Data Collection Documentation

Document Type: **Guidance Notes**

Collection: **Social Care**

SG deadline: **31st July 2016**

Coverage: **1st April 2015 – 31st March 2016**

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

Document Details

Issue History

Version	Status	Author	Issue Date	Issued To	Reason
1.0	Draft	David Scott			

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

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 2016 Uplift" defines the format, potential values and number of occurrences of each data item in the collection.

2. Inclusion Criteria

2.1 Collection Scope

There are four principle components to the scope of this Survey, as outlined in the following subsections. In all cases, information on individuals who meet the relevant definitions should be returned, regardless of their age. In other words, the Survey scope covers Social Care clients who are Young People (aged 0-17), Adults (aged 18-64) and Older People (aged 65+). Definitions of all of the terms stated in blue are given in Section 2.2.

2.1.1 Services delivered through Self-Directed Support

Information must be returned on every person who has had an **assessment** or review of their needs and who has chosen to receive support through one of the **Self-Directed Support** options. Clients should be reported if they received support **at any time during the financial year.**

2.1.2 Specified Social Care Services received at any time during the financial year

Information must also be returned on every person who has had an **assessment** or review of their needs and who as a result of this assessment receives/uses the following services (which has been operational **at any time during the financial year**):
- **Community Alarm**
- **Other telecare service**

Information must also be returned on every person who has had an **assessment** or review of their needs and who as a result of this assessment receives/uses the following services **at any time during the financial year**):
- **Social worker / support worker services (Community Care, Mental Health, Substance Misuse, Children with disabilities) (provided or funded by your local authority)**

2.1.3 Specified Social Care Services at any time during the Census Week

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

- **Home Care service** (provided or purchased by your local authority)
- **Housing Support service**
- **Meals service** (provided or purchased by your local authority)

Clients should be reported if they received such services at any time **during the census week.** The census week should include the 6th April 2016. Usually, the census week should include the 31st March, but due to the early Easter holiday in 2016 a later date has been selected. 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@gov.scot.

Clients who receive any of the above services during the specified census week should be recorded on this section of the Survey, regardless of whether they are receiving these as part of an SDS package, or not. If they are receiving them through SDS, then the SDS section of the Survey should also be completed. This recording structure is required because SDS is a way of delivering support, rather than a service in itself.

2.2   Definitions and Scope of specific services

2.2.1 Assessment
An assessment 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

2.2.2 Self-directed Support

As of 1st April 2014, the Self-Directed Support legislation means that all social care clients should be given a choice as to *how* they wish to receive their support. If a client has both; a) made such a choice as part of the assessment process and b) received support resulting from this choice during any part of the reporting year, then they should have a "1" entered on the SDS question within the "People" section of the Survey (see page 15) and have one or more "SDS" tabs of the Survey completed (see page 34).

In the early years of implementation of the Self-Directed Support bill, we expect that SDS will not apply to all Social Care clients – as they may not have yet been subject to an outcomes based assessment / review with all the new SDS options explained to them, such that they have not yet *been able to make an informed choice*. In such cases, clients should have a "0" entered on the SDS question within the "People" section. This recording system will allow for monitoring of the uptake of SDS during the implementation phase of the policy.

A series of example SDS client scenarios are described in Annex B.

2.2.2.1 The three options available to clients under Self-Directed Support

SDS 1 - Direct Payment
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. In 2013 and 2014, information on Direct Payments was recorded on a "Direct Payments" section of the Survey. Prior to 2013, information on clients receiving Direct Payments was collected separately through a separate Self-Directed Support (Direct Payments) survey.

SDS 2 - Directing the available resource
The client has been assessed as requiring a sum of money in order to meet agreed outcomes and 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 mode of support would be an Individual Service Fund.

SDS 3 - Local Authority arranged services
This option applies when:
- 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; or
  - The client has not made a choice towards one of the other SDS options.

The SDS legislation specifies that a client is deemed to have chosen SDS3 in cases where they do not make any other defined SDS options choice. However, this does not imply that all clients present on the Survey, who are neither SDS1 nor SDS2, should be recorded as SDS3. The crucial factor is whether the client has undergone an assessment during which all of the SDS options have been explained to them in sufficient detail *so as to allow them to make an informed choice*. Where this has been the case, the client should indeed be recorded as receiving SDS3, provided that no other defined SDS options choice were made as well / instead. However, in situations where this has not been the case, either because such an assessment has not yet been performed, or there is no need to perform one, then the client should be recorded as not receiving any form of SDS (i.e. the SDS question on the people tab set to "0" and no information returned on the SDS section).

2.2.2.2 Clients who choose a mixture of the SDS Options

There is a fourth option under Self-Directed Support, for clients who choose to receive any mixture of the first three options. The Survey does not explicitly ask for an 'option 4' - as this may be achieved by ticking the relevant combinations of the three options listed above for such clients.

2.2.2.3 Recording clients who have received multiple SDS "Care Packages"

Multiple 'tabs' of the SDS section of the Survey may be created for each SDS client. Each tab should reflect a distinct SDS "Care Package", representing a defined time-period over which support was scheduled to be delivered. In general, each Care Package would be expected to be associated with a distinct assessment / review process. In a situation where a client has received multiple Care Packages over the course of the financial year being reported upon (perhaps as the result of undergoing a review during that time), multiple tabs of the Survey may be used to reflect this. In such cases, the start and end dates of the time-period associated with each Care Package should also be returned where possible. Alternatively, the Local Authority may choose to combine any number of Care Packages into a single entry for each client, so as to represent the

combined SDS options chosen and support received by that client over the financial year being reported on. This flexibility is provided so that Authorities can return data in the format most easily extracted from their recording systems.

2.2.2.4 Recording expenditure information associated with SDS Care Packages

The total financial value of each Care Package, as well as that of its SDS1, SDS2 and SDS3 component parts, should also be recorded. In each case, the specific financial value requested is the: "**Gross value of the agreed budget allocated within the reporting year**", as defined below:

- The gross value includes any financial contributions made by the client and/or other agencies (Health Boards, ILF, other Local Authorities, etc.), as well as the contribution made by the reporting Local Authority. In order to allow for flexibility of recording in the early years of SDS implementation, if it is only possible to report the net expenditure by the Local Authority (i.e. excluding client / other contributions), then please submit this information instead, but inform ScotXed by email that this has been the case. The "Contributor" questions within the SDS section of the Survey allow Local Authorities to indicate which organisations / people have contributed to the total care package value.
- The agreed budget refers to the budget resulting from discussions with the client that have occurred *following* an initial assessment. The agreed budget may differ from any earlier indicative budget and / or any subsequent revised budget. As such, the gross value of the agreed budget represents the financial value associated with the support that the client was assessed as needing *at one point in time.* It is not necessarily the amount of support received, nor the amount used by the client. If the Local Authority claws back money, because it has not been spent (for any reason), then this will not be taken into account in the reported agreed budget figures for any given year. In order to allow for flexibility of recording in the early years of SDS implementation, if it is only possible to report the value of another type of budget (such as an 'authorised' budget) and / or the amount received by the client (rather than a budget at all), then please submit this information, but inform ScotXed by adding comments to the return.
- If the SDS care package being reported on falls partly outside of the financial year being reported upon, it is up to the submitting Local Authority to estimate and record the component of the gross value of the agreed budget that is considered to be allocated within the year being reported on. The method used to achieve this allocation is left at the discretion of the Local Authority, but a simple pro-rata approach would be perfectly acceptable.

2.2.3 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 i.e. 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.

2.2.4 Community Alarm / Telecare

Information should be returned on *every person* who receives a community alarm and/or telecare service during the survey year: 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. The data provided should be accurate and up to date i.e. closed and deceased service users should not be included. 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.

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.

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 survey year.

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. Definitions of the two terms are offered below.

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.

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.

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').

2.2.5 Social worker / support worker services (provided or funded by your local authority)

Information should be provided on every person during the survey year who as a result of an assessment has an assigned social worker or a support worker who is provided or funded by your local authority.

Include:
- Community Care Social Work,
- Mental Health Social Work,
- Substance Misuse Social Work,

- Children with Disabilities Social Work

Exclude:
- Child Protection Social Work
- Looked After Children Social Work
- Adoption & Fostering Social Work
- Residential Child Care Social Work
- Criminal Justice Social Work

2.2.6 Home care service
Home Care services 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.

Live-in and 24 hour services should be excluded from Home Care services - these can be included as Housing Support services.

2.2.7 Housing Support service (excluding Telecare and Community Alarms)

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

The following services should be excluded:
- 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 (see section 2.2.4).

2.2.8 Meals services
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.

Notes on Requirements and Completion for each Template Sheet

3.1 PEOPLE (MUST BE COMPLETED FOR EACH CLIENT)

Data Name	Business Name	Requirement	Notes on Completion
LAcode	Local Authority	Included as a check as to the Local Authority responsible for funding the social care / housing support. 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:

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.
CHI	CHI	The Community Health Index (CHI) is a population register, which is used in Scotland for health care purposes. The CHI number uniquely identifies a person on the index. This information will be encrypted one way once the data has been uploaded to Procxed.Net to protect patient privacy. This means the Scottish Government will not be able to see the CHI number, but instead a string of numbers. The encryption method will be shared with the CHI Indexing Team at ISD Scotland and/or the CHI Indexing Team at NHS Central Register to enable data linkage in the future.	Optional 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.

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
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.

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

Value	Display
01 or 1	Client Lives Alone
02 or 2	Other
09 or 9	Not Known

Carer	Carer	The client is known to have a carer.	Optional for 2016.

A carer is defined in Section 2.2.3.

Carer

Value	Display
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	With an increasing older population, councils will need to consider what types of housing are required in future.	Optional for 2016.

Optional for 2016.

Type of Housing

Value	Display
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

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.

Long-Stay Care Home:
Short-stay residents should be recorded the most appropriate of the other code options.

Hospital or other medical establishment:
To be used for long term patients only.

Other:
Anything not covered in categories 01, 02, 03, 04.

CarePlanDate	Date of Care Plan review	Date of last care plan review, or if they are new to service and have only had an assessment then date of assessment. In either case, this should be the actual date and not a scheduled date.	Optional in 2016. Format should be: YYYY-MM-DD.
IoRNDate	IoRN score date	Date of last IoRN score.	Optional in 2016. See Annex A for definition. Format should be: YYYY-MM-DD
IoRN	IoRN score	Last IoRN score.	Optional in 2016. See Annex A for definition. A-I (must be a capital letter)
The following questions relate to Services / Support received during the census week			
HousingSupport	Housing Support	Indicator of whether the person receives Housing Support during the Census Week. 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.	To be returned for all clients. All Housing Support clients should be included in the database regardless of whether they receive other Home Care services. Housing support is defined in Section 2.2.7. **Housing Support** | Value	Display
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1	Yes
0	No	

HotMeal	Meals on wheels	Indicator of whether the person receives a Hot Meals service during the Census Week.	To be returned for all clients. 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. Meals services are defined in Section 2.2.8.

Hot Meals

Value	Display
1	Yes
0	No

FrozenMeal	Frozen Meals	Indicator of whether the person receives a Frozen Meals service during the Census Week.	To be returned for all clients. 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. Meals services are defined in Section 2.2.8.

Frozen Meals

Value	Display
1	Yes
0	No

HomeCare	Home Care	Indicator of whether the person receives Home Care service during the Census Week.	To be returned for all clients. Home Care is defined in Section 2.2.6. **Home Care** | Value	Display
1	Yes
0	No | If HomeCare = 1 then the HomeCare section of the survey should also be completed.
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The following questions relate to Services / Support received at any time during the financial year

Socialwork	Social worker / support worker	Indicator of whether the person during the financial year has an assigned social worker or a support worker who is provided or funded by your local authority. Include: • Community Care Social Work, • Mental Health Social Work, • Substance Misuse Social Work, • Children with Disabilities Social Work Exclude: • Child Protection Social Work • Looked After Children Social Work • Adoption & Fostering Social Work • Residential Child Care Social Work • Criminal Justice Social Work	To be returned for all clients. See also section 2.2.5. **Social work** | Value	Display
01 or 1	Client is known to have a social worker / support worker
02 or 2	Client is known to not have a social worker / support worker
09 or 9	Not Known whether client has a social worker / support worker	
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Alarm	Community Alarm	Indicator of whether the person has received a Community Alarm service at any time during the financial year.	To be returned from all clients.
			All clients receiving Community Alarm services should be included in the database regardless of whether they receive any other Home Care services.
			Community Alarm is defined in Section 2.2.4.
			Community Alarm | Value	Display | |---|---|
1	Yes
0	No	
Telecare	Other Telecare	Indicator of whether the person has received a Telecare (other than a Community Alarm) service at any time during the financial year.	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 'Alarm'.
			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 is defined in Section 2.2.4.
			Telecare | Value	Display | |---|---|
1	Yes
0	No	

SDS	Self-Directed Support	Indicator of whether the person has received support through any of the three SDS options (including Direct Payments) at any time during the financial year.	To be returned for all clients. Self-Directed Support is defined in Section 2.2.2. **SDS** | Value	Display
1	Yes
0	No | Note that the emphasis is on the client having been given a choice: the client should only be coded as receiving Self-Directed Support if they have undergone an assessment during which the available SDS options were explained to them. Clients who have not been given such an assessment should be coded as "0". If SDS = 1 then one (or more) tabs of the SDS section of the survey should also be completed for that client.
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3.2 CLIENTGROUP (MUST BE COMPLETED FOR EACH CLIENT)

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: <table><tr><td></td><td>A</td><td>B</td></tr><tr><td>1</td><td>UniqueID</td><td>ClientGroup</td></tr><tr><td>2</td><td>1111111</td><td>1</td></tr><tr><td>3</td><td>1111111</td><td>6</td></tr><tr><td>4</td><td>1111111</td><td>9</td></tr><tr><td>5</td><td>2222222</td><td>98</td></tr><tr><td>6</td><td>3333333</td><td>5</td></tr><tr><td>7</td><td>4444444</td><td>2</td></tr><tr><td>8</td><td></td><td></td></tr></table>	To be returned for all clients. **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	 **(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

			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.

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

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.

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

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.
SDS1 SDS2 SDS3	Self-Directed Support Options	To monitor implementation of the SDS bill, which states that councils must give people a choice of options regarding how they receive their support.	Must be provided for all SDS clients. For each of the three questions enter "1" if the client has received support through this type of SDS and "0" if they have not. **SDS1, SDS2, SDS3 questions** | Value	Display
---	---
1	Yes
0	No	 SDS1 – Client has a Direct Payment SDS2 – Client has chosen the services they want and asked council to arrange them SDS3 – Client has been explained all the options available to them regarding SDS and has either: i) chosen for the council to decide and arrange services or ii) not made a defined choice towards either SDS1 or SDS2. At least one option must be selected. Clients may be recording as receiving any combination of SDS options, reflecting SDS Option 4.

SDSstartdate	SDSstartdate	The start date of the time-period associated with the SDS Care Package(s) being reported upon in this tab.	Please complete wherever known.
		If the combination of multiple Care Packages spanning different time-periods are being reported on, this should be the start date of the package with the earliest start date.	Must be a valid date. Must not fall after the end of reporting period. If prior to the start of the reporting period, then the financial values in the following sections will require allocation (by the submitting Authority) into the component that falls within the reporting period.
SDSenddate	SDSenddate	The end date of the time-period associated with the SDS Care Package(s) being reported upon in this tab. If the combination of multiple Care Packages spanning different time-periods are being reported on, this should be the end date of the package with the latest end date. If the Care Package being reported on represents a one-off Direct Payment, then the End Date should be entered as being the same as the Start Date, allowing us to establish this.	Please complete wherever known. Must be a valid date. Must not fall before start of reporting period and must be the same as, or after, the SDSstartdate. Can be in the future (i.e. an anticipated end date), but if after the end of the reporting period, then the financial values in the following sections will require allocation (by the submitting Authority) into the component that falls within the reporting period.
TotValueSDS	Total Package Value	The Gross value (in £) of the agreed budget(s), across all SDS options, allocated within the reporting year. This should be the total gross value of the agreed budget, prior to any allocation into secondary budgets associated with different SDS options. Detailed guidance, including what to do if the gross value of an agreed budget is not available, is presented in Section 2.2.2.	Must be present for all SDS clients, unless no budget exists, which may be the case for some SDS3-only clients. Value in pounds (note: keep the Excel format as "General"). Can be to two decimal places. The Total Package Value should not be less than the sum of the SDS1, SDS2 and SDS3 package values.

ValueSDS1	SDS1 Package Value	The Gross value (in £) of the agreed budget for SDS1 (Direct Payments), allocated within the reporting year. Detailed guidance, including what to do if the gross value of an agreed budget is not available, is presented in Section 2.2.2.	Must be present, if SDS1 has been indicated to form part of this Care Package. Value in pounds (note: keep the Excel format as "General"). Can be to two decimal places.
ValueSDS2	SDS2 Package Value	The Gross value (in £) of the agreed budget for SDS2, allocated within the reporting year. Detailed guidance, including what to do if the gross value of an agreed budget is not available, is presented in Section 2.2.2.	Must be present, if SDS2 has been indicated to form part of this Care Package. Value in pounds (note: keep the Excel format as "General"). Can be to two decimal places.
ValueSDS3	SDS3 Package Value	The Gross value (in £) of the agreed budget for SDS3, allocated within the reporting year. Detailed guidance, including what to do if the gross value of an agreed budget is not available, is presented in Section 2.2.2.	This item is not required, even if SDS3 is indicated for this Care Package, in recognition that such information may not always be available. However, please complete wherever this information is known. Value in pounds (note: keep the Excel format as "General"). Can be to two decimal places.

SDSContrib01	SDSContrib01 – Social Work	Contributors to Financial Value of Total Care Package – **Social Work**	These questions ask who will contribute financially to the total Care Package value, as reported in TotValueSDS. For each question enter 1 if client receives a contribution from this source and 0 if they don't. At least one contributor code must be submitted (i.e. recorded as '1') for each SDS Care Package. ### Contributor questions | Value	Display
---	---
1	Yes
0	No	 Each client should have at least one contributor to their total care package, even if this is 'Not Known'.
SDSContrib02	SDSContrib02 – Housing	Contributors to Financial Value of Total Care Package – **Housing**	
SDSContrib03	SDSContrib03 – Independent Living	Contributors to Financial Value of Total Care Package – **Independent Living**	
SDSContrib04	SDSContrib04 - Health	Contributors to Financial Value of Total Care Package – **Health**	
SDSContrib05	SDSContrib05 - Client	Contributors to Financial Value of Total Care Package – **Client**	
SDSContrib06	SDSContrib06 -	Contributors to Financial Value of Total Care Package – **Other**	

	Other		
SDSContrib99	SDSContrib99 – Not Known	Contributors to Financial Value of Total Care Package – **Not Known**	
SDSNeeds01	SDSNeeds01 Personal Care	Type of assessed support needs provided through SDS – **Personal Care**	These questions ask what identified client care needs the SDS Care Package will meet. For each question enter 1 if client has had this type of need identified and 0 if they don't. At least one client needs code must be submitted (i.e. recorded as '1') for each SDS Care Package. **Needs questions**
SDSNeeds02	SDSNeeds02 Health Care	Type of assessed support needs provided through SDS – **Health Care**	
SDSNeeds03	SDSNeeds03 Domestic Care	Type of assessed support needs provided through SDS – **Domestic Tasks**	
SDSNeeds04	SDSNeeds04 Housing Support	Type of assessed support needs provided through SDS – **Housing Support**	
SDSNeeds05	SDSNeeds05 Social, Educational, Recreational	Type of assessed support needs provided through SDS – **Social Educational Recreational**	
SDSNeeds06	SDSNeeds06 Equipment and Temporary Adaptations	Type of assessed support needs provided through SDS – **Equipment & Temporary Adaptations**	
SDSNeeds07	SDSNeeds07 Respite	Type of assessed support needs provided through SDS – **Short Breaks (Respite).** Select in all cases where services / support have been provided for the purpose of providing Short Breaks (Respite) for the client and / or their carer.	

Needs questions table (within SDSNeeds01 row):

Value	Display
1	Yes
0	No

SDSNeeds08	SDSNeeds08 Meals	Type of assessed support needs provided through SDS – **Meals**	
SDSNeeds09	SDSNeeds09 Other	Type of assessed support needs provided through SDS – **Other**	
SDSNeeds99	SDSNeeds99 Not Known	Type of assessed support needs provided through SDS – **Not known**	
SDSSupport01	SDSSupport01 PA contract	Type of support mechanism provided through SDS - **Client employs one/more Personal Assistant**	These questions ask what mechanisms of care delivery and support will be associated with the SDS Care Package. For each question enter 1 if the client receives support through this mechanism / from this source and 0 if they don't. At least one support mechanism code must be submitted (i.e. recorded as '1') for each SDS Care Package. **Support questions** | Value	Display
---	---
1	Yes
0	No	
SDSSupport02	SDSSupport02 Service Provider Local Authority	Type of support mechanism provided through SDS – **client purchases service from, or has service provided by, Local Authority.** This option should generally be selected in the case of all Care Packages involving an SDS3 component.	
SDSSupport03	SDSSupport03 Service Provider Private	Type of support mechanism provided through SDS – **client purchases services from a private provider**	
SDSSupport04	SDSSupport04 Service Provider Voluntary	Type of support mechanism provided through SDS – **client purchases services from a voluntary provider**	
SDSSupport05	SDSSupport05 Other	Type of support mechanism provided through SDS – **client purchases**	

		services from other source	
SDSSupport99	SDSSupport99 Not known	Type of support mechanism provided through SDS – **source from which client receives support is not known**	

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

EXAMPLE SDS CLIENT SCENARIOS

EXAMPLE 1 – A ONE-OFF DIRECT PAYMENT

Scenario: Client receives a one-off Direct Payment during the financial year being reported upon.

Client should be recorded as SDS = 1 on the People Section of the Survey. Client should be recorded as SDS1 = 1 on the SDS Section of the Survey.

SDSstartdate and SDSenddate should both be set to the date upon which the Direct Payment was made (if known).

TotValueSDS and ValueSDS1 should both be set to be the "Gross Value of the Agreed Budget" for the Direct Payment. If only the Net value paid to the client is known, then this should be recorded instead and this should be communicated to ScotXed through the use of comments on the return.

At least one of each of the SDSContrib, SDSNeeds and SDSSupport questions should be set to 1, to indicate who has contributed to the care package, what care needs the Direct Payment is expected to meet and how the support will be delivered.

The following table provides *one possible example* of how the SDS Section of the Survey could look in such a scenario:

Variable	Value	Notes
SDS1	1	
SDS2	0	
SDS3	0	
SDSstartdate	01/09/2014	
SDSenddate	01/09/2014	
TotValueSDS	1000	
ValueSDS1	1000	
ValueSDS2	0	
ValueSDS3	0	
SDSContrib01	1	
SDSContrib02	0	
SDSContrib03	0	
SDSContrib04	1	Reflecting a situation in which both the Local Authority and the Health Board have contributed to the payment
SDSContrib05	0	
SDSContrib06	0	
SDSContrib99	0	
SDSNeeds01	0	
SDSNeeds02	0	
SDSNeeds03	0	
SDSNeeds04	0	
SDSNeeds05	0	Reflecting a situation in which 'other' care needs are the purpose of the payment.
SDSNeeds06	0	
SDSNeeds07	0	
SDSNeeds08	0	
SDSNeeds09	1	
SDSNeeds99	0	
SDSSupport01	0	
SDSSupport02	0	
SDSSupport03	0	
SDSSupport04	0	Reflecting a situation in which the method of support is not known.
SDSSupport05	0	
SDSSupport99	1	

EXAMPLE 2 – MIXED SDS CHOICES ("SDS OPTION 4")

Scenario: Client receives an assessment prior to the start of the financial year being reported upon and opts to receive support through a mixture of SDS2 and SDS3.

Client should be recorded as SDS = 1 on the People Section of the Survey. Client should be recorded as SDS2 = 1 and SDS3 = 1 on the SDS Section of the Survey.

SDSstartdate should be set to the date upon which the budget period began, which will be prior to the start of the reporting year (if known). SDSenddate should be set to the date upon which the budget period end, which may be during the reporting year, or after the end of it (if known).

TotValueSDS should both be set to be the "Gross Value of the Agreed Budget Allocated in the Reporting Period" for the combined care package, across both the SDS2 and SDS3 components. In most scenarios, it is anticipated that this value will be the total stated on a Resource Allocation System review / assessment or similar, and should include any assessed client contribution. ValueSDS2 should be set to be the component of this total which will be directed by the client through a managed budget and ValueSDS3 should be set to be the component of this total which will be directed by the Local Authority.

In the case of all three financial amounts, the recorded amount should be that which the Local Authority estimates will fall within the reporting period. In this example, where the budget period began prior to the start of the recording period, it will be necessary for the Authority to perform a calculation to arrive at such an estimate. The nature of this calculation is at the discretion of the Authority, but the simplest approach may be to pro-rata the budget amount according to the proportion of the total budget period that falls within the reporting year. At least one of each of the SDSContrib, SDSNeeds and SDSSupport questions should be set to 1, to indicate who has contributed to the combined care package (across both the SDS2 and SDS3 components), what care needs the care package is expected to meet (across both the SDS2 and SDS3 components) and how the support will be delivered (across both the SDS2 and SDS3 components).

The following table provides *one possible example* of how the SDS Section of the Survey could look:

Variable	Value	Notes
SDS1	0	
SDS2	1	
SDS3	1	
SDSstartdate	01/01/2015	
SDSenddate	01/01/2016	
TotValueSDS	9000	This should be the amount allocated within the period 01/04/2015 to 31/03/2016. If the total budgeted value for the calendar year 01/01/2015 to 01/01/2016 were to have been £12000, the stated figure could have been arrived at by pro-rata of the 9/12 of this period that falls in the financial year being reported on.
ValueSDS1	0	
ValueSDS2	6000	These values must sum to TotValueSDS.
ValueSDS3	3000	
SDSContrib01	1	
SDSContrib02	0	
SDSContrib03	0	
SDSContrib04	0	Reflecting a situation in which both the Local Authority and the client have contributed to the care package. Note that the financial values returned in the preceding questions are the Gross values, including the client contributions.
SDSContrib05	1	
SDSContrib06	0	
SDSContrib99	0	
SDSNeeds01	0	
SDSNeeds02	1	
SDSNeeds03	0	
SDSNeeds04	0	
SDSNeeds05	0	
SDSNeeds06	0	Reflecting a situation in which 'personal care' and 'respite care' are the purposes of the care package.
SDSNeeds07	1	
SDSNeeds08	0	
SDSNeeds09	0	
SDSNeeds99	0	
SDSSupport01	0	
SDSSupport02	1	
SDSSupport03	1	Reflecting a situation in which some of the support is provided by the Local Authority (this should be selected for all packages involving an SDS3 component) and some from a private provider.
SDSSupport04	0	
SDSSupport05	0	
SDSSupport99	0	

EXAMPLE 3 – REPORTING PERIOD CONTAINS TWO SDS CARE PACKAGES

Scenario: Client receives an assessment prior to the start of the financial year being reported upon and opts to receive support through SDS2. Client is then reviewed (during the reporting year) and opts to receive further support through SDS3.

Client should be recorded as SDS = 1 on the People Section of the Survey. There are **then two valid completion options for the SDS part of the Survey**, at the discretion of the submitting Authority:

1. A single SDS section of the Survey should be completed, representing the combined care packages.

    Client is recorded as SDS2 = 1 and SDS3 = 1 on a single tab of the SDS section of the Survey.

    SDSstartdate should be set to the date upon which the earlier budget period began, which will be prior to the start of the reporting year. SDSenddate should be set to the date upon which the later budget period will end, which may be after the end of it.

    TotValueSDS should be set to be the sum of the "Gross Value of the Agreed Budget Allocated in the Reporting Period" for the allocated components of the two budgets.

    ValueSDS2 should be set to be the allocated component of the first budget and ValueSDS3 should be set to be the allocated component of the second budget. In both cases, the allocated amount should be that which the Local Authority estimates will fall / has fallen within the reporting period (as described in Example 2).

    At least one of each of the SDSContrib, SDSNeeds and SDSSupport questions should be set to 1 to indicate who has contributed to the combined care packages (across both of the packages), what care needs the care packages are expected to meet (across both of the packages) and how the support will be delivered (across both of the packages).

    The following table provides *one possible example* of how the SDS Section of the Survey could look under this option:

Variable	Value	Notes
SDS1	0	
SDS2	1	
SDS3	1	
SDSstartdate	01/01/2015	This is the start date of the first care package.
SDSenddate	01/01/2016	This is the end date of the second care package.
TotValueSDS	10500	This should be the amount allocated within the period 01/04/2015 to 31/03/2016. If the first total budgeted value (say for the calendar year 01/01/2015 to 01/01/2016) were to have been £12000, pro-rata of the 9/12 of this period that falls in the financial year being reported on would lead to £9000. If the second total budgeted value (say for the calendar year 01/01/2016 to 01/01/2017) were to have been £6000, pro-rata of the 3/12 of this period that falls in the financial year being reported on would lead to £1500. The stated total is then the sum of these pro-rata components.
ValueSDS1	0	
ValueSDS2	9000	These values must sum to TotValueSDS.
ValueSDS3	1500	
SDSContrib01	1	Reflecting a situation in which both the Local Authority and the client have contributed to the care package. Note that the financial values returned in the preceding questions are the Gross values, including the client contributions.
SDSContrib02	0	
SDSContrib03	0	
SDSContrib04	0	
SDSContrib05	1	
SDSContrib06	0	
SDSContrib99	0	
SDSNeeds01	0	Reflecting a situation in which 'personal care' and 'respite care' are the purposes of the combined care package.
SDSNeeds02	1	
SDSNeeds03	0	
SDSNeeds04	0	
SDSNeeds05	0	
SDSNeeds06	0	
SDSNeeds07	1	
SDSNeeds08	0	
SDSNeeds09	0	
SDSNeeds99	0	
SDSSupport01	0	Reflecting a situation in which some of the support is provided by the Local Authority (this should be selected for all packages involving an SDS3 component) and some from a private provider.
SDSSupport02	1	
SDSSupport03	1	
SDSSupport04	0	
SDSSupport05	0	
SDSSupport99	0	

… or ….

2. Two tabs of the SDS section of the Survey should be completed, representing the two care packages.

   First SDS Tab

   The client should be recorded as SDS2 = 1, SDSstartdate set to the date upon which this budget period began, which will be prior to the start of the reporting year and SDSenddate set to the date upon which it ended, which will be within the recording year.

   TotValueSDS and ValueSDS2 should be set to the "Gross Value of the Agreed Budget Allocated in the Reporting Period" for the first budget, with the recorded amount being that which the Local Authority estimates has fallen within the reporting period (as described in Example 2).

   At least one of each of the SDSContrib, SDSNeeds and SDSSupport questions should be set to 1, to indicate who has contributed to the SDS2 care package, what care needs the care package is expected to meet and how the support will be delivered.

   Second SDS Tab

   The client should be recorded as SDS3 = 1, SDSstartdate set to the date upon which this budget period began, which will be during the reporting year and SDSenddate set to the date upon which it ended, which may be after the end of the recording year.

   TotValueSDS and ValueSDS3 should be set to the "Gross Value of the Agreed Budget Allocated in the Reporting Period" for this second budget, with the recorded amount being that which the Local Authority estimates will fall within the reporting period (as described in Example 2).

   At least one of each of the SDSContrib, SDSNeeds and SDSSupport questions should be set to 1 to indicate who has contributed to the SDS3 care package, what care needs the care package is expected to meet and how the support will be delivered.