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CCD 3/2006
Chief Executives, Local Authorities
Chief Executives, NHS Boards
Directors of Social Work/Chief Social Work Officers
Directors of Finance, Local Authorities
Directors of Finance, NHS Boards
Directors of Housing
Chief Executive, Communities Scotland
Relevant professional and voluntary organisations
Joint Future Managers
Single Shared Assessment Leads

Dear Colleague

NATIONAL MINIMUM INFORMATION STANDARDS FOR ALL ADULT GROUPS

1. This circular introduces national minimum information standards for single shared assessment for all adults. The Annex to this circular sets out detailed guidance and information for local partnerships. The guidance builds on that for single shared assessment and the minimum information standards for older people published in December 2004 (CCD15/2004). It applies to single shared assessment (SSA) for all adults, including older people. It therefore supersedes CCD15/2004.

Action

2. Please could local partnerships:

- Review their compliance with the new standards for personal information and assessment details for all adult assessment tools.
- Submit a position statement to the Assessment Review Co-ordinating Group.
- Invite the Assessment Review Coordinating Group to assess their compliance against the standards.

Purpose of New Standards

3. The new standards reflect the Executive's desire that both national and local partnerships should progress current arrangements by developing more effective and consistent ways of sharing information. The introduction of the National Minimum Standards for Older People began the process of establishing a common language for assessment of older people. The Assessment Review Co-ordinating Group will assess compliance with the new minimum information standards for all adults in the same way as it has been doing for those for older people.

4. The new adult information standards are focused on the practical requirements for information sharing at a local level. They will support the further development of a cross-agency approach to meeting service users' needs. They reflect a professional consensus on what information is required for good assessment practice, and they will form the foundation of information standards for all assessment and care management processes for all adults.

5. Service users and carers will benefit through the delivery of better integrated, better informed services that meet the individual's needs now and their changing needs in the future.

Background

6. The Scottish Executive issued general guidance for Single Shared Assessment in November 2001 in a circular entitled *Guidance for Single Shared Assessment of Community Care Needs* (circular CCD 8/2001). This circular can be found on the Joint Future Unit website as detailed below. It will be referred to hereafter as the SSA Guidance.

7. The Joint Future Unit hosted a national Integration Seminar on 22 March 2004, with the aim of exploring ways of drawing the various strands of work together into a manageable whole. One of the main outcomes of this seminar was a recommendation to establish a set of national minimum standards for the information content of Single Shared Assessment, together with a procedure for applying these standards in practice. It was agreed that these standards should be grounded in the SSA Guidance but should take account of all the developments noted in paragraph 9 below. Very importantly, the standards should seek to reflect a professional consensus as to good assessment practice. While they should take account of national information requirements, the main focus of the standards should be on the practical requirements of information sharing at a local level, as the basis for a cross-agency approach to assessing and addressing service users' needs.

8. Following the national seminar, the Scottish Executive set up the Assessment Review Coordinating Group (ARCG) to progress this task. Its members were drawn from - within the Executive - the Joint Future Unit, the central eCare Programme, the Data Sharing and Standards Division and Community Care Statistics Branch, and - from other organisations - the Information and Services Division of NHS Scotland and a representative cross-section of local partnerships

9. The SSA Guidance provided the initial reference point for the ARCG's work However, since its original issue a number of further developments have occurred, including:-

- Adoption and incremental roll-out of the SSA-Indicator of Relative Need (SSA-IoRN). This is a standardised tool (applicable only to older people) which will group individuals according to their level of relative need, and is applied following a Single Shared Assessment.

- Agreement, following consultation, of a standard Care Assessment Data Summary (CADS) for any individual for whom an SSA-IoRN has been completed.

- Establishment of Performance Indicators for Single Shared Assessment within the Joint Performance Information and Assessment Framework (commonly referred to as the JPIAF 6 PIs).

- Introduction of the eCare programme for the electronic sharing of care information (including assessment information) between the NHS and local authorities.

- A great deal of valuable work by local partnerships both on developing their own local assessment tools and procedures and on converting existing paper tools into an electronic form.

- National work by the then Social Care Data Standards Project on the agreement of core data standards for eCare, and harmonisation with generic standards for health produced by the National Clinical Dataset Development Programme. The Project has since become part of the Data Sharing and Standards Division within the Scottish Executive, with a wider remit than simply social care.

10. Each of these developments has major implications for local partnership areas. Taken together, they amount to a large and challenging agenda for change.

Standards

11. The Annex is set out in 5 sections:

- Section 1 - background
- Section 2 - scope, nature and purpose of the minimum information standards
- Section 3 - minimum information standards for personal details for all adults
- Section 4 - minimum information standards for the needs assessment of all adults
- Section 5 - the compliance review process

There are also three Appendices. A summary of the changes from CCD15/2004 can be found in Appendix 3 .

12. The minimum information standards are in 2 parts:

- Section 3 - outlines the minimum information standards for personal details for all adults. This covers basic information about the service user, their home, associated people (including carers and associated professionals), and about the information process.

- Section 4 – outlines the minimum information standards for the needs assessment of all adults. This covers information on the user's needs. The plan is that partnerships will assess their tools for all adults against the minimum information standards and forward them to ARCG for verification.

Compliance Review

13. **Each participating partnership is requested to conduct a comparison between the Minimum Information Standards in Sections 3 and 4 of the Annex to this Circular and their SSA tool.** Documentation will be issued by the ARCG so that partnerships can provide details of how the tool complies. At the end of the partnership's review the completed documentation and any supplementary information, such as extracts from the tool, or guidance, screen dumps, etc which partnerships feel to be helpful should be submitted to ARCG through Helen.Nettleship@scotland.gsi.gov.uk for verification.

14. The all-adult minimum information standards incorporate and supersede the older people minimum information standards. As from 1 October 2006 the compliance review will relate to the all-adult standards only. We recognise that some partnerships will be in transition and so we will complete the review for those partnerships that are in the process of having their older people's tools assessed for compliance. Partnerships should note that if they are compliant with the older people's standards then they will only be a small step away from being compliant with the all-adult standards

15. There will be a documented change control procedure and the compliance process will provide the link between the partnerships and the ARCG. The ARCG will review and approve any change control process requests, which will adhere to the Data Sharing and Standards Division's supporting mechanisms. Details of the change control procedures will be provided in a separate document to be issued in the next few months.

16. The ARCG has agreed that a review process will take place on SSA tools and guidance awarding them either "Full Compliance" or "Partial Compliance"

17. The National Minimum Information Standards for Older People V1.01 are still valid in relation to the compliance process. However the National Minimum Information Standards for Single Shared Assessment for all Adults should be utilised when considering future developments.

18. It will be possible for a partnership to be fully compliant with section 4 and partially compliant with section 3, or vice versa.

Reassessment

19. Should the local partnerships change significantly their tool and/or their guidance I would be grateful if they could submit it to ARCG for reassessment.

Enquiries

20. Enquiries about the general content of this circular, section 4 and the compliance process, should be addressed to Winona Samet, Joint Future Unit, at Winona.Samet@scotland.gsi.gov.uk (or telephone 0131 244 5317).

21. Enquiries about Section 3 Minimum Standards for Personal Details should be addressed to Helen Nettleship, Scottish Social Care Data Standards project, at Helen.Nettleship@scotland.gsi.gov.uk (or telephone 0131 244 4732).

22. This circular is available on www.scotland.gov.uk/jointfuture.

Yours sincerely

Adam Rennie

J A RENNIE

NATIONAL MINIMUM INFORMATION STANDARDS FOR SINGLE SHARED ASSESSMENT FOR ALL ADULTS

Version 1.0

Formulated by the Assessment Review Co-ordinating Group

Date 24 February 2006

Document control

Document history

Date	Version	Comments	Status
3 May 05	0.1	DRAFT STANDARDS FOR ALL CLIENT GROUPS	DRAFT

Changes from Previous Version

See Appendix 3 for differences between this document and ARCG Older People Standards

SSA-IoRN questions changed after 8 Sep ARCG meeting. Pages 22,23,25, 'when' becomes 'if' in third answer to question. Page 25 'Twice or less' becomes 'Never, or less than three times'. P19 Personal Relationships

Changes arising from discussion at ARCG 10 November of consultation responses

Changes arising from discussion at ARCG 12 January of consultation responses

Changes Forecast

Reviewed by

Assessment Co-ordinating Review Group

Issue control:

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Related Documents:

National Minimum Information Standards for Single Shared Assessment for Older People Version 1.01

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National Minimum Information Standards for the Single Shared Assessment for All Adults

This paper presents the National Minimum Information Standards for Single Shared Assessment for All Adults, and is for use by professionals within health, social care and housing. It builds on the National Minimum Information Standards for Single Shared Assessment for Older People issued in December 2004 under circular CCD 15/2004, but applies to the Single Shared Assessment (SSA) **for any adult care group, including older people**. It therefore updates CCD 15/2004.

A summary of changes from CCD 15/2004 can be found at the end of this document in Appendix 4.

This document should also be used to assess compliance of SSA tools with the standards. More complete details of the review of compliance can be found in section 5.

Points to Note about the Standards

The purpose of the standards is to assist partners in determining the minimum information required in the non-specialist element of a single shared assessment. It is a **minimum** dataset, and partners are free to collect and share any other information which they find useful.

This dataset is not intended to provide all the information needed for a person's care; single shared assessment is a process which includes a generic assessment, but may also have specialist assessment components which complement the generic part. Different professional groups may therefore have their own specialist data requirements as part of the SSA. The purpose of these standards is to define the minimum information needed for the generic assessment, that is, the information which all professionals may need to record. The intention is that this core data would only need to be recorded once during an assessment.

It is not necessary to record every item for every person subject to single shared assessment, only those items appropriate for that person. However, to meet the standards, tools and electronic systems should have the capability to record all data items which are contained within the standards.

Wherever possible, the standards leave it to local practice to determine exactly how information is collected and recorded (e.g. the form of the question itself, whether the answer is free text or structured, length of fields, etc). Exceptions are noted in the relevant section.

The structure and order of questions to be asked is not laid down in the standards.

Section 2 has a more detailed discussion of these points.

Links

The paper refers to a number of specific documents produced by various related work streams. These can be found at the following locations:

Original SSA Guidance 2001
http://www.scotland.gov.uk/Resource/Doc/1095/0014719.pdf

Data Standards Manual (Core and Supplementary Person Information Datasets)

http://www.scotland.gov.uk/Topics/Government/DataStandardsAndeCare/Manual

SSA IoRN (relating to Older People) http://www.scotland.gov.uk/library5/health/rumhb.pdf

JPIAF http://www.scotland.gov.uk/Resource/Doc/924/0021234.pdf

Section 1. Background

The Scottish Executive issued general guidance for Single Shared Assessment in November 2001 in a circular entitled *Guidance for Single Shared Assessment of Community Care Needs* (circular CCD 8/2001). This circular can be found on the Joint Future Unit website as detailed above. It will be referred to hereafter as the SSA Guidance.

The SSA Guidance provided the initial reference point for the ARCG's work (see below). However, since its original issue a number of further developments have occurred. These include –

- Adoption and incremental roll-out of the SSA-Indicator of Relative Need (SSA-IoRN). This is a standardised tool (applicable only to older people) which will group individuals according to their level of relative need, and is applied following a Single Shared Assessment.
- Agreement, following consultation, of a standard Care Assessment Data Summary (CADS) for any individual for whom an SSA-IoRN has been completed.
- Establishment of Performance Indicators for Single Shared Assessment within the Joint Performance Information and Assessment Framework (commonly referred to as the JPIAF 6 PIs).
- Introduction of the eCare programme for the electronic sharing of care information (including assessment information) between the NHS and local authorities.
- A great deal of valuable work by local partnerships both on developing their own local assessment tools and procedures and on converting existing paper tools into an electronic form.
- National work by the then Social Care Data Standards Project on the agreement of core data standards for eCare, and harmonisation with generic standards for health produced by the National Clinical Dataset Development Programme. The Project has since become part of the Data Sharing and Standards Division within the Scottish Executive, with a wider remit than simply social care, and is referred to in this document as 'Standards Branch'.

Each of these developments has major implications for local partnership areas. Taken together, they amount to a large and challenging agenda for change. To help in this process, the Joint Future Unit hosted a national Integration Seminar on 22 March 2004, with the aim of exploring ways of drawing the various strands of work together into a manageable whole. One of the main outcomes of this Seminar was a recommendation to establish a set of national minimum standards for the information content of Single Shared Assessment, together with a procedure for applying these standards in practice. It was agreed that these standards should be grounded in the SSA Guidance but should take account of all the developments noted above. Very importantly, they should seek to reflect a professional consensus as to good assessment practice. While they should take account of national information requirements, the main focus of the standards should be on the practical requirements of information sharing at a local level, as the basis for a cross-agency approach to assessing and addressing service users' needs.

Following the Seminar, the Scottish Executive set up a short-life Assessment Review Group to progress this task. Its members were drawn from the Joint Future Unit, the central eCare

Programme, Standards Branch , the Information and Statistics Division of NHS Scotland, the Scottish Executive Health Department's Community Care Statistics Branch and a representative cross-section of local partnerships.

The Assessment Review Group drew up a preliminary set of minimum standards for the assessment of older people and consulted widely on them, agreeing them in the summer of 2004. The Group also discussed a procedure for implementing the standards, and considered the longer-term arrangements to continue this work.

Following on from this, the Assessment Review Co-ordinating Group (ARCG) commenced work in October 2004 with the following remit:

- To agree and prioritise the workload for the Integration Agenda
- To agree a change control process
- To develop further standards
- To develop a communication strategy
- To arbitrate when necessary
- To commission sub-groups to progress developments.
- To be aware of and review, if relevant, Data Standards issues at the request of Standards Branch.

The membership of the Group is listed in Appendix One.

It was the ARCG which finalised the draft standards and included Basic Personal Details (from work done by Standards Branch), so that the Joint Future Unit was able to issue Circular CCD 15/2004 containing the Standards for Older People in December 2004.

In the future work of the ARCG, the integral use of sub-groups will be key. They will allow the groups to bring in expertise in particular areas whilst allowing wider participation by the professional community. The work will have four main strands:

- To develop standards in other aspects of assessment and care management;
- To manage and carry out the process of evaluating compliance with minimum standards;
- To organise change control of the standards;
- To communicate the work of the ARCG to a wider audience.

Each sub-group will normally be chaired by a member of the Assessment Review Co-ordinating Group to assist the Group in its co-ordinating role.

Membership of the ARCG is the same as the ARG, with each practitioner being a member for at least two and up to three years. The broad principles to which the ARG worked (set out below) will remain those of the ARCG.

Section 2. The Scope, Nature and Purpose of the Minimum Standards

In drawing up these standards, the Assessment Review Co-ordinating Group have based their work on a number of guiding principles –

- The minimum standards need to "make sense" to practitioners.
- The standards should reflect good professional practice.
- The standards should facilitate the development of local SSA processes within a national framework.
- The standards should be a foundation for the development of supporting information systems but they should not be IT-driven.
- The standards are about information gathered in the process of assessment (not about "forms").
- The standards should build on the 2001 SSA Guidance.
- Mandatory information should be incorporated; for example SSA-IoRN and CADS for older people.
- Where the information does not relate to "nationally defined" questions such as SSA-IoRN, or nationally agreed information sharing formats, the standards should leave it to local partnerships to decide how precisely the information should be collected and recorded (i.e. whether through Y/N questions, picklists, ranges of options, free text, and so forth).
- The standards should be seen as a step towards a wider set of standards for shared information, encompassing other processes besides assessment.
- The work of the ARCG should complement not duplicate other work on data standards for social care. Where data standards have already been the subject of a separate consultation these standards will be adopted into the total set of standards against which assessment forms and procedures should be evaluated. For example the Standards Branch Generic Core Dataset forms the basis of the Personal Details in Section 3.
- Local compliance review is crucial to the process of implementing the minimum standards, but was recognised that local partnerships will need support from the centre (e.g. from the Standards Branch, eCare and JFU) in carrying out this review.
- The ARCG will act as a national / peer review group to manage the minimum standards – i.e. to validate local SSA tools/systems/ processes, to provide the framework for the change control process for the standards and to develop minimum standards for other functional areas, such as care management.

As regards the scope and purpose of the minimum standards set out here, a number of key points should be noted.

The standards are developed from the existing SSA Guidance. This should help to ensure continuity with progress already made at the local level.

The national standards are the agreed professional view of the minimum generic information needed for single shared assessment. It is recognised that they do not contain all the information needed to address a person's care needs, as specialist assessment components may be needed to complement the generic component of SSA. Instead the

standards set out the minimum information which all professional groups within health, social care and housing would expect to record, a core dataset to which specialist modules can be added.. These specialist modules might relate to particular care groups or to professional specialisms.

*Local assessment tools, systems or processes**. need the capability to record every data item in the standards, but not every item will be recorded for every person receiving an assessment.***.. Fewer items are likely to be recorded for individuals with simple needs, and items will not be recorded where they are not applicable, for example, Landlord Details are not applicable to a home owner.

The exception to this rule is the SSA–IoRN data items which must be collected on every older person (65+) who receives a single shared assessment, and the CADS data items which, following further consultation, will be collected for every person receiving a IoRN score.

*The standards are a **minimum** – partnerships are expected to include additional, locally determined information.* The standards are merely the *minimum* information that should be covered by any SSA procedure. Local partnerships are free to reach a local agreement to include as much further information as they wish. For example, many partnerships may wish to include questions about e.g. laundry, housework or shopping under Domestic Tasks/Care of the Home.

The structure and order of the data items is not important. Section 4 groups similar topics under 13 main headings (e.g. Personal Care and Physical Well-Being). Within these main headings, the standards are further broken into sub-sections which cover more specific topics (e.g. current physical health, medication, nutrition). Each sub-section has an opening question which asks in broad terms whether any issues or needs have been raised by the assessment in relation to the heading in question. If the answer is Yes, then the issues or needs should always be described in more detail. Under some headings (e.g. Communication or Mobility), certain topics are listed which should always be addressed and recorded when issues or needs arise (including SSA-IoRN and CADS questions where relevant), though other local requirements may be covered as well. Under other headings (e.g. Personal Relationships), the minimum standards are more open-ended (though local partnerships may include specific questions which they feel should always be asked). Section 3 also groups under headings, and the same considerations apply. While all the data items should be included in an assessment procedure, the Section 3 and 4 groupings are not themselves mandatory and local partnerships are free to vary the way they are grouped, if they are grouped at all, and the order in which questions are asked.

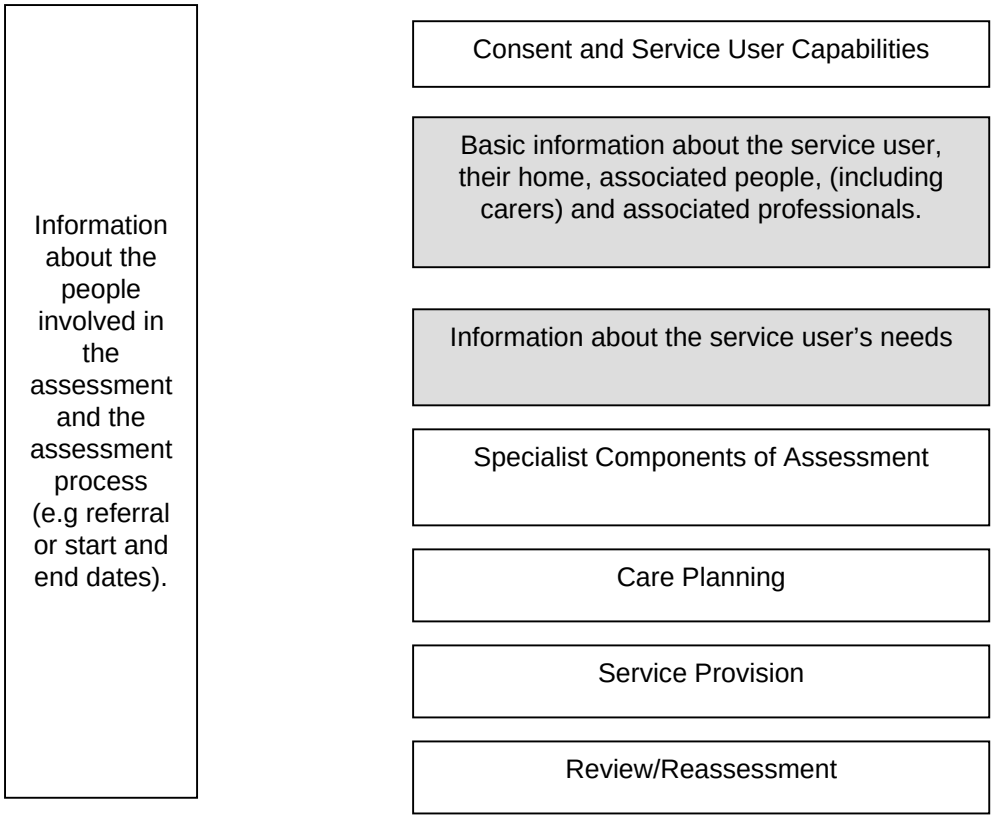
In Section 4, with the exception of SSA-IoRN and some CADS data items, the format and wording of data collection is optional. Some data items in Section 4 are drawn from SSA-IoRN or CADS (identified by I or C respectively). For *these* data items, it is important that the questions are asked and answered in exactly the way set out in the standards (though the order and grouping of questions can be varied) **for over 65s only**, since. SSA-IoRN and CADS are only applicable to older people. With these exceptions, however, the standards recommend the “type” of information that should be covered in an assessment procedure but do not prescribe any particular structure, wording or format for recording the information. Partnerships are free to use e.g. yes/no questions, pick-lists, ranges of options or free text as their preferred means of recording the information (though it is very likely that

practitioners will want some opportunity to enter free text in addition to more structured forms of recording). **Data items do not have to be specified separately on an assessment form, as long as background guidance makes it clear that all the topics should be borne in mind within the assessment itself**.

Note that while all SSA-IoRN questions are included in Section 4, not all CADS questions are covered within these standards. A majority of the CADS questions fall within the area covered by Section 3, and only some questions about Carers are included in Section 4.

The standards are initially restricted to information about the service user's needs and their personal details. Section 4 contains the standards around the service user's needs element of the SSA standards originally released in July 2004. Section 3 consists of the personal details relating to the person and those they interact with, and is based on work done by Standards Branch.

Broadly speaking, the shaded areas in the diagram below are the areas covered by Sections 3 and 4 of this paper. However, while the standards focus on information about the service user's needs and background, they are intended to be sufficiently adaptable to fit with different local business processes, particularly since they are designed for use by partners within health, social care and housing.



In its future work, the ARCG will extend minimum standards to cover all of the above areas.

The standards are not a national data return. The national standards are the agreed professional view of the minimum generic information needed for single shared assessment**.** While encompassing some nationally required data items, the standards do **not** constitute a new national data *return.* Only a proportion of the national standards outlined in Sections 3 and 4 (i.e. IoRN, CADS data items) will be analysed nationally. For example, whilst a standard has been specified to cover 'emotional well-being' for adults, there is no intention to compile such information nationally.

Section 3. Minimum Standards for Personal Details for All Adults

Data items in this section are taken from the Data Manual produced by the Standards Branch of the Scottish Executive. The Data Manual currently consists of the Generic Core Person dataset, i.e. demographic and socio-economic data about a person and the professionals and others, such as carers, associated with that person. These standards were produced to allow information sharing through the eCare programme between social care, health, housing, and eventually other public agencies. In addition, the National Clinical Dataset Development Programme within NHS Scotland was also working on a similar dataset, and so the Data Standards Manual is largely a result of collaboration between the two standards bodies, and has been issued jointly by them.

The ARCG recognises the need to incorporate standards developed and consulted on by other bodies into the standards which it produces, and it will continue to do so as these become available. However, when considering the Data Standards Manual the ARCG felt that not every item within the dataset was crucial to a complete assessment. For example, one of the items from the Data Standards Manual which has not been included is Person Name Suffix. This records that someone has OBE, BSc, JP, etc after their name. A perfectly good assessment can be done and recorded without these details.

The points set out in Section 2 apply to the items in this section. As before, it may not be necessary to record all items for every person assessed, but the ability to record them is needed to comply with the standards. The format of the data item (and any list of values) is also important for information sharing, and so they should follow the formats set out in the standards as the format and values used will form part of the evaluation of compliance. (This section contains a listing of the data items, and full lists of values are given in Appendix Two)

This section and Appendix Two are based on the Data Standards Data Manual Version 2.0. released in August 2005.
http://www.scotland.gov.uk/Topics/Government/DataStandardsAndeCare/Manual .

NB The order in which the data items in this section are presented has changed from that in the Older People's Standards, now all data items belonging to a service user, rather than to their Associated People, are shown first.

Person Identification and Characteristics

Data Item	Sub Data Item	Description	Example	Field Length	Format	Why Item is included
Structured Name	Person Title	e.g. Mr, Mrs, Miss, Ms, Dr, Rev, Sir, Lady, Lord, Dame, etc	**Mrs**	**35**	Text	**Use of the incorrect title may affect the assessor's relationship with the user.**
	Person Family Name		**Gibson**	**35**	Text	
	Person Given Name		**Joan**	**35**	Text	
Unstructured Name	Person Full Name	This alternative to recording structured name involves the whole name being recorded as a single character string with no separately identified elements.	**Mrs Joan Hazel Gibson MSc**	**70**	Text	**Alternative identifying name**
Person Birth Date	Person Birth Date	Age and age bands can be derived.	**11/04/1956**	**10**	**CCYY-MM-DD**	**Needed for complete assessment, to aid in identification, and for national returns**
Person Death Date	Person Death Date		**-**	**10**	**CCYY-MM-DD**	**This would be recorded if a person died before the completion of the SSA, but would not form part of the SSA Form.**
Person Identification	Unique Person Identifier	A number which can be used as a common reference number across information systems to identify an individual or an individual's records.		**Variable max 50 characters**	Variable	**For certainty of identification within single agency system**
	CHI number	The Community Health Index is a population register used for healthcare purposes in which each person is uniquely identified by the CHI number.		**10**	Structured	**Aids in inter-agency identification CADS**
Gender/Sex	Person Current Gender		**Female**	**1**	Pick list	**CADS**
Person Marital Status	Person Marital Status	An indicator to identify the legal marital status of a person	**Married**	**1**	Pick list	**Crucial for carer context**

Data Item	Sub Data Item	Description	Example	Field Length	Format	Why Item is included
Ethnicity	Ethnic Group (self Assigned)	There is a statutory, legal requirement for public authorities to collect data on ethnic group under the Race Relations (Amendment) Act 2000 in the interests of eliminating racial discrimination and promoting equality of opportunity and good race relations. Ethnic group and all the other Ethnicity items are also important for ensuring that appropriate, person-focused, needs-related care services are delivered sensitively to individuals.	**White Irish**	**Up to 6 (2+4)**	Pick list	**Crucial for government returns and discrimination monitoring** **CADS**
	Religion		**None**	**Up to 6 (2+4)**	Pick list	**Cultural implications for assessment**
	Interpretation assistance indicator		**None Required**	**2**	Pick list	**Cannot make assessment if do not have interpreter**
Preferred language		A person's language of preference may differ from their identified first language.	**English**	**Up to 6**	Pick list	**For interpretation**
Address (note that several addresses may be held for an individual, each with its address type)	Address (BS7666) **or**	Addresses conforming with BS7666 will be stored in and retrieved from an electronic gazetteer			Gazetteer	
	UK Postal Address	Alternatively, address can be recorded in up to 5 lines of unstructured text (minimum 2 lines).		**5x35**	Text	Alternative to BS7666 address – would only need to record one of the two
	Postcode			**8**	Ref File	**CADS**
	UK Daytime Telephone Number	One or both of these numbers may be a mobile number.		**35**	Character string	
	UK Evening Telephone Number			**35**	Character string	
	Address Type	Relates to the nature and status of the address, eg. normal domicile address, alternative contact address.	**Normal domicile address**	**2**	Pick list	**Need to know where to find service user**
	Lives Alone	Yes/No	**No**	**up to 3**	Yes/No	
GP	Person Family Name		**Linklater**	**35**	Text	
	Person Given Name		**Peter**	**35**	Text	
	Person Full Name	This alternative to recording structured name involves the whole name being recorded as a single character string with no separable identified elements.	**Dr Peter Linklater MD**	**70**		Alternative to Structured Name – would only need to record one of the two.

Data Item	Sub Data Item	Description	Example	Field Length	Format	Why Item is included
Registered GP Practice	GP Practice Code	Each GP practice in Scotland is identified by a unique GP practice code.	**70234 (right justified)**	**6**	Reference file	
	Address (BS7666) **or**				Gazetteer	
	UK Postal Address			**5x35**	Text	Alternative to BS7666 address – would only need to record one of the two
	UK Telephone Number			**35**	Character string	

Social, economic and physical situation

Data Item	Sub Data Item	Description	Example	Field Length	Format	Why item is included
Accommodation type		The type of accommodation in which the service user is normally resident.	**Mainstream housing**	**Up to 6**	Pick list	**Taken together with the next 2 items, records crucial detail of housing for assessment CADS**
Dwelling Type		Is a description of the physical structure in which someone lives.	**Flat**	**3**	Pick list	
Tenure Type		Indicates the basis on which an individual occupies the property in which they live.	**Owned**	**3**	Pick list	
Landlord Details	Person Title	e.g. Mr, Mrs, Miss, Ms, Dr, Rev, Sir, Lady, Lord, Dame, etc	**Mr**	**35**	Text	**Where adaptations needed, must record landlord**
	Person Family Name		**Thomson**	**35**	Text	
	Person Given Name		**Gordon**	**35**	Text	
	Person Full Name	The alternative to recording structured name involves the whole name being recorded as a single character string with no separable identified elements.	**Mr Gordon Thomson**	**70**	Text	Alternative to Structured Name – would only need to record one of the two.
	Organisation name			**255**	Text	
	Address (BS7666) **or**				Gazetteer	
	UK Postal address			**5x35**	Text	Alternative to BS7666 Address – would only need to record one of the two.
	UK Telephone Number			**35**	Character string	

Basic Needs

Data Item	Sub Data Item	Description	Example	Field Length	Format	Why item is included
Person Representative Required		An adult who represents or communicates on behalf of the person.	**No**	**Up to 3**	YesNo	**Should not carry out assessment if appropriate person not present**
Preferred Communication Method		The method of communication preferred by the person to make themselves understood.	**Generally intelligible speech**	**3**	Pick list	**Cannot carry out assessment without preparation**
Impairment			**Visual impairment**	**2**	Pick list	**Cannot carry out assessment if user needs help which has not been provided**

Background Information

Data Item	Sub Data Item	Description	Example	Field Length	Format	Why item is included
Crucial background information		This covers any factors (**other** than those indicated by other data items in this dataset), which it is vital to know about in the early, pre-assessment stages of dealing with the person, including relevant medical factors and cultural issues.	**Recent Suicide Attempt**		Free text	**Vital to provide context for assessment**

Associated People and Professionals

a) Associated Person

Data Item	Sub Data Item	Description	Example	Field Length	Format	Why item is included
Person Role		Associated people are the people who have a significant involvement or relationship with the person (e.g. main carer, next of kin, keyholder, emergency contact etc). The particular involvement(s)/relationship(s) of each associated person is(are) indicated by the "Person Role" data item. Data should be entered for all people significantly associated with the subject, including all members of the person's household.	**Key holder**	**3**	Pick list	
Structured Name	Person Title	e.g. Mr, Mrs, Miss, Ms, Dr, Rev, Sir, Lady, Lord, Dame, etc	**Mrs**	**35**	Text	
	Person Family Name		**O'Reilly**	**35**	Text	
	Person Given Name		**Christine**	**35**	Text	
Unstructured Name	Person Full Name	This alternative to recording structured name involves the whole name being recorded as a single character string with no separately identified elements.	**Mrs Chrissie O'Reilly**	**70**	Text	
Address	Address (BS7666) **or**				Gazetteer	Alternative to BS7666 address – would only need to record one of the two
	UK Postal Address			**5x35**	Text	
	UK Daytime Telephone Number			**35**	Character string	
	UK Evening Telephone Number			**35**	Character string	
Person Birth Date			**CCYY-MM-DD**	**10**	Date	**Need to record this for carer – not crucial for other people** **CADS**
Relationship to Client/Patient	Relationship to Client/Patient	The relationship between an Associated Person and the data subject.	**Parent**	**3**	Pick list	**In certain circumstances can be vital information, that carer is not close relation** **CADS**

Gender/Sex	Person Current Gender		**Female**	**1**	Pick list	**Need to record this for carer – not crucial for other people CADS**

b) Associated Professional

Data Item	Sub Data Item	Description	Example	Field Length	Format	Why item is included
Professional Person Role		Professionals are the people who are already involved with the person in a professional capacity. (e.g. Social Worker, OT etc). The particular role(s) carried out by each professional is/are indicated by the "Professional Person Role" data item. Data for as many professionals as required can be entered.	**Social Worker**	**35**	Text	**Information on professional useless without knowledge of role**
Structured Name	Person Title	e.g. Mr, Mrs, Miss, Ms, Dr, Rev, Sir, Lady, Lord, Dame, etc	**Ms**	**35**	Text	
	Person Family Name		**McAteer**	**35**	Text	
	Person Given Name		**Gill**	**35**	Text	
Unstructured Name	Person Full Name	This alternative to recording structured name involves the whole name being recorded as a single character string with no separately identified elements.	**Ms Gill McAteer**	**70**	Text	Alternative to Structured Name – would only need to record one of the two
Employing Agency			**City of Edinburgh Social Work Department**	**255**	Text	**Information on professional useless without knowledge of employer**
Professional Contact Address	Address (BS7666) **or**				Gazetteer	
	UK Postal/Simple Address			**5x35**	Text	Alternative to BS7666 Address – would only need to record one of the two.
	UK Daytime Telephone Number			**35**	Character string	
	UK Evening Telephone Number			**35**	Character string	

Section 4. Minimum Standards for the Needs Assessment of All Adults

Context:
The following minimum standards have been drafted following a review of existing Single Shared Assessment tools and processes for a variety of community care groups including: Older people, Mental Health, Dementia, Physical Disability including sensory impairment and brain injury, Learning Disability, and Substance Misuse. The items included should reflect:

- core data items but not specialist components
- assessment appropriate to level of need
- the assessment tool, process and guidance materials

Note that an SSA-IoRN score and accompanying CADS details are required for older people only. This means that in this section, general questions are relevant to all care groups, but the detailed scoring is not mandatory. Thus, for example, under Personal Care, questions 1 and 2 apply to all care groups, but the IoRN questions do not, since for other care groups they can be picked up under questions 1 and 2. Under 'Personal Relationships', on the other hand, question 1 remains relevant to all care groups as it is the only question under this heading.

Data Item/Topic	I = IoRN C = CADS compliant

Information about service user's needs

A. Service User's perspective	
1. Was service user consulted? Yes/No	
2. If No, give reasons	
3. If Yes, describe:	
• Differences or disagreements • Problems and issues perceived and conveyed by the person	

B. Carer's perspective	
1. Was carer consulted? Yes/No	
2. If No, give reasons	
3. If Yes, describe	
• Differences or disagreements • Problems and issues perceived and conveyed by the carer	
4. Has carer been offered assessment of needs? Yes/No	
5. If Y, was offer accepted? Y/N	

C. Relationships	
Personal Relationships	
1. Does the person have difficulty with key relationships? Yes/No/Not Assessed	I
2. If Yes, describe specific issues	

Intimate Relationships	
1. Has/does the person have difficulty with intimate relationships? Yes/No/Not Assessed	
2. If Yes, describe specific issues including: • Sexual health • Sexual wellbeing	

Informal caring arrangements	
1. Is there a Carer (or Carers)? Yes/No	C
2. If main carer was not available would services (or additional services) be required? Yes/No	C
3. Level of Care provided by informal carer (or carers). Enter codes 0-4 against the period/s that apply • Daytime • Evening • Overnight 0 None 1 Less frequently than daily. 2 Daily – once or twice during period. 3 Daily – more than twice during period. 4 Daily – continuously during period.	C
4. Are there any issues regarding current informal caring arrangements? Yes/No/Not Assessed	
5. If Yes, describe specific issues	

Formal caring arrangements	
1. Are there any issues regarding formal caring arrangements? Yes/No/Not Assessed	
2. If Yes, describe specific issues	

D. Vision, Hearing and Communication	
Hearing and Vision	
1. Are there any issues? Yes/No	
2. If Yes, describe specific concerns.	

Communication	
1. Are there any issues? Yes/No	
2. If Y, describe specific issues	
• Speech • Language • Understanding • Reading / writing • Numeracy • Use of telephone	

• Other equipment (specify)	

E. Personal care and physical well-being	
Relevant Medical Background	
1. Is there any relevant medical history/Learning Disabilities/ Physical Disabilities? Yes/No/Unknown/Not Assessed	
2. If Yes, provide details/conditions and source of information.	
Specific Issues • Mental Health • Dementia • Learning Disability (as per SCDS definitions) • Physical Disability • Acquired Brain Injury • Inpatient Admission • Clinic / Out patient / Treatment Centre attendance • History of falls	
3. If No, provide source of information.	
4. If Unknown or Not Assessed, detail any action taken to identify medical/mental health history.	

Current physical health	
1. Are there any current relevant health issues? Yes/No/Unknown/Not Assessed	
2. If Yes, provide details and source of information including specific health issues.	
• Skin care • Allergies/Sensitivities • Breathing difficulties	
3. If No, provide source of information.	
4. If Unknown or Not Assessed, detail any action taken to identify current health issues.	
Medication	
1. Are there any issues? Yes/No/Not Assessed	
2. If yes, describe specific issues	
• Taking medication • Obtaining medication	

Personal Care	
1. Are there any issues? Yes/No/Not Assessed	
2. If yes, describe specific issues including.	
• Managing personal appearance	
Is the person able to wash his/her hands and face? • Without difficulty. • Without difficulty using equipment or an adaptation. • Has difficulty even if using equipment or adaptation.	I

• Requires prompting, guidance, supervision or encouragement. • Cannot do without assistance from others.	
Is the person able to give himself/herself a complete wash, a bath or a shower? • Without difficulty. • Without difficulty using equipment or an adaptation. • Has difficulty even if using equipment or adaptation. • Requires prompting, guidance, supervision or encouragement. • Cannot do without assistance from others.	I
Is the person able to wash his/her hair? • Without difficulty. • Without difficulty using equipment or an adaptation. • Has difficulty even if using equipment or adaptation. • Requires prompting, guidance, supervision or encouragement. • Cannot do without assistance from others.	I
Is the person able to dress/undress himself/herself? • Without difficulty. • Without difficulty using equipment or an adaptation. • Has difficulty even if using equipment or adaptation. • Requires prompting, guidance, supervision or encouragement. • Cannot do without assistance from others.	I
When using the toilet, the person ….. • Is independent. • Is independent with catheter or colostomy and equipment or adaptations. • Needs assistance • Requires encouragement, prompting or supervision • Requires complete assistance • Does not use the toilet	I
Does the person require any of the following interventions or treatments relating to bowel management? • Provision of assistance, guidance, prompting or supervision to maintain bowel function: - Never or less than once a week on average. - More than once a week on average.	I

Eating, drinking and nutrition	
1. Are there any issues? Yes/No/Not Assessed 2. If yes, describe specific issues.	

When eating a meal, the person … • Eats without assistance. • Eats without assistance using equipment. • Eats with help, e.g. cutting up or pureeing food. • Eats with encouragement, prompting or supervision.	I

• Requires complete assistance • Receives nutrition by tube or infusion	

Mobility	
1. Are there any issues? Yes/No/Not Assessed	
2. If yes, describe specific issues.	
• Transferring: When transferring from bed to chair or wheelchair the person … ➢ Transfers independently ➢ Transfers independently using equipment or adaptations ➢ Needs the assistance of one person ➢ Requires the encouragement, prompting or supervision of one person ➢ Needs the assistance of more than one person (with or without equipment) ➢ Does not transfer from bed to chair (e.g. confined to bed) • Mobility on flat • Mobility on stairs • Mobility outdoors • Falls	I

Substance Use	
1. Are there any issues? Yes/No/Not Assessed	
2. If Yes, describe specific issues	
• Smoking • Alcohol • Drugs and Solvents use (including prescribed drugs)	

F. Mental health	
Cognition	
1. Are there any issues? Yes/No/Not Assessed	
2. If Yes, describe specific issues	
• Concentration	
• Memory	
• Orientation	
• Wandering	
• Awareness of danger	

Emotional well-being	
1. Are there any issues? Yes/No/Not Assessed	
2. If Yes, describe specific issues	
• Bereavement	
• Emotional difficulties arising from life events	
• General Mood	

• Anxiety	
• Motivation	

Behaviour	
1. Are there any issues? Yes/No/Not Assessed	
1. Is the person agitated or restless? • Never, or less than three times in the last four weeks • Three times or more in the last four weeks	I
2. Has the person disturbed or disrupted other people? • Never, or less than three times in the last four weeks • Three times or more in the last four weeks	I
3. Is the person verbally aggressive? • Never, or less than three times in the last four weeks • Three times or more in the last four weeks	I
4. Is the person unco-operative or resistant to help with their care? Yes/No	I
5. Has the person's behaviour constituted a risk of harm to themselves or to others? Yes/No	I

G. Immediate environment and resources	
Domestic tasks / care of the home	
1. Are there any issues? Yes/No/Not Assessed	
2. If Yes, describe specific issues including:	
• Food preparation Is the person able to prepare, cook and serve himself/herself a main meal? • Without difficulty • Without difficulty using equipment or an adaptation. • Has difficulty even if using equipment or adaptation. • Requires prompting, guidance, supervision or encouragement. • Cannot do without assistance from others. Is the person able to prepare himself/herself a light snack (e.g. sandwich)? • Without difficulty • Without difficulty using equipment or an adaptation. • Has difficulty even if using equipment or adaptation. • Requires prompting, guidance, supervision or encouragement. • Cannot do without assistance from others. Is the person able to prepare himself/herself a hot drink (e.g. a cup of tea)?	I I I

• Without difficulty • Without difficulty using equipment or an adaptation. • Has difficulty even if using equipment or adaptation. • Requires prompting, guidance, supervision or encouragement. • Cannot do without assistance from others • Use of heating • Use of appliances or gas	

Level and management of finances	
1. Are there any issues? Yes/No/Refused to disclose/Not Assessed	
2. If Y, describe specific issues	

Accommodation	
1. Are there any issues? Yes/No/Not Assessed	
2. If Y, describe specific issues	
• Concerns regarding fabric of the building • Physical security • Safety hazards • Equipment and adaptations • Heating • Summoning help • Housing support	

H. Social and Cultural Life	
Social life and leisure activities	
1. Are there any issues? Yes/No/Not Assessed	
• If Yes, describe specific issues	
Spiritual, religious, cultural matters	
1. Are there any issues that might be relevant to the provision of care? Yes/No/Not Assessed	
2. If Yes, describe specific issues.	
• Requirements for worship or other religious observation. • Special dietary needs. • Arrangements for provision of care (e.g. gender of carer).	

I. Employment	
1. Are there any issues? Yes/No/Not Assessed	
2. If Yes, describe specific issues.	

J. Education, Training and Life Long Learning	
1. Are there any issues? Yes/No/Not Assessed	

2. If Yes, describe specific issues.	

K. Care and Protection	
Abuse and neglect of service user	
1. Are there any concerns / relevant history? Yes/No/Not Assessed	
2. If Yes, describe specific concerns.	
3. Have these concerns triggered a secondary process? Yes/No. 4. If yes, provide details.	

Other aspects of personal safety	
1. Are there any concerns / relevant history? Yes/No/Not Assessed	
2. If Yes, describe specific concerns.	
3. Have these concerns triggered a secondary process? Yes/No. 4. If yes, provide details.	

Public safety / harm to others	
1. Are there any issues / relevant history? Yes/No/Not Assessed	
2. If Yes, describe specific concerns.	
3. Have these concerns triggered a secondary process? Yes/No. 4. If yes, provide details.	

Health and Safety at Work – Issues relating to anyone in direct contact	
1. Are there any issues/ relevant history? Yes/No/Not Assessed	
2. If Yes, describe specific concerns.	
3. Have these concerns triggered a secondary process? Yes/No. 4. If yes, provide details.	

Section 5. The Compliance Review Process

Local implementation of the 'ARCG National Minimum Information Standards for Single Shared Assessment for All Adults' should be part of the partnership's ongoing SSA implementation change control process and/or transfer to an electronic solution. Existing SSA tools do not need to be revised immediately in accordance with these standards, however the standards should be utilized when considering future developments to progress joint working and information sharing. The standards will be incorporated into all relevant eCare products.

The minimum standards fall into two categories

- In relation to basic information about a service user, their home, associated people (including carers and associated professionals), and information about the assessment *process*, the minimum standards are those set out in Section 3.
- In relation to the *content* of the information about service user's needs, the minimum standards are those set out in Section 4.

There will be a documented change control procedure that the compliance process will provide the linkage for between the partnerships and the ARCG. The ARCG will review and approve any change control requests and will adhere to the Scottish Executive Standards Branch supporting mechanisms. Details of the change control procedures will be provided in another document.

The ARCG has agreed that a review process will take place on SSA tools and guidance awarding them either "Full Compliance" or "Partial Compliance".

Please note that the National Minimum Information Standards for Single Shared Assessment for Older People V1.01 are still valid in relation to the compliance process However as stated above the National Minimum Information Standards for Single Shared Assessment for All Adults should be utilized when considering future developments.

1. SSA Position Statement

   All partnerships will be asked to complete an 'SSA Position Statement' as part of an information gathering exercise. Thereafter partnerships will be asked to participate in the 'Compliance Review'.

2. Compliance Review

   Each participating partnership will be asked to conduct a comparison between the minimum standards in Sections 3 and 4 of this document and the SSA tool. Documentation will be issued by the ARCG so that partnerships can provide details of how the tool complies. At the end of the partnership's review, the completed documentation and any supplementary information, such as extracts from the tool or guidance, screen dumps, etc which partnerships feel to be helpful will be submitted to the ARCG for verification.

3. ARCG Verification

The 'Compliance Review' document will be verified by the ARCG. Any differences or omissions will be discussed with the partnership with a view to resolution.

4. Compliance Status

Compliance status will be assigned to the standards in Section 3 – Personal Details of All Adults and 4 – Needs Assessment of All Adults respectively. Each section will be assessed for compliance separately since compliance for personal details requires the format and content of associated pick lists to be consistent with the relevant data standards, whereas the capacity to record a needs assessment data item will be sufficient to ensure compliance.

5. Reassessment

The tool and/or guidance will be submitted for reassessment whenever the tool and/or guidance is changed significantly.

Appendix One: Membership of the Assessment Review Co-ordinating Group

Name	Organisation
Peter Knight (Chair)	NHS Information Services
Kirsteen Cameron	Carenap Partnership and eCare
Fiona Black	NHS Information Services
Alison Bone	NHS Information Services
Margaret–Anne Dale	Scottish Executive Joint Future Unit
Kerr Donaldson	Scottish Executive Standards Branch
Fidelma Eggo	NHS Dumfries and Galloway
Kjersti Fergusson	Scottish Executive Standards Branch
Iona Lancaster	Perth and Kinross Partnership Services
Sue Muir	Falkirk Council
Helen Nettleship	Scottish Executive Standards Branch
Terry Palmer	Highland Council
Vijay Patel	Scottish Executive, Children and Families
Margaret Quinn	NHS Information Services
Julie Rintoul	SE Community Care Statistics Division.
Sandra Sage	South Lanarkshire Council
Winona Samet	Scottish Executive Joint Future Unit
Jenny Tidey	Moray Council
John Wilson	eCare Programme

Appendix Two: Code Lists for Personal Details Data Items

These code lists are from the Data Standards Manual Version 2.0 released in August 2005. For full details of the data items, the Data Manual can be found on the Home page of the Data Sharing and Standards Division website http:www.scotland.gov.uk/dss

Please note that values in *italic* are not relevant to adults, but are included so that the codes follow on.

Person Current Gender

Code	Value	Explanatory Notes
0	Not Known	
1	Male	
2	Female	
8	Other specific	The person has a clear idea of what their gender is, but it is neither discretely male nor female, e.g. 'intersex', 'transgender', 'third gender'.
9	Not specified	The person is unable to specify their current gender or does not have a clear idea of what their current gender is.

Person Marital Status

Code	Value
S	Single
M	Married/Civil Partner
D	Divorced/ dissolved Civil Partnership
W	Widowed/ Surviving Civil Partner
N	Not disclosed
P	Separated

Ethnic Group (Self Assigned)

Code	Sub-code	Value
01	**White**	
		E004 Scottish
		E070 Other British
		E002 Irish
		Any other White background – specify
02	**Mixed**	
		Any Mixed background – specify
03	**Asian, Asian Scottish or Asian British**	
		E041 Indian
		E042 Pakistani
		E043 Bangladeshi
		E081 Chinese
		Any other Asian background – specify
04	**Black, Black Scottish or Black British**	
		E061 Caribbean
		E062 African
		Any other Black background – specify
05	**Other Ethnic Background**	
		Any other ethnic background – specify
97	Not disclosed	
99	Not known	

This is assigned by the service user themselves. Further 'Ethnic Group (Self Assigned)'
subsidiary codes are available in the Data Manual.

Religion

Code	Value	Sub Code	Value
00	Atheist, Agnostic or no religious affiliation		
		R012	Atheist
		R003	Agnostic
		R121	None
01	Christian - Church of Scotland		
02	Christian - Roman Catholic		
03	Other Christian (specify) - see recording guidance		
		R137	Protestant
		R170	United Free Church of Scotland
		R083	Free Church of Scotland
		R014	Baptist
		R153	Scottish Episcopal Church
		R043	Church of England
		R109	Methodist
		R171	United Reformed Church
		R131	Pentecostal
		R148	Salvation Army
		Other	(refer to Religion Subsidiary Codes list)
04	Buddhist		
05	Hindu		

06	Muslim		
07	Jewish		
08	Sikh		
97	Not disclosed		
98	Any other religion (see Religion Subsidiary Codes)		
99	Not known		

Further 'Religion' subsidiary codes are available in the Data Manual.

Interpretation Assistance Indicator

Code	Value	Explanatory Notes
00	No help needed	Fluent in English.
01	Need help only with complex language	Usually conversant in English.
02	Help needed at all times	Interpretation in Preferred language or Preferred Communication Method required.
99	Not known	

Preferred Language

Code	Value	Sub-Code	Value
ara	Arabic		
ben	Bengali		
chi	Chinese		
eng	English		
fre	French		
ger	German		
gla	Gaelic; Scottish Gaelic		
gre	Greek		
guj	Gujarati		
hin	Hindi		
ita	Italian		
nor	Norwegian		
pan	Panjabi; Punjabi		
per	Persian		
sgn	Sign Language	-GB	British Sign Language
spa	Spanish; Castilian		
tur	Turkish		
und	**Undetermined (Not Known)**		
urd	Urdu		

Further 'Preferred Language' subsidiary codes are available in the Data Manual.

Address Type

Address Type	
Code	**Value**
00	None
01	Normal domicile (home) address
02	Alternative contact address
03	Non-domicile address
04	Invoiced address
05	Employer's address
06	Temporary domicile address
07	Professional contact address
08	No fixed abode

Accommodation Type

Italic values are not relevant for Adults.

Code	Value	Code	Value
01	Homeless		
		HM01	Homelessness Type unspecified
		HM02	Rough Sleepers
		HM03	Other Roofless
		HM04	Squatting
		HM05	Emergency/Temporary Accommodation
		HM06	Women's refuges
		HM07	Bed & Breakfast
		HM08	*Young People asked to leave*
		HM09	Unable to secure entry
02	Mainstream	MA01	Unspecified
		MA02	No adaptations
		MA03	With adaptations
		MA04	Barrier Free Housing/Lifetime Homes
03	Special Housing	SP01	Unspecified
		SP02	Amenity Housing
		SP03	Wheelchair Accessible Housing
		SP04	Ambulant Disabled Housing
		SP05	Other specially adapted housing
04	Sheltered Housing		
		SH01	Unspecified
		SH02	Extra Care Housing
		SH03	Very Sheltered Housing
		SH04	Integrated Very Sheltered Housing/Shared Housing Plus
		SH05	Other Sheltered Housing
05	Supported Accommodation	SU01	Unspecified
		SU02	Hostels
		SU03	Staffed Group Hostels
		SU04	Core and Cluster
		SU05	*Foyers*
		SU06	Supported tenancies

		SU07	Supported landlady/resident caretaker schemes
		SU08	Specialist Facilities
		SU09	Other Supported Accommodation
06	Specialist Rehabilitation Units	RU01	Unspecified
		RU02	Addiction Rehabilitation Units
		RU03	Mental Health Rehabilitation Facilities
07	Registered Adult Care Homes	AC01	Unspecified
	See Recording Guidance.	AC02	Registered Care Homes (single status homes)
08	*Registered Child Care Accommodation*	*CC01*	*Unspecified*
		CC02	*Residential Homes for children*
		CC03	*Residential Schools*
		CC04	*Secure Accommodation*
09	NHS Facilities/ Hospitals	NH01	Unspecified
		NH02	Long Stay NHS Facility/Hospital – Learning Disability
		NH03	Long Stay NHS Facility/Hospital – General Psychiatry
		NH04	Long Stay NHS Facility/Hospital – Psychiatry of Old Age
		NH05	Long Stay NHS Facility/Hospital – Geriatric Medicine
10	Penal Institutions	PE01	Unspecified
		PE02	Prison
		PE03	*Young Offenders Institution*
		PE04	Secure (forensic) locked psychiatric facility.
11	Independent Hospitals		
12	Independent Hospices		
13	Mobile Accommodation		
99	Not Known		

Dwelling Type

Code	Value	Code	Value
01	Detached		
		A	Multi Storey
		B	Single Storey
02	Semi-detached House		
		A	Multi Storey
		B	Single Storey
03	Terraced House		
		A	Multi Storey
		B	Single Storey
04	Flat		
		A	Multi Storey – entrance on ground floor
		B	Multi Storey – entrance on upper floor (stairs only)
		C	Multi Storey – entrance on upper floor (lift access)
		D	Single Storey – entrance on ground floor
		E	Single Storey – entrance on upper floor (stairs only)
		F	Single Storey – entrance on upper floor (lift access)
05	Caravan/ Travelling Trailer /Portakabin/ Tent		
		A	Static
		B	Mobile
06	Water-borne craft		
98	Other		
99	Not Known		

Tenure Type

Code	Value	Code	Value
00	None (No Tenure)		
01	Owned (single or joint ownership)		
		A	Owned Outright
		B	Owned Mortgaged
		C	Part Owned/Part Rented
02	Social Rented		
		A	LA Rented – Standard
		B	LA Rented – Temporary
		C	Social Housing – Temporary

		D	Social Housing – Rented
03	Private Accommodation Arrangements		
04	Tied Housing		
05	Institutional Living		
98	Other		
99	Not Known		

N.B. Further development will take place on the codes and values.

Preferred Communication Method

Code	Value	Code	Value
01	Verbal communication		
		A	Generally intelligible speech (ie. Person can be understood by all)
		B	Speech of limited intelligibility (ie. Only some of what person says can be understood by all, OR person can be understood only by people familiar with the mode of speech)
		C	Other verbal communication (ie. Person uses grunts or other utterances to communicate)
02	Communication based on the alphabet		
		A	Finger Spelling
		B	Deaf/Blind manual alphabet
		C	Block
03	Communication based on sign language		
		A	British Sign Language (BSL)
		B	Visual Frame signing/Close signing
		C	Hands on signing
		D	Makaton
		E	Sign Supported English
		F	Signed English
		G	Other Sign Language
04	Communication using text		
		A	Large Print
		B	Braille and/or Moon
05	Communication using objects and symbols		
		A	Objects of Reference
		B	Blissymbols
		C	Rebus symbols
06	Communication based on body language and touch		
		A	Body language
		B	Tadoma
98	Other preferred communication method (specify separately)		
99	Preferred communication method not known		

Impairment

Code	Value
00	None
01	Specific learning difficulties
02	Hearing impairment
03	Language and communication disorder
04	Physical or motor impairment
05	Visual Impairment
06	Cognitive impairment
07	Combined sight and hearing loss (see further information in Data Manual)
98	Other impairment (specify separately)
99	Not known

Person Role

Code	Sub-code	Value	Definition
00		No role	The person does not carry out any particular role for the data subject.
01		Carer	
	A	Main carer	The main carer of the data subject.
	B	Secondary carer	Any carer of the data subject other than the main carer.
02		Key holder	
	A	Main key holder	A person holding keys which allow admittance to the data subject's normal place of residence, and who would usually be the first to be contacted by anyone requiring legitimate admittance.
	B	Additional key holder	Any person holding keys which allow admittance to the data subject's normal place of residence, other than the main keyholder.
03		Appointed representative	
	A	Advocate	A person who can communicate on behalf of a data subject who has difficulty in doing so, to ensure that their opinions, wishes and needs are taken into account. An advocate cannot make decisions on behalf of the person for whom they speak.
	B	Proxy	A person with the power to take decisions or act on behalf of a data subject who does not have the capacity to do so for him/herself. The power may have been granted by the incapable person when they still had the power to do so, as in Continuing Power of Attorney or Welfare Power of Attorney, or the proxy may have been appointed by the courts as a financial Guardian or a Welfare Guardian under the Adults with Incapacity Act 2000. A person with mental health problems subject to a statutory order may appoint a 'named person' as their proxy.
04		Emergency contact	A person who may be contacted in the event of an accident, emergency or crisis befalling the data subject.

Relationship to Client/Patient

Code	Sub-code	Value	Definition
01		Spouse/Civil Partner	**EITHER:** A person of the opposite sex who is legally married to the data subject, **OR** A person with whom the data subject has a committed same-sex relationship which has been granted legal recognition as a civil partnership *(see Further Information in Data Manual)*.
02		Partner	A person who has a relationship with the data subject having the characteristics of a marriage, but is not legally married to the data subject. Includes cohabitees; excludes civil partners.
03		Polygamous partner	A person who is accepted as another spouse of the data subject under the law of another country.
04		Parent	

	A	Biological parent	A person who gave birth to or fathered the data subject.
	B	Foster parent	A person approved by a Local Authority to look after the data subject in the capacity of parent.
	C	Step parent	A person who is married to or the partner of the person with parental responsibility over the data subject.
	D	Adoptive parent	A person who has legally adopted the data subject.
05		Guardian	A person appointed by a parent to act in the parent's place in the event of his or her death.
06		Child	A person under the age of 18 over whom the data subject exercises appropriate parental responsibility as per the Children (Scotland) Act 1995.
07		Sibling	A person who has at least one common parent with the data subject.
08		Other blood relative	A blood relative other than biological parent, sibling or child (eg. Cousin, grandparent).
09		Relative-in-law	A person related to the data subject by ties of marriage, other than spouse and civil partner.
98		Other relationship not otherwise specified	
99		Not known	

Appendix Three: Differences between Standards for All Adults and Older People

All page numbers and Items or Paragraphs relate to All Adults Standards

BACKGROUND			
Page No	**Significant Change**	**Affected Item or Paragraph**	**Comments**
4,5		Minor changes to text	
4		Added in 'Points to Note'	

SECTION ONE			
Page No	**Significant Change**	**Affected Item or Paragraph**	**Comments**
6,7		Introductory text	

SECTION TWO			
Page No	**Significant Change**	**Affected Item or Paragraph**	**Comments**
10		Minor, plus note on IoRN, CADS	

SECTION THREE			
Page No	**Significant Change**	**Affected Item or Paragraph**	**Comments**
12		Introductory text	minor
12		Data Standards Manual version	Now version 2.0
		Order of sections eg basic needs	Put all sections relating to service user first
13		Person Birth Date	Change field length, format
13		Person Death Date	Change field length, format
13		Unique Person Identifier	Specify field length
13		Person Current Gender	Change name
13		Person Marital Status	Change name
13		Ethnic Group	Change field length
13		Religion	Change field length
14		Preferred Language	Change field length
14		GP Full Name	Change field length
15		Accommodation Type	Change field length
15		Landlord Details – Organisation Name	Change field length
16		Person Representative Required	Change name
16		Impairment	Change name
17		Person Role	Change to description, field length
17		Person Birth Date	Change field length, format
17		Relationship to Patient/Client	Add description, change field length
18		Employing Agency	Change field length

SECTION FOUR			
Page No	**Significant Change**	**Affected Item or Paragraph**	**Comments**
19		Personal Relationships	Add specific issues
20		Intimate Relationships	Add section
20		Vision, hearing and Communication	Amend title
20		Senses	Add title
20		Communication	Add and amend specific issues
20		Relevant Medical Background	Amend wording of 1.
21			Add specific issues
21		Medication	Add section
21		Current Physical Health	Add and amend specific issues
21		Personal Care	Add specific issue
22		Eating, drinking and nutrition	Amend title
23		Substance Use	Amend title, wording
23		Cognition	Remove 'Memory' from title, amend specific issue
23		Emotional Well-being	Amend title, add specific issue
25		Accommodation	Add specific issue
25		(Housing Support)	Section removed
25		Education, Training and Life Long Learning	Amend wording of title
25		Care and Protection	Added 'Issues relating to other household members'

SECTION FIVE			
Page No	**Significant Change**	**Affected Item or Paragraph**	**Comments**

APPENDIX TWO			
Page No	**Significant Change**	**Affected Item or Paragraph**	**Comments**
30 on		All items except Accommodation Type, Tenure Type	