

Data Collection Documentation

Document Type: Data Specification

Collection: Social Care

SG deadline: 31st July 2017

Coverage: 1st April 2016 – 31st March 2017

(with the exception of Home Care, Housing Support and Meals services - which

are collected for a Census Week that includes 31st March 2017)

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						
LAcode	Local Authority	LA Co	LA Codes					
		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	Text		
СНІ	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	Value Display		
		1 Male		
		2 Female		
EthnicGroup	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		
Alama	Listen alama	Value Display		
Alone	Living alone	01 or 1 Client Lives Alone		
		02 or 2 Other		
		09 or 9 Not Known		

Carer	Carer	Value Display	
ouro.		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	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	
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	Value Display	
0 11		1 Yes	
		0 No	
HotMeal	Meals on wheels	Value Display	
		1 Yes	
		0 No	
FrozenMeal	Frozen Meals	Value Display	
		1 Yes	
		0 No	
HomeCare	Home Care	Value Display	
	13	1 Yes	

Socialwork	Social worker / support	Value	Display
Socialwork	Social worker / support worker	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
Alarm	Community Alarm	Value	Display
	,	1	Yes
		0	No
Telecare	Other Telecare	Value	Display
		1	Yes
		0	No
SDS	Self-Directed Support	Value	Display
		1	Yes
		0	No

3.2 CLIENTGROUP (MUST BE COMPLETED FOR EACH CLIENT)

Data Name	Business Name	Values	
UniqueID	Uniqueid	Text	
ClientGroup	Client group	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

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

Data Name	Business Name	Values
UniqueID	Uniqueid	Text
LaHoursS	Home Care hours - in house -scheduled	
LaHoursA	Home Care hours - in house – actual	
OthLaHoursS	Home Care hours - another LA - scheduled	Number
OthLaHoursA	Home Care hours - another LA - actual	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")
PriHoursS	Home Care hours - private -scheduled	VALIDATION: at least one-zero value must be entered in one of these cells.
PriHoursA	Home Care hours - private - actual	VALIDATION: it is permissible to return information on scheduled hours, actual hours or both.
VolHoursS	Home Care hours - voluntary -scheduled	
VolHoursA	Home Care hours – voluntary-actual	
MultiStaff	Two or more staff required	Value Display
		1 Yes
		0 No
PersonalCareS	Hours of Personal Care –scheduled	Number
		VALIDATION: should not exceed the sum of scheduled Home Care hours.
PersonalCareA	Hours of Personal Care –actual	Number
. c.cc.ia.carort		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: Value Display 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)	

0000	O seleta Ment	Value	Display			
SDSContrib01	Social Work	1	Yes			
SDSContrib02	Housing	0	No			
SDSContrib03	Independent Living	0	NO			
SDSContrib04	Health	VALIDATIO	ON: at least one positive response must be entered in one of these cells.			
SDSContrib05	Client	VALIDATIO	ALIBATION. at least one positive response must be entered in one of these cens.			
SDSContrib06	Other					
SDSContrib99	Not Known					
SDSNeeds01	Personal Care	Value	Display			
SDSNeeds02	Health Care	1	Yes			
SDSNeeds03	Domestic Care	0	No			
SDSNeeds04	Housing Support	VALIDATIO	ON: at least one positive response must be entered in one of these cells.			
SDSNeeds05	Social, Educational, Recreational	VALIDATIO	on. at least one positive response must be entered in one of these cells.			
SDSNeeds06	Equipment and Temporary Adaptations					
SDSNeeds07	Respite					
SDSNeeds08	Meals					
SDSNeeds09	Other					
SDSNeeds99	Not known					
SDSSupport01	PA contract	Value	Display			
SDSSupport02	Local Authority	1	Yes			
SDSSupport03	Private	0	No			
SDSSupport04	Voluntary	\/ALIDATI	ONL at least one positive response must be entered in one of these sells			
SDSSupport05	Other	VALIDATION: at least one positive response must be entered in one of these c				
SDSSupport99	Not Known					