



## **ScotXed Data Collection Specification**

### **Social Care Data Collection**

**Data Coverage – 1<sup>st</sup> April 2013 to 31<sup>st</sup> March 2014**

**Census Week – week including 31<sup>st</sup> March 2014**

**Submission deadline to SG – 31st July 2014**

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## Revision history

Rev	Date	Description	Author	Review	Check	Approve
0.1	07/02/14	Updated draft Data Specification from 2013 collection	S Mohammed			
0.2	20/03/2014	Update of 0.1 based on discussion with LAs	T Russon D Scott			
0.3	24/3/14	Final draft	G Leech S Mohammed			
0.4	26/03/2014	Updated Final draft	T Russon			

## Approvals

This document requires the following approvals:

Rev	Name	Representing	Signature
1.0	Julie Rintoul	Scottish Government	

# Section 1

## Collection Overview

### Background

The Care Team in Health Analytical Services Division of the Scottish Government Health Directorate collects data annually in respect of Social Care services provided to people in their own homes in Scotland. Each Scottish Local Authority is asked to submit a return providing information on each person they have provided Social Care services to during the year.

In previous years this data has been collected through two separate surveys – the Home Care survey and the Self-Directed Support (Direct Payments) survey. From 2013, following the introduction of the Self-Directed Support bill and an expected move towards more clients making use of self-directed support, it has been decided in consultation with Local Authorities to bring these two surveys together.

### Purpose of this document

The purpose of this document is to define the 'Social Care' data collection. It should be read in conjunction with the "Guidance Notes" for the 'Social Care' survey which can be found at: <http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/HomeCareCensus>

### Collection Period and Scope

Data is submitted to the Scottish Government annually at the end of the financial year. The 2014 collection period is for the financial year from 1<sup>st</sup> April 2013 to 31<sup>st</sup> March 2014 and the census week is the week including 31<sup>st</sup> March 2014.

Information must be returned on every person who has had an assessment and who receives/uses:

- Home care services including reablement services (provided or purchased by your local authority) during the census WEEK;
- Self-directed Support to purchase services during the census WEEK;
- A direct payment to purchase services during the census YEAR;
- Meals services (provided or purchased by your local authority) during the census WEEK;
- Community Alarms which are operational during census WEEK;
- Other telecare services which are operational during census WEEK;
- Housing Support services during the census WEEK;
- OPTIONAL - other services e.g. Shopping, Laundry – during the census week.

### Exclude:

- Exclude Long stay residents in Care Homes who receive a Direct Payment for Free Personal and Nursing Care

## Summary of Data Collected

For each person who receives any care services in their own home, the data to be returned are:

### Individual Details

- Local Authority code
- Unique ID
- Surname
- Forename
- Postcode
- Date of Birth
- Gender (1 – Male, 2 – Female)
- Ethnic Group
  - White
  - Mixed or multiple ethnic groups
  - Asian, Asian Scottish or Asian British
  - African, Caribbean or Black
  - Other Ethnic Background
  - Not Disclosed
  - Not Known
- Client group (select all that apply)
  - Dementia
  - Mental Health Problems
  - Learning Disability
  - Physical Disability
  - Addiction
  - Palliative Care
  - Carers
  - Problems arising from infirmity due to age
  - Homeless or sleeping rough
  - Other vulnerable groups
  - Not Known
- Type of Housing
  - Mainstream
  - Supported
  - Other
- Living alone
  - Client Lives Alone
  - Other
  - Not Known
- Self-directed Support (select all that apply)
  - Direct Payment
  - Directing the available resource
  - Local Authority arranged
- Financial contributors to total care package? (select all that apply)
  - Social Work
  - Health
  - Housing
  - Independent Living
  - Client
  - Other
  - Not Known
- Financial value of total care package for financial year (£)
- Services In receipt Of (select all that apply)
  - Direct Payment
  - Home Carer
  - Respite Care
  - Hot Meals
  - Frozen Meals
  - Community Alarm
  - Other Telecare
  - Other Housing Support
  - Shopping (optional)
  - Laundry (optional)

- Date of last Care Plan Review
- Date of last Eligibility Criteria category
- Eligibility Criteria Category
  - Critical
  - Substantial
  - Moderate
  - Low Risk
  - Not Available
- Date of last assessed IoRN score (optional)
- IoRN score (optional)
- Client has unpaid carer(s)

### Home Carer service

- Home Care hours - in house – scheduled, actual or both
- Home Care hours - from another LA – scheduled, actual or both
- Home Care hours - private sector – scheduled, actual or both
- Home Care hours - voluntary sector – scheduled, actual or both
- Client needs 2 carers to perform tasks?
- Personal Care hours - scheduled, actual or both

### Direct Payment

- Payment start date
- Payment end date
- Value of Direct Payment received in census year (£)
- Assessed needs of client (select all that apply)
  - Personal care
  - Health Care
  - Domestic Tasks
  - Housing Support
  - Social Educational Recreational
  - Equipment & Temporary Adaptations
  - Respite
  - Meals
  - Other
  - Not Known
- How support is being provided (select all that apply)
  - Personal Assistant directly employed by client
    - Number of PAs employed
  - Service Provider – LA
  - Service Provider – Private
  - Service Provider – Voluntary
  - Other
  - Not Known

**For 2013-14 you can either 1) complete the Short Breaks (respite care) spreadsheet; or 2) complete as part of Social Care survey using this module**

### Respite care

- Value of Direct Payment (DP) for respite care
- Respite weeks - Overnight sitter service at home
- Respite weeks - Overnight in a care home
- Respite weeks - Overnight in other accommodation with support
- Respite weeks - Overnight in other accommodation
- Respite hours – in cared for person's normal residence
- Respite hours – in a day centre
- Respite hours – day activities not in a day centre
- Respite hours – other day respite
- Respite hours – in a care home

## Section 2

### Data Collection: Social Care

#### Form

##### Properties

Title	Xml Root Element	Is Strict
Social Care	SocialCare	No

Table 1 - Form Properties

#### Section – Local Authority

##### Properties

Title	Contributes to Xml	Xml Element Name	Is Repeatable	Repeatable Representation	Parent Xml
Organisation	Yes	LocalAuthority	No		

Table 2 - Section Properties

Name	Xml	Anon	Searchable	Format	Value(s)
Time Taken to complete collection	ComplianceTime	No	No	No format	

##### Table 2 - Section Fields Fields (Optional)

Name	Xml	Anon	Searchable	Format	Value(s)
Local Authority	LocalAuthority	No	No	Auto Populate	<code>this.ParentComponent.ParentOrganisation.UniqueId.ToString();</code>
<b>Validation</b>					
<b>Rule</b>	<b>Error Code</b>	<b>Error Message</b>	<b>Error Description</b>	<b>Level</b>	
Mandatory	SC101	Must Be Present	Please select a valid Organisation code	Error	
Format	SC102	Org Code is Invalid	Check that the code is a valid Scottish Government Organisation Code	Error	

Table 3 - Form Fields

## Section Individual Details

### Properties

Title	Contributes to Xml	Xml Element Name	Is Repeatable	Repeatable Representation	Parent Xml
Individual Details	Yes	People	No	Person {ID}	LocalAuthority

**Table 4 - Section Properties**

### Fields (Optional)

Name	Xml	Anon	Searchable	Format	Value(s)
UniqueID	ID	No	Yes	No format	
<b>Validation</b>					
<b>Rule</b>	<b>Error Code</b>	<b>Error Message</b>	<b>Error Description</b>	<b>Level</b>	
Mandatory	SC103	Must Be Present	Each individual must have a Unique ID.	Error	
Unique	SC104	The ID provided is not unique	Each ID must be unique to this collection.	Error	

Name	Xml	Anon	Searchable	Format	Value(s)
<b>Surname</b>	Surname	<TBC>	No	No Format	
<b>Validation</b>					
Rule	Error Code	Error Message	Error Description	Level	
Name	Xml	Anon	Searchable	Format	Value(s)
<b>Forename</b>	Forename	<TBC>	No	No Format	
<b>Validation</b>					
Rule	Error Code	Error Message	Error Description	Level	
Name	Xml	Anon	Searchable	Format	Value(s)
<b>Postcode</b>	Postcode	No	No	Post Code	
<b>Validation</b>					
Rule	Error Code	Error Message	Error Description	Level	
Mandatory	SC105	Postcode must be present	The postcode is a mandatory field and must be present	Error	
Format	SC106	Postcode must be in specified format	The postcode entered does not match the specified format	Error	
Name	Xml	Anon	Searchable	Format	Value(s)
<b>Date of Birth</b>	DoB	No	No	Date	YYYY-MM-DD
<b>Validation</b>					
Rule	Error Code	Error Message	Error Description	Level	
Mandatory	SC107	Date of birth must be present	Date of birth is a mandatory field and must be present	Error	
Format	SC108	Date of birth must be in the correct format	DOB must be in the format YYYY-MM-DD	Error	
Name	Xml	Anon	Searchable	Format	Value(s)
<b>Gender</b>	Gender	No	No	List	Male = 1 Female = 2



Validation				
Rule	Error Code	Error Message	Error Description	Level
Mandatory	SC109	Must be present	Gender is a mandatory field and must be present	Error
Format	SC110	Gender must be in the correct format	Gender must be in the format 1 = Male or 2 = Female	Error

Name	Xml	Anon	Searchable	Format	Value(s)
<b>Ethnicity</b>	EthnicGroup	No	No	List	Ethnic Origins Table
<b>Validation</b>					
Rule	Error Code	Error Message	Error Description	Level	
Mandatory	SC111	Must be present	Ethnic Origin is a mandatory field and must be present	Error	
Format	SC112	Must be in the correct format	An invalid ethnicity code has been entered that does not exist on the pre-defined list	Error	
Name	Xml	Anon	Searchable	Format	Value(s)
<b>Client Group</b>	ClientGroup	No	No	Single Repeater List	Client Group Codes – must allow multiple answers
<b>Validation</b>					
Rule	Error Code	Error Message	Error Description	Level	
Mandatory	SC113	Must be present	Client Group is a mandatory field and must be present	Error	
Format	SC114	Must be in the correct format	An invalid Client Group Code has been entered that does not exist on the pre-defined list	Error	
Name	Xml	Anon	Searchable	Format	Value(s)
<b>Type of Housing</b>	TypeOfHousing	No	No	List	Type of Housing Codes
<b>Validation</b>					
Rule	Error Code	Error Message	Error Description	Level	
Mandatory	SC116	Must be present	Type of Housing is a mandatory field and must be present	Error	
Format	SC117	Must be in the correct format	An invalid Type of Housing code has been entered that does not exist on the pre-defined list	Error	
Name	Xml	Anon	Searchable	Format	Value(s)
<b>Living Alone</b>	Alone	No	No	List	Living Alone Codes

Validation				
Rule	Error Code	Error Message	Error Description	Level
Mandatory	SC118	Must be present	Living Alone is a mandatory field and must be present	Error
Format	SC119	Must be in the correct format	An invalid Living Alone code has been entered that does not exist on the pre-defined list	Error

Name	Xml	Anon	Searchable	Format	Value(s)
<b>Self Directed Support</b>	SelfDirectedSupport	No	No	Boolean	1 = Yes 0 = No
<b>Validation</b>					
Rule	Error Code	Error Message	Error Description	Level	
Mandatory	SC123	Must be present	Self Directed Support is a mandatory variable and must be present	Error	
Format	SC124	Must be in the correct format	An invalid Self Directed Support code has been entered that does not exist on the pre-defined list	Error	
Name	Xml	Anon	Searchable	Format	Value(s)
<b>Who Contributes Financially to Total Care Package?</b>	Contrib01 Contrib02 Contrib03 Contrib04 Contrib05 Contrib06 Contrib99	No	No	Boolean	Multiple Financial Contribution variables. For each, enter:  1 = Yes 0 = No
<b>Validation</b>					
Rule	Error Code	Error Message	Error Description	Level	
Mandatory	SC125	Must be present	Financial Contributions are mandatory variable and must be present	Error	
Format	SC126	Must be in the correct format	An invalid Financial Contribution code has been used. 1= Yes, 0 = No	Error	
Name	Xml	Anon	Searchable	Format	Value(s)
<b>Financial Value of Total Care Package</b>	Value	No	No	Float	To two decimal places
<b>Validation</b>					
Rule	Error Code	Error Message	Error Description	Level	
Mandatory	SC127	Must be present	Financial Value is a mandatory variable and must be present	Error	
Format	SC128	Must be in the correct format	A value must be entered to two decimal places.	Error	
Format	SC137	Must be a positive number	The value must be a positive number	Error	
Name	Xml	Anon	Searchable	Format	Value(s)
<b>Services in Receipt of last year/during census week</b>	Services	No	NI	Single Repeater List	Multiple Services in Receipt of variables. For each, enter:

					1 = Yes 0 = No
<b>Validation</b>					
<b>Rule</b>	<b>Error Code</b>	<b>Error Message</b>	<b>Error Description</b>	<b>Level</b>	
Mandatory	SC129	Must be present	Services in Receipt of is a mandatory variable and must be present	Error	
Format	SC130	Must be in the correct format	An invalid Services in Receipt of code has been entered that does not exist on the pre-defined list	Error	

Name	Xml	Anon	Searchable	Format	Value(s)
<b>Date of Last Care Plan Review</b>	Careplan	No	No	Date	YYYY/MM/DD
<b>Validation</b>					
Rule	Error Code	Error Message	Error Description	Level	
Mandatory	SC131	Must be present for clients aged 65 and over	Date of Last Care Plan Review is a mandatory field and must not be blank	Error	
Format	SC132	Must be a valid date	Date format for date of Last Care Plan Review invalid - must be YYYY-MM-DD	Error	
Name	Xml	Anon	Searchable	Format	Value(s)
<b>Date of Last Eligibility Criteria Category</b>	EligibilityDate	No	No	Date	YYYY/MM/DD
<b>Validation</b>					
Rule	Error Code	Error Message	Error Description	Level	
Mandatory	SC133	Must be present	Date of Last Eligibility Criteria Category is a mandatory field and must not be blank	Error	
Format	SC134	Must be a valid date	Date format for date of Last Eligibility Criteria Category invalid - must be YYYY-MM-DD	Error	
Name	Xml	Anon	Searchable	Format	Value(s)
<b>Eligibility Criteria Category</b>	EligibilityCat	No	No	List	Eligibility Criteria Category Codes
<b>Validation</b>					
Rule	Error Code	Error Message	Error Description	Level	
Mandatory	SC135	Must be present	Eligibility Criteria Category is a mandatory field and must not be blank	Error	
Format	SC136	Must be a valid number	An invalid Eligibility Criteria code has been entered that does not exist on the pre-defined list	Error	
Name	Xml	Anon	Searchable	Format	Value(s)
<b>Date of last Assessed IoRN Score</b>	IoRNDate	No	No	Date	YYYY/MM/DD
<b>Validation</b>					
Rule	Error Code	Error Message	Error Description	Level	

Name	Xml	Anon	Searchable	Format	Value(s)
IoRN Score	IoRN	No	No	List	IoRN Score Codes A – I, must be capital letter
<b>Validation</b>					
Rule	Error Code	Error Message	Error Description	Level	
Name	Xml	Anon	Searchable	Format	Value(s)
Client Has Unpaid Carer(s)	UnpaidCarer	No	No	Boolean	1 = Yes 0 = No
<b>Validation</b>					
Rule	Error Code	Error Message	Error Description	Level	
Mandatory	SC141	Must be present	Client has unpaid carer(s) is a mandatory field and must be present	Error	
Format	SC142	Must be in the correct format	An invalid Client has unpaid carer(s) code has been used. 1= Yes, 0 = No	Error	

**Table 5 - Section Fields**

## Section [Home Carer Service]

### Properties

Title	Contributes to Xml	Xml Element Name	Is Repeatable	Repeatable Representation	Parent Xml	Notes
Home Carer Service	Yes	HomeCareService	No		Person	Only becomes available when "HomeCare"=1 in People tab

**Table 5 - Section Properties**

### Fields (Optional)

Name	Xml	Anon	Searchable	Format	Value(s)
Home Care Hours In House scheduled	LaHoursS	No	No	Numeric	

Validation				
Rule	Error Code	Error Message	Error Description	Level
Mandatory Must complete either LaHoursS, or LaHoursA	SC201	Must be present	This client receives Homecare, so either scheduled or actual Hours must be completed	Error
Format	SC202	Must be in the correct format	Must be a whole number	Error
Value Must be >0 and <1000	SC203	Must be within number range	Must be greater than 0 and less than 1000	Error
<b>Home Care Hours In House actual</b>	LaHoursA	No	No	Numeric
Validation				
Rule	Error Code	Error Message	Error Description	Level
Mandatory Must complete either LaHoursS, or LaHoursA	SC204	Must be present	This client receives Homecare, so either scheduled or actual Hours must be completed	Error
Format	SC205	Must be in the correct format	Must be a whole number	Error
Value Must be >0 and <1000	SC206	Must be within number range	Must be greater than 0 and less than 1000	Error



Name	Xml	Anon	Searchable	Format	Value(s)
<b>Home Care Hours Other LA - scheuled</b>	OthLaHoursS	No	No	Integer	
<b>Validation</b>					
Rule	Error Code	Error Message	Error Description	Level	
Mandatory Must complete either scheduled, actual or both	SC204	Must be present	This client receives Homecare, so either scheduled or actual Hours must be completed	Error	
Format	SC205	Must be in the correct format	Must be a whole number	Error	
Value Must be >0 and <1000	SC206	Must be within number range	Must be greater than 0 and less than 1000	Error	
Name	Xml	Anon	Searchable	Format	Value(s)
<b>Home Care Hours Private Sector - scheduled</b>	PriHoursS	No	No	Integer	
<b>Validation</b>					
Rule	Error Code	Error Message	Error Description	Level	
Mandatory Must complete either scheduled, actual or both	SC207	Must be present	This client receives Homecare, so either scheduled or actual Hours must be completed	Error	
Format	SC208	Must be in the correct format	Must be a whole number	Error	
Value Must be >0 and <1000	SC209	Must be within number range	Must be greater than 0 and less than 1000	Error	
Name	Xml	Anon	Searchable	Format	Value(s)
<b>Home Care Hours Voluntary Sector</b>	VolHoursS	No	No	Integer	
<b>Validation</b>					
Rule	Error Code	Error Message	Error Description	Level	
Mandatory Must complete either scheduled, actual or both	SC210	Must be present	This client receives Homecare, so either scheduled or actual Hours must be completed	Error	
Format	SC211	Must be in the correct format	Must be a whole number	Error	
Value Must be >0 and <1000	SC212	Must be within number range	Must be greater than 0 and less than 1000	Error	

Name	Xml	Anon	Searchable	Format	Value(s)
<b>Client Needs Two Carers to Perform Tasks?</b>	Multistaff	No	No	Boolean	'1' = Yes '0' = No 'Yes' = Yes 'yes' = Yes 'No' = No 'no' = No
<b>Validation</b>					
Rule	Error Code	Error Message	Error Description	Level	
Mandatory	SC213	Must be present	Two Carers is a mandatory field for Homecare clients and must not be blank	Error	
<b>Validation</b>					
Name	Xml	Anon	Searchable	Format	Value(s)
<b>Personal Care Hours - scheduled</b>	PersonalCareS			Integer	
<b>Validation</b>					
Rule	Error Code	Error Message	Error Description	Level	
Mandatory Must complete either scheduled, actual or both	SC215	Must be present	This client receives Homecare, so either scheduled or actual Hours must be completed	Error	
Format	SC216	Must be in the correct format	Must be a whole number	Error	
Value Must be <sum([HcareHoursIn]+[HCareHoursLA]+[HCareHoursPriv]+[HCareHoursVol]) <b>Actual Hours</b>	SC217	Must be within number range	Must be less than total number of actual Home Care Hours	Error	

## Section [Direct Payment]

### Properties

Title	Contributes to Xml	Xml Element Name	Is Repeatable	Repeatable Representation	Parent Xml	Notes
Direct Payment	Yes	DirectPayment	Yes	Package {SDSstartdate} to {SDSenddate}	Person	Gives error if information is provided in the Direct Payment tab but SDS1=0 in People tab

**Table 6 - Section Properties**

### Fields (Optional)

Name	Xml	Anon	Searchable	Format	Value(s)
<b>Payment Start Date</b>	SDSstartdate	No	No	Date	YYYY/MM/DD

Validation				
Rule	Error Code	Error Message	Error Description	Level
Mandatory	SC301	Must be present	Payment Start Date is a mandatory field and must not be blank	Error
Format	SC302	Must be a valid date	Date format for Payment Start Date invalid - must be YYYY-MM-DD	Error

Name	Xml	Anon	Searchable	Format	Value(s)
Payment End Date	SDSenddate	No	No	Date	YYYY/MM/DD
<b>Validation</b>					
Rule	Error Code	Error Message	Error Description	Level	
Optional	SCS303	Reminder: please enter an end date if the direct payment has finished	Reminder: please enter an end date if the direct payment has finished	Warning	
Format	SC304	Must be a valid date	Date format for Payment Start Date invalid - must be YYYY-MM-DD	Error	
Name	Xml	Anon	Searchable	Format	Value(s)
Value of Direct Payment received in Census Year	TotValueDP	No	No	Float	To two decimal places
<b>Validation</b>					
Rule	Error Code	Error Message	Error Description	Level	
Mandatory	SC305	Must be present	Value of Direct Payment is a mandatory field and must not be blank	Error	
Format	SC306	Must be in a valid format	Value of Direct Payment must be entered to two decimal places	Error	
Format	SC307	Must be greater than or equal to zero.	The total value cannot be a negative value	Error	
Name	Xml	Anon	Searchable	Format	Value(s)
Assessed Needs of Client	Needs01 Needs02 Needs03 Needs04 Needs05 Needs06 Needs07 Needs08 Needs09 Needs99	No	No	Boolean	Multiple Assessed Needs of client Variables. For each, enter  1 = Yes 0 = No
<b>Validation</b>					
Rule	Error Code	Error Message	Error Description	Level	
Mandatory	SC308	Must be present	Assessed Needs of Client are mandatory variables and must be present	Error	
Format	SC309	Must be in a valid format	An invalid Assessed Needs of Client code has been entered. 1= Yes, 0 = No	Error	

Name	Xml	Anon	Searchable	Format	Value(s)
<b>How is Support Being Provided?</b>	Support01 Support02 Support03 Support04 Support05 Support99	No	No	Boolean	Multiple Support Provision Variables. For each, enter  1 = Yes 0 = No
<b>Validation</b>					
Rule	Error Code	Error Message	Error Description	Level	
Mandatory	SC310	Must be present	Support Provisions are mandatory variables and must be present	Error	
Format	SC311	Must be in a valid format	An invalid Support Provision code has been used. 1= Yes, 0 = No	Error	
Name	Xml	Anon	Searchable	Format	Value(s)
<b>Does Client Directly Employ PA(s)?</b>	EmployPA	No	No	Boolean	Only becomes available when Support01 =1, i.e. Personal Assistant
<b>Validation</b>					
Rule	Error Code	Error Message	Error Description	Level	
Mandatory	SC312	Must be present	Directly Employ PA is a mandatory field and must not be blank	Error	
Format	SC313	Must be in a valid format	An invalid Assessment Needs of Client code has been entered that does not exist on the pre-defined list. 1 = Yes, 0 = No.	Error	
Name	Xml	Anon	Searchable	Format	Value(s)
<b>Number of PAs</b>	EmployPACount	No	No	Integer	Only becomes available when SupportProv = Personal Assistant or 01
<b>Validation</b>					
Rule	Error Code	Error Message	Error Description	Level	
Mandatory	SC314	Must be present	No of PA's is a mandatory field and must not be blank	Error	
Format	SC315	Must be in a valid format	Please enter whole numbers only	Error	

## Section [Respite Care]

### Properties

Title	Contributes to Xml	Xml Element Name	Is Repeatable	Repeatable Representation	Parent Xml	Notes
Respite Care	Yes	Respite	No		Person	Only becomes available when "Respite"=1 in People tab

**Table 7 - Section Properties**

### Fields (Optional)

Name	Xml	Anon	Searchable	Format	Value(s)
<b>Value of Direct Payment for Respite Care</b>	RValueDP	No	No	Float	To two decimal places
<b>Validation</b>					
<b>Rule</b>	<b>Error Code</b>	<b>Error Message</b>	<b>Error Description</b>	<b>Level</b>	
Mandatory	SC401	Must be present	Value of Respite is a mandatory field and must not be blank	Error	
Format	SC402	Must be in a valid format	Value of Respite must be entered as currency	Error	

Name	Xml	Anon	Searchable	Format	Value(s)
Respite nights – at home	RNAtHome	No	No	Integer	Please refer to Form for Layout.
<b>Validation</b>					
Rule	Error Code	Error Message	Error Description	Level	
Mandatory	SC403	Must be present Can be zero	Must complete all respite fields if client receives respite	Error	
Format	SC404	Must be in the correct format	Must be a whole number	Error	
Name	Xml	Anon	Searchable	Format	Value(s)
Respite nights – In a Care Home	RNCareHome	No	No	Integer	Please refer to Form for Layout.
<b>Validation</b>					
Rule	Error Code	Error Message	Error Description	Level	
Mandatory	SC405	Must be present Can be zero	Must complete all respite fields if client receives respite	Error	
Format	SC406	Must be in the correct format	Must be a whole number	Error	
Name	Xml	Anon	Searchable	Format	Value(s)
Respite Nights – Other accommodation with support	RNOthersupp	No	No	Integer	Please refer to Form for Layout.
<b>Validation</b>					
Rule	Error Code	Error Message	Error Description	Level	
Mandatory	SC407	Must be present Can be zero	Must complete all respite fields if client receives respite	Error	
Format	SC408	Must be in the correct format	Must be a whole number	Error	
Name	Xml	Anon	Searchable	Format	Value(s)
Respite Nights – Other accommodation	RNOther	No	No	Integer	Please refer to Form for Layout.
<b>Validation</b>					
Rule	Error Code	Error Message	Error Description	Level	
Mandatory	SC403	Must be present Can be zero	Must complete all respite fields if client receives respite	Error	
Format	SC404	Must be in the correct format	Must be a whole number	Error	

Name	Xml	Anon	Searchable	Format	Value(s)
<b>Respite Hours – At Home</b>	RHAtHome	No	No	Integer	Please refer to Form for Layout.
<b>Validation</b>					
Rule	Error Code	Error Message	Error Description	Level	
Mandatory	SC405	Must be present Can be zero	Must complete all respite fields if client receives respite	Error	
Format	SC406	Must be in the correct format	Must be a whole number	Error	
Name	Xml	Anon	Searchable	Format	Value(s)
<b>Respite Hours – In a Day Centre</b>	RHDayCentre	No	No	Integer	Please refer to Form for Layout.
<b>Validation</b>					
Rule	Error Code	Error Message	Error Description	Level	
Mandatory	SC407	Must be present Can be zero	Must complete all respite fields if client receives respite	Error	
Format	SC408	Must be in the correct format	Must be a whole number	Error	
Name	Xml	Anon	Searchable	Format	Value(s)
<b>Respite Hours – Day Activities not in a Day Centre</b>	RHDayAct	No	No	Integer	Please refer to Form for Layout.
<b>Validation</b>					
Rule	Error Code	Error Message	Error Description	Level	
Mandatory	SC409	Must be present Can be zero	Must complete all respite fields if client receives respite	Error	
Format	SC410	Must be in the correct format	Must be a whole number	Error	
Name	Xml	Anon	Searchable	Format	Value(s)
<b>Respite Hours – Other</b>	RHOther	No	No	Integer	Please refer to Form for Layout.
<b>Validation</b>					
Rule	Error Code	Error Message	Error Description	Level	
Mandatory	SC409	Must be present Can be zero	Must complete all respite fields if client receives respite	Error	
Format	SC410	Must be in the correct format	Must be a whole number	Error	
Name	Xml	Anon	Searchable	Format	Value(s)



<b>Respite Hours – In a Care Homes</b>	RHCareHome	No	No	Integer	Please refer to Form for Layout.
<b>Validation</b>					
<b>Rule</b>	<b>Error Code</b>	<b>Error Message</b>	<b>Error Description</b>	<b>Level</b>	
Mandatory	SC409	Must be present Can be zero	Must complete all respite fields if client receives respite	Error	
Format	SC410	Must be in the correct format	Must be a whole number	Error	

## Section 3

### Reports

#### Summary Report

The Data Source for the following Reports is based upon each **enter unit level** Details, such that if a **unit level** Details record matches the criteria for the table then a count of 1 is added to the table in the appropriate cell.

Filters identify categories that the record must satisfy in order to be included within the Table.

# Appendix A - Guidance

This Appendix provides guidance on how to make the best use of this Specification.

## A.1 Form

The Form is the parent container for a Data Collection.

You must define a few mandatory properties and can also specify field and sections (neither of which is mandatory, although this would make for an uninteresting Data Collection).

You can only have one Form per defined Data Collection.

### Properties

Property Name	Description
Title	The name of the Data Collection
Xml Root Element	The xml root element name used in the schema.
Is Strict	Yes/No. Defines how the Validation Rules are applied (see below).

**Table 6 – Form Property Guidance**

## A.2 Sections

Each Section of a collection can be thought of as a child that lives in its parent. Each Section defines the name used, whether it contributes to the xml schema and whether it is repeatable.

A Section then describes its make up of field values and their validation.

### Properties

Property Name	Description
Title	The title of the section (optional)
Contributes to Xml	Yes/No value indicating if the elements in the section have a parent or are just elements in at the same level as the parent. Note: Must be Yes if “Is Repeatable” is Yes
Xml Element Name	The xml element name used in the Schema. Must be supplied if “Contributes To Xml” is Yes.
Is Repeatable	Defines if this Section can be repeated.
Repeatable Representation	Defines the way a repeated section is represented in the repeater drop down. Use {xxx} to define the value of a Field contained within the Section. You can only use fields from within this Section. Anything not in curly braces is deemed to be literal text. Example: Pupil {Forename} {Surname} – {{ID}}

**Table 7 - Section Property Guidance**

## A.3 Fields

Fields are the data input into the Data Collection. Each field defines a few properties defined below and any validation that applies to their values.

## Properties

Property Name	Description
Name	The name of the Field. This is the Label shown next to the field on the Form
Xml	The xml element name in the schema
Anon	Yes/No. Defines if this field should be anonymised when submitted
Searchable	Yes/No. Defines whether or not this field can be used for a search within a repeatable Section
Format	One of the Field Formats defined below (see Table 9)
Value(s)	<p>The list of values that can appear within a list. Only applicable with the following Formats:</p> <ul style="list-style-type: none"> <li>List;</li> <li>Regular Expression.</li> </ul> <p>Defined in Value - Name pairs. Example: 0 – First Option 1 – Second Option 99 – Unknown</p> <p>There will always be a default blank selection available to the User.</p>

**Table 8 - Field Property Guidance**

Field Formats	Notes
Integer	
Float	
No Format	No validation is performed against the input
No Format – Multiline	No validation is performed against the input. A multiline, scrolling entry box is displayed
Date Time	
Date	
List	<p>The User must have selected one of the values from the list. The actual values defined for the list are what are stored and not the Name defined for each entry.</p> <p>It is also the values that are used for validation. (This is the case for the xml upload in particular)</p>
Boolean (Yes/No, True/False)	<p>Note that this field format does not support blank values. If a tri-boolean field is required, a List should be used instead. The XML representation of a Boolean is:</p> <p>0 – No / False 1 – Yes / True</p>
Regular Expression	<p>The regular expression to use. <a href="http://en.wikipedia.org/wiki/Regular_expression">http://en.wikipedia.org/wiki/Regular_expression</a></p>

Field Formats	Notes
Single Repeater (List that can have multiple selections)	Used when you want a user to be able to select multiple entries from a List
Post Code	UK post code

**Table 9 - Field Format Guidance**

## Validation Errors

### Error Properties

Validation Errors can be specified for each input field. They can either be just against the value in the field, or use other input fields as well.

Property Name	Description
Rule	The actual validation applied. Can be complex, or one of the simple validation rules defined below (see Table 11).
Error Code	This is the code that is used when navigating the Validation Errors. Max 32 chars
Error Message	This is the message that appears on the form if the validation fails Max 250 chars
Error Description	This is the description of the field to help Users when viewing the errors through the navigation screen.
Level	The level of the validation. Defined below

**Table 10 - Validation Error Property Guidance**

### Simple Validation Rules

Rule Name	Rule Description
Mandatory	An entry must be supplied
Format	The entry must match the Format specified If any other Format then No Format is defined then a Format rule must be supplied
Range	The value must fall within the specified range. Only applies to the following formats: <ul style="list-style-type: none"> <li>Integer;</li> <li>Float;</li> <li>Date;</li> <li>Date Time.</li> </ul> You must specify at least one of the max and min values.

**Table 11 - Validation Rule Guidance**

### Validation Error Levels

Validation Error Levels	Description
Warning	A user has entered a value that has failed validation.

	Does not prevent the User from submitting the data.
<b>Error</b>	A user has entered a value that has failed validation. Prevents the User from submitting the Data for a strict Data Collection. But for a loose Data Collection, this would be allowed to pass.
<b>Fatal</b>	A user has entered a value that has failed validation and must correct the entry before the form can be submitted.

**Table 12 - Validation Error Level Guidance**

The fields are laid out on the form in the order that they are placed in the tables.

To enter that another section should appear somewhere, create full row and enter the name of the Section.

Example:

Name	Xml	Anon	Searchable	Format	Value(s)
<b>Validation</b>					
<b>Rule</b>	<b>Error Code</b>	<b>Error Message</b>	<b>Error Description</b>	<b>Level</b>	
<b>Validation</b>					
<b>Rule</b>	<b>Error Code</b>	<b>Error Message</b>	<b>Error Description</b>	<b>Level</b>	

**Table 2.3.13 - Section Fields**

## Appendix B - List Definitions

### 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

### Gender

Value	Display
1	Male
2	Female

### Ethnic Origin

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

## 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	Carers
08 or 8	Problems arising from infirmity due to age
98	Other vulnerable groups
99	Not Known

## Type of Housing

Value	Display
01 or 1	Mainstream
02 or 2	Supported
03 or 3	Other

## Living Alone

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

## Self Directed Support

Variable	Display
SDS1	Direct Payment
SDS2	Directing the available resource
SDS3	Local Authority arranged

## Financial Contributions

Variable	Display
Contrib01	Social Work
Contrib02	Health
Contrib03	Housing
Contrib04	Independent Living
Contrib05	Client



Contrib06	Other
Contrib99	Not Known

### Services in Receipt of

Variable	Display
HomeCare	Home Carer
Respite	Respite Care
HotMeal	Hot Meals
FrozenMeal	Frozen Meals
Alarm	Community Alarm
Telecare	Other Telecare
HousingSupport	Housing Support
Shopping	Shopping
Laundry	Laundry

### 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

## Direct Payment Section Only

### Assessed Needs of Client

Variable	Display
Needs01	Personal care
Needs02	Health Care
Needs03	Domestic Tasks
Needs04	Housing Support
Needs05	Social Educational Recreational
Needs06	Equipment & Temporary Adaptations
Needs07	Respite
Needs08	Meals
Needs09	Other
Needs99	Not Known

## Support Provision

Variable	Display
Support01	Personal Assistant
Support02	Service Provider – LA
Support03	Service Provider – Private
Support04	Service Provider – Voluntary
Support05	Other
Support99	Not Known