Display																	
1	Male																	
2	Female																	
EthnicGroup	Ethnic Group	<table> <thead> <tr> <th>Value</th> <th>Display</th> </tr> </thead> <tbody> <tr> <td>01 or 1</td> <td>White</td> </tr> <tr> <td>02 or 2</td> <td>Mixed or multiple ethnic groups</td> </tr> <tr> <td>03 or 3</td> <td>Asian, Asian Scottish or Asian British</td> </tr> <tr> <td>04 or 4</td> <td>African, Caribbean or Black</td> </tr> <tr> <td>05 or 5</td> <td>Other Ethnic Background</td> </tr> <tr> <td>97</td> <td>Not Disclosed</td> </tr> <tr> <td>99</td> <td>Not Known</td> </tr> </tbody> </table>	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
Value	Display																	
01 or 1	White																	
02 or 2	Mixed or multiple ethnic groups																	
03 or 3	Asian, Asian Scottish or Asian British																	
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97	Not Disclosed																	
99	Not Known																	
Alone	Living alone	<table> <thead> <tr> <th>Value</th> <th>Display</th> </tr> </thead> <tbody> <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> </tbody> </table>	Value	Display	01 or 1	Client Lives Alone	02 or 2	Other	09 or 9	Not Known								
Value	Display																	
01 or 1	Client Lives Alone																	
02 or 2	Other																	
09 or 9	Not Known																	

Carer	Carer	<b>Value</b> <b>Display</b> 01 or 1    Client is known to have a carer 02 or 2    Client is known to not have a carer 09 or 9    Not Known whether client has a carer
TypeOfHousing	Type of Housing	<b>Value</b> <b>Display</b> 01 or 1    Mainstream 02 or 2    Supported 03 or 3    Long-stay Care Home 04 or 4    Hospital or other medical establishment 05 or 5    Other
CarePlanDate	Date of Care Plan review	YYYY-MM-DD (OPTIONAL)
IoRNDate	IoRN score date	YYYY-MM-DD (OPTIONAL)
IoRN	IoRN score	Must be a capital letter (A to I) (OPTIONAL)
HousingSupport	Housing Support	<b>Value</b> <b>Display</b> 1            Yes 0            No
HotMeal	Meals on wheels	<b>Value</b> <b>Display</b> 1            Yes 0            No
FrozenMeal	Frozen Meals	<b>Value</b> <b>Display</b> 1            Yes 0            No
HomeCare	Home Care	<b>Value</b> <b>Display</b> 1            Yes

Socialwork	Social worker / support worker	<b>Value</b> 01 or 1 02 or 2 09 or 9	<b>Display</b> Client is known to have a social worker / support worker Client is known to not have a social worker / support worker Not Known whether client has a social worker / support worker
Alarm	Community Alarm	<b>Value</b> 1 0	<b>Display</b> Yes No
Telecare	Other Telecare	<b>Value</b> 1 0	<b>Display</b> Yes No
SDS	Self-Directed Support	<b>Value</b> 1 0	<b>Display</b> Yes No

**3.2 CLIENTGROUP (MUST BE COMPLETED FOR EACH CLIENT)**

Data Name	Business Name	Values	
UniqueID	Uniqueid	Text	
ClientGroup	Client group	<b>Value</b> 01 or 1 02 or 2 03 or 3 04 or 4 05 or 5 06 or 6 07 or 7 08 or 8 98 99	<b>Display</b> Dementia Mental Health Problems Learning Disability Physical Disability Addiction Palliative care Carer's Problems arising from infirmity due to age Other vulnerable groups Not Known

### 3.3 HOMECARE (COMPLETE IF HOMECARE = 1 ON PERSON TABLE)

Data Name	Business Name	Values							
UniqueID	Uniqueid	Text							
LaHoursS	Home Care hours - <b>in house</b> -scheduled	Number VALIDATION: any entries of 168 hours or over will flag a warning (“24/7 care and live-in support should be recorded as Housing Support and not Home Care”) VALIDATION: at least one-zero value must be entered in one of these cells. VALIDATION: it is permissible to return information on scheduled hours, actual hours or both.							
LaHoursA	Home Care hours - <b>in house</b> – actual								
OthLaHoursS	Home Care hours - <b>another LA</b> - scheduled								
OthLaHoursA	Home Care hours - <b>another LA</b> - actual								
PriHoursS	Home Care hours - <b>private</b> -scheduled								
PriHoursA	Home Care hours - <b>private</b> - actual								
VolHoursS	Home Care hours - <b>voluntary</b> -scheduled								
VolHoursA	Home Care hours – <b>voluntary</b> -actual								
MultiStaff	Two or more staff required		<table border="0"> <thead> <tr> <th>Value</th> <th>Display</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </tbody> </table>	Value	Display	1	Yes	0	No
Value	Display								
1	Yes								
0	No								
PersonalCareS	Hours of <b>Personal Care</b> –scheduled	Number VALIDATION: should not exceed the sum of scheduled Home Care hours.							
PersonalCareA	Hours of <b>Personal Care</b> –actual	Number VALIDATION: should not exceed the sum of actual Home Care hours.							



### 3.4 SDS (COMPLETE ONE OR MORE TABS IF SDS = 1 ON PERSON TABLE)

Data Name	Business Name	Values						
UniqueID	Uniqueid	Text						
SDS1 SDS2 SDS3	Self-Directed Support Options	SDS1, SDS2, SDS3 questions:  <table border="0"> <tr> <td><b>Value</b></td> <td><b>Display</b></td> </tr> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table>	<b>Value</b>	<b>Display</b>	1	Yes	0	No
<b>Value</b>	<b>Display</b>							
1	Yes							
0	No							
SDSstartdate	SDSstartdate	YYYY-MM-DD (OPTIONAL) VALIDATION: must be before the end of the reporting period.						
SDSenddate	SDSenddate	YYYY-MM-DD (OPTIONAL) VALIDATION: must be after the start of the reporting period. VALIDATION: must be the same as, or after, SDSstartdate (if returned).						
TotValueSDS	Total Package Value	Value in pounds (note: keep the Excel format as "General"). Can be to two decimal places. (REQUIRED IF EITHER SDS1 = 1 OR SDS2 = 1, OTHERWISE OPTIONAL) VALIDATION: An error is flagged if this is less than the sum of ValueSDS1, ValueSDS2 and ValueSDS3. A warning is flagged if this is greater than the sum of ValueSDS1, ValueSDS2 and ValueSDS3.						
ValueSDS1	SDS1 Package Value	Value in pounds (note: keep the Excel format as "General"). Can be to two decimal places. (REQUIRED IF SDS1 = 1)						
ValueSDS2	SDS2 Package Value	Value in pounds (note: keep the Excel format as "General"). Can be to two decimal places. (REQUIRED IF SDS2 = 1)						
ValueSDS3	SDS3 Package Value	Value in pounds (note: keep the Excel format as "General"). Can be to two decimal places. (OPTIONAL IF SDS3 = 1)						

SDSContrib01	Social Work	<b>Value</b>	<b>Display</b>
SDSContrib02	Housing	1	Yes
SDSContrib03	Independent Living	0	No
SDSContrib04	Health	VALIDATION: at least one positive response must be entered in one of these cells.	
SDSContrib05	Client		
SDSContrib06	Other		
SDSContrib99	Not Known		
SDSNeeds01	Personal Care	<b>Value</b>	<b>Display</b>
SDSNeeds02	Health Care	1	Yes
SDSNeeds03	Domestic Care	0	No
SDSNeeds04	Housing Support	VALIDATION: at least one positive response must be entered in one of these cells.	
SDSNeeds05	Social, Educational, Recreational		
SDSNeeds06	Equipment and Temporary Adaptations		
SDSNeeds07	Respite		
SDSNeeds08	Meals		
SDSNeeds09	Other		
SDSNeeds99	Not known		
SDSSupport01	PA contract	<b>Value</b>	<b>Display</b>
SDSSupport02	Local Authority	1	Yes
SDSSupport03	Private	0	No
SDSSupport04	Voluntary	VALIDATION: at least one positive response must be entered in one of these cells.	
SDSSupport05	Other		
SDSSupport99	Not Known		