Department of Health & Social Care

Adult Social Care Client Level Data (ASC CLD) collection guidance

Release 1

February 2023

Contents

Revision History

Version	Date	Summary of changes
1.0	October 2019	First draft created for Directions
2.0	April 2020	2nd draft - Consolidation of v1.0 of guidance and cover note, amendments to formatting, content and clarification following LA reference group feedback and RAG rating exercise.
3.0	Sept 2020	3rd draft - Further consolidation, clarification and refining of the data specification for discussion and agreement with reference group. Changes include the addition of CLD benefits, revised project timeframe.
4.0	Nov 2020	4th draft incorporating addition of 'discharge from reablement' and 'transfer from other LA' in defined list for Routes of Access. Addition of new fields: - Assessment Eligibility - Review Outcomes Achieved - Informal Carer Involved in Assessment.
4.1	Dec 2020	Proof reading changes and improvements to CLD benefits section and collection schedule.
4.2	Feb 2021	Senior sponsor review and final amendments to wording for clarity. Version published with the Secretary of State Direction and shared with all LAs in the project invite letter.
5.0	May 2021	- Submission Information re-formatted to 3 specific variables in the specification for reporting against all data rows – LA code, Reporting Period Start Date, Reporting Period End Date - Clarification relating to the guidance for creating a unique event reference, which should not include any person identifiable values e.g. DOB, postcodes etc in a string. - Addition of Service Type value of ‘Long Term Support: Prison’ - Clarification of CQC registration details – Provider CQC Location ID, Provider CQC Location Name
5.01	Sept 2021	- EQCL references replaced throughout with the superseding NHS Digital Data Dictionary as appropriate - Relaxation to the collection basis, frequency and coverage of the submissions from LAs. - Update to Event Outcome guidance in relation to possible outcomes and events they relate to, a note on review/reassessments.
6.0*	Dec 2021	Minor changes for Apr 22 implementation (1mth notice): - Gender – ‘Unknown’ replaced with ‘Other’ to match SALT - Hearing Impairment – correction to match specification - Event Type – correction to match specification - Event Outcome – ‘Service ended as planned’ added

		to defined list - Has Informal Carer, Autism Spectrum Disorder & Dementia – change values from ‘Not known’ to ‘Unknown’ for consistency across variables Carers for Apr 22 implementation (3mths notice): New variables: - Client Type - Total Hrs caring per week - No. of adults being cared for - Adult 1/2/3 Linked Person ID Amended variables to include carer values: - Method of Assessment or Review - Service Type - Service Component - Primary Support Reason - Delivery mechanism – consolidation of values for carers, community and prison settings
Release 1	July 2022	Changes to align with charging reform. New variables: - Client Funding Status replacing Full Cost Client Amended variables: - Assessment Type – ‘Financial Assessment’ added to defined list - Event Outcome - ‘Progress to financial assessment’ added to defined list - Service Component - ‘Professional Support- Social Worker’ added to defined list
Release 1 (update)	Sept 2022	Minor changes to improve quality of returns. ‘Unknown’ values added to defined lists for mandatory fields to assist complete submissions. Amended variables - Method of Assessment or Review split into Method of Assessment and Method of Review - Event Outcome - ‘NFA - Other’ added to defined list - Has informal carer renamed as Has Unpaid Carer - ‘Severity Unknown’ added to defined lists for Visual Impairment and Hearing Impairment
Release 1 (update)	Feb 2023	Minor corrections to specification. Substantial changes to guidance to clarify interpretation and application. Amended variables: - Event Outcome – defined list re-ordered to provide hierarchy for use in cases where events have multiple outcomes - Ethnicity – defined list corrected to use current primary classification

* Version 6.0 was developed but not released, and changes were rolled into Release 1.

February 2023 update

Between November 2022 and January 2023, the Department of Health and Social Care (DHSC) held a series of Q&A sessions on the client level data (CLD) specification open to all local authority social care data leads and attended by representatives from 126 local authorities. Using information gathered in these sessions and following consultation with the CLD reference group, we have updated this guidance to provide clarification and further detail on how the specification should be applied across a range of situations.

Over time, we want to move away from annual statutory reporting that involves a lot of local manual data processing and toward more frequent and more automated submissions, with more of the data processing done centrally. However, we understand that setting up and running a quarterly CLD return represents a new burden to local authorities, involving the regular extraction of record-level data from local systems, data processing and transformations to populate the CLD specification, as well as quality assurance to check the completeness and accuracy of the returns. In line with the CLD burden assessment carried out by NHS England (formerly NHS Digital), local authorities have received funding to support implementation in 2022/23 and further funding will be confirmed to support with the submission of both CLD and SALT in 2023/24 (dual running). A SALT return will be required in both May 2023 and May 2024 to allow continuity in 2022/23 when there is no CLD return and one year of dual running for comparison purposes in 2023/24.

Local authorities and other stakeholders can continue to send queries about this guidance and specification to socialcaredata@dhsc.gov.uk.

Additional updates will be communicated from the NHS Arden and Greater East Midlands Commissioning Support Unit (AGEM CSU) Adult Social Care website and the team can be contacted at agem.adultsocialcare@nhs.net.

Overview and Background

Introduction

Timely access to data in a format useful to local authorities, regional networks and national bodies is fundamental to the commissioning and delivery of high-quality care and support. This government is committed to transforming how social care data is collected, shared and used, and through the Health and Care Data Strategy Data Saves Lives and our social care reform white paper People at the Heart of Care, we set out our vision for social care data.

In February 2023, we published details of how this transformation could be achieved in Care data matters, including our plans for CLD. We are ambitious in our vision for how data and digital technologies can be used to improve care. Better data sharing between organisations and professionals will support integration. Person-level data collections and record linkage will provide greater understanding of people's care journeys and outcomes. More timely data will support better management and oversight of the health and care system at local, regional and national levels.

As part of our vision, we are committed to moving away from collecting aggregate data to more routine use of (pseudonymised) client level data, bringing social care collections more into line with person-level NHS collections. This builds on the letter sent to local authorities in September 2018, which outlined a new project to create client level social care returns. As confirmed in the September 2022 letter to local authorities, the CLD collection will become mandatory from April 2023, with the first submission in July 2023.

CLD has the potential to transform our understanding of people's journeys through the social care system. The ability to link client level data from local authorities with NHS records for the same individuals will strengthen our understanding of how people move between health and social care, enabling better oversight of how services work together across the country.

CLD flows from local authorities into a national data repository will reduce the gap between local and national records of social care by drawing on data already held in local case management systems. With routine validation of the data, CLD will provide local authorities with a robust and consistent minimum core dataset that can be used to meet their local reporting requirements. Local authorities will also be able to request NHS number tracing and linked (pseudonymised) health records for greater commissioning insight into local health and care systems.

CLD is designed to replace the Short and Long Term (SALT) collection by asking local authorities to regularly submit the underlying data instead of an annual aggregated return.

On behalf of DHSC, NHS England (formerly NHS Digital) will aggregate the data centrally based on agreed transformation rules and share the outputs with local authorities. The intention is that quarterly CLD returns will replace the existing annual SALT return, with SALT running alongside CLD in its first year

In the short term, it is expected that there will be some discontinuities in statistics describing adult social care activity as we transition from SALT to CLD. A year of concurrent running will enable comparisons of statistics and understanding of differences. In the long term, the scope of recorded activity in CLD should provide a more comprehensive and accurate picture of local authority demand and activity than SALT.

CLD has been developed as a collaboration between national and local government. The initial specification is designed to strike a balance between the new uses of the data and the practical challenges of introducing a new collection to local authorities. In the initial phase of the mandatory collection, CLD will not fully represent all the work of local authorities to provide adult social care to their communities. With the support of local authorities and the wider sector, CLD will be improved over time to provide a more comprehensive and accurate picture of the activities undertaken by local authorities.

Project aims

The CLD project aims are:

- to enable local authorities and Integrated Care Systems (ICSs) to obtain linked pseudonymised individual health and social care records for their local areas. This will enable analysis of different user groups' health and care journeys, and help with planning, outcomes monitoring and evaluation of social care interventions.

- to support national benchmarking and assurance, policy development and implementation. DHSC and NHS England will have access to more granular, more timely social care data for analysis as well as a wide range of linked pseudonymised health care data through secure national data access portals. This will allow better understanding of key policy areas such as support for unpaid carers, care provider markets, and impacts of different ways of providing care on wellbeing outcomes.

- to support the development and improvement of social care data over time and allow for future amendments as local systems and national policies develop. CLD provides the potential for further intelligence to be drawn from the granular dataset, beyond what is possible with the aggregated data.

- to ensure that the existing aggregated SALT returns can be replicated using client level data, enabling consistent and more timely collection of local authority adult social care activity and continuation of existing Official Statistics publications and outputs based on SALT, including the Adult Social Care Outcomes Framework (ASCOF).

Scope

Like SALT, CLD covers adult social care activity across all Councils with Adult Social Services Responsibilities (CASSRs) in England. CASSRs are referred to as local authorities throughout this guidance.

CLD covers most local authority activity under Part 1 of the Care Act 2014 to provide care and support to adults aged 18 and older with needs for care and to carers. Safeguarding activity is not covered by the CLD collection, since this is covered by the existing Safeguarding Adults Collection (SAC).

CLD covers four types of events:

- **Requests** covering all requests for support in relation to the provision of adult social care services, including contacts from clients or their representatives, or someone acting on their behalf. The only exception is casual contacts where no client details are captured. In a change from SALT, local authorities should submit requests from existing as well as new clients.

- **Assessments** that involve an assessment of need for care or support under the Care Act 2014, not restricted to those that involve an assessment of eligibility for services. Local authorities should provide records for a range of types and methods of assessment, including occupational therapy assessments for equipment or adaptations and financial assessments of people's eligibility for financial support.

- **Services** provided to three groups:

  - people whose care is fully or partially funded by the local authority

  - people who ask the local authority to organise their care under Section 18(3) of the Care Act 2014

  - unpaid carers including young carers (aged under 18) who provide care for an adult aged 18 or older

- **Reviews** of care and support plans for service users and carers. This covers people receiving long-term support, those receiving short-term services and people receiving support as a carer.

CLD excludes:

- safeguarding activity and children's social care, as well as activity covered by the Mental Capacity Act 2005 (and amendments to it) and the Mental Health Act 1983. Deprivation of Liberty Safeguards (DoLS) assessments and Mental Health Act assessments should not be included in CLD.

- housing and homelessness services provided under the relevant legislation (Housing Act 1996, Homelessness Act 2002, Homelessness Reduction Act 2017, Domestic Abuse Act 2021).

- self-funders who arrange their care independently. This is because CLD is based on local authorities' case management systems. Services provided to people who pay the full direct cost of the care they receive and do not request or take up any offer of support planning / care management (e.g. regular reviews) offered by the local authority will not usually be recorded on these systems.

- services that are fully health-funded and/or where there is no social care component. This covers care arrangements put in place by the local authority on behalf of the NHS and/or where the costs recharged to the NHS. End of life care that is funded by the NHS is not in scope of this collection but should be included when it is funded by the local authority.

CLD specification

There are 50 fields in the Release 1 specification, of which 33 will be part of the mandatory return. The collection is modular, and fields included under one of nine modules: one for submission information, one for person details and seven for different event types. This is summarised in Figure 1 below.

The specification includes data items needed to reproduce the SALT metrics, as well as additional data items that will enhance the collection and provide essential information across a range of areas. Most content from the existing SALT collection in relation to service users and carers is covered or can be derived from linkage to NHS records. Annex A provides details on what is new to CLD and what has been dropped.

Definitions and categories follow those set out in the 2021 Census and the NHS Digital Data Dictionary.

No change has been made to the list of fields in the specification since September 2022, but the defined list for Ethnicity has been corrected and the defined list for Event Outcome has been reordered. The ethnicity classification in the Release 1 guidance used an older NHS primary classification and this has now been corrected to align with the 2021 Census.

The Event Outcome defined list has been re-ordered to provide a hierarchy of responses, indicating which to use when there are multiple outcomes for an event

Mandatory fields

Where fields are marked as mandatory, they are necessary for use in the creation of key statistics including SALT and ASCOF. It is important that complete data be provided for these fields where is it relevant. The specification details make clear where information is only expected for certain event types or client groups and where ‘Unknown’ values should be used. For example, primary support reason (PSR) will typically be unknown for people making a new request for support who do not progress to an assessment.

Service costs data is part of the mandatory return, since this is vital information that will be used to assess provider market sustainability and strengthen the department’s evidence base for any future funding to improve social care.

In the Q&A sessions and other meetings, local authorities have described challenges with specific fields. For example, Accommodation and Employment Status is frequently only recorded for people with learning disabilities aged 18-64. Another example is where information recorded during reviews about whether people have achieved personal outcomes is recorded as free text on local systems, not easily reportable using a defined list under Review Outcomes Achieved.

In cases where it is not possible to submit data for mandatory fields for event types where it is required, local authorities should make plans to start collecting this data in a reportable format. Where system changes are planned, local authorities should indicate when data will be likely to become available. The next section (Data Collection Process) describes how this contextual information can be provided alongside the CLD submission.

From April 2023, voluntary submissions will use the Release 1 specification. From July 2023, mandatory submissions will use the Release 1 specification and will include data collected from April 2023 onwards.

Development of specification over time

The Release 1 specification has been co-developed with local authorities via the CLD reference group (a group of representative local authority analysts involved in the project for several years), ensuring continuity with the current aggregate collections, which were designed jointly with local authorities, ADASS, NHS England and DHSC.

In 2022, new elements were introduced into the CLD collection to help monitor impacts of adult social care charging reform. The government remains committed to the implementation of charging reform, but a two-year delay was announced in the 2022 autumn statement to give local authorities more time to prepare. The Client Funding Status field has not been changed, but the specification details clarify how this field should now be used since most of the values in the defined list are not currently applicable.

Figure 1 Overview of modules and fields in specification

Submission Information
LA Code*
Reporting Period Start Date*
Reporting Period Start Date*

Person Information
NHS Number*
LA Person Unique Identifier*
First Name*
Last Name*
GP Practice Name
GP Practice Code
Date of Birth*
Gender*
Ethnicity*
Date of Birth*
Date of Death*
Client Type*
Primary Support Reason*
Postcode*
Accommodation Status*
Employment Status*
Has Unpaid Carer
Autism Spectrum Disorder
Visual Impairment
Hearing Impairment
Client Funding Status*

Events (All)
Event Type*
Event Reference
Event Start Date*
Event End Date*
Event Description
Event Outcome*

Events (Requests only)
Route of Access*

Events (Assessments only)
Assessment Type*
Eligible Needs Identified
Method of Assessment*

Events (Reviews only)
Review Reason*
Review Outcomes Achieved*
Method of Review*

Events (Services only)
Service Type*
Service Component*
Delivery Mechanism
Provider CQC Location Name
Provider CQC Location ID

Costs (Services only)
Unit Cost*
Cost Frequency (Unit Type)*
Planned units per week*

Events (Carers only)
Total Hrs Caring per week
No. adults being cared for
Adult 1 Linked Person_ID
Adult 2 Linked Person_ID
Adult 3 Linked Person_ID

*Mandatory field. A summary of requirements for mandatory fields is provided in Annex B.

Data collection process

From July 2023, local authorities will be required to submit data on a quarterly basis. A typical process for the collection works as follows:

1. local authorities extract data from their case management systems.
2. local authorities carry out processing to produce a standard quarterly return as a csv file in line with the CLD Specification.
3. local authorities upload the csv file to a Data Landing Portal (DLP) hosted by AGEM CSU in their capacity as NHS England’s North West Data Services for Commissioners Regional Office (DSCRO). The comments box should be used to indicate when data is not yet available or is incomplete for specific fields, and when it will become available.
4. AGEM CSU, as the DSCRO, provides data quality reports back to local authorities, including optional NHS number tracing.

Collection schedule

CLD submissions will be mandated on a quarterly basis. Local authorities may opt to submit monthly, but this will be on a voluntary basis. Monthly submissions will allow more timely analysis and outputs to be provided back to local authorities once the process is in place. Local authorities can switch to monthly submissions at any time.

In the first year of mandatory submissions, local authorities can begin by submitting a single quarter of data and work toward submissions covering a 12-month reporting period by April 2024. Records for the reporting period starting 1 April 2023 can be revised up until the submission in April 2024. This allows for missing or inaccurate records contained in previous submissions to be corrected in later submissions. Table 1 gives an example of a local authority who is reporting quarterly from the first mandatory reporting period. The collection schedule for future years will be confirmed towards the end of 2023/24.

Reporting will take place within the month following the relevant reporting period. For example, the return submitted in July 2023 should include data up to 30 June 2023.

Table 1 Schedule for the first year of the mandatory collection

	Reporting period	**Submission window**
First mandatory return	1 Apr 2023 to 30 Jun 2023	1 Jul 2023 to 31 Jul 2023
Second return	1 Apr 2023 to 30 Sept 2023	1 Oct 2023 to 31 Oct 2023
Third return	1 Apr 2023 to 31 Dec 2023	1 Jan 2024 to 31 Jan 2024
Fourth return	1 Apr 2023 to 31 Mar 2024	1 Apr 2024 to 30 Apr 2024

Data quality

Data validation is an essential part of the submission process. As with the current SALT collection, there will be both automatic validation and relevant quality assurance processes put in place.

An Excel data validation tool supporting Version 5 and Release 1 of the specification has been developed and is available to download from the CLD website, https://www.ardengemcsu.nhs.uk/asccld. This enables local authorities to check the data conforms to the formatting of the specification and provides some basic aggregations to support sense checking. We will continuously review the data to refine and update the validation rules and tools.

Due to the variation the way that activity is organised and recorded across local authorities, the specification will not always fit with local terminology or recording. Over time, we will work to refine the guidance to clarify definitions and intended statistical uses of the data. We request that local authorities are pragmatic in fitting their data to the specification, using their professional judgement alongside the guidance.

Personal data

The collection requires the submission of personal data including NHS number, postcode, name, and date of birth. Sensitive data items (or “Special Category” data) are also collected, including ethnicity and information about physical and mental health conditions.

Before any onward dissemination from NHS England is allowed, either to DHSC or back to ICBs or local authorities, the NHS number will be replaced by a consistent pseudonym. Other identifiers such as postcode and date of birth will be either removed or replaced with higher level derivations e.g., age group.

Data released can remain at client level and anonymised in line with the ICO code of practice on anonymisation. This allows linkage and analysis of data for the same person across social care and health care datasets.

Pseudonymisation helps reduce privacy risks by making it more difficult to identify individuals, but it is still personal data. Where data sharing agreements are set up, and other datasets are also provided with the same pseudonym, clients' data can be linked to those datasets, for the purposes outlined in the data sharing agreement and with appropriate measures to ensure that data is stored and processed in a secure way. The Directions and Information Standard will limit access appropriately, specifying the legal basis on which it can be shared and the purposes that it can be used for.

Using the data

As a new data collection, it is expected that there will be inconsistencies in the way data is recorded and reported by local authorities. We will work with the CLD reference group, Local Government Association (LGA) and Association of the Directors of Adult Social Services (ADASS) to ensure that all government uses of the data, including in official statistics, are appropriate and that the data is fit for purpose in each case as the collection matures and evolves.

CLD will be used to recreate key activity statistics currently in SALT. NHS England (formerly NHS Digital) is carrying out validation work to test how well key SALT metrics can be replicated using the underlying CLD data and to understand differences linked to recording, terminology and data quality issues. We are not expecting to match values perfectly but intend to recreate key metrics for users who depend on SALT and require a time series, including a description of breaks or inconsistencies and reasons for these.

In parallel with the development of the CLD collection, DHSC has been working with LGA and ADASS to update ASCOF. The updates will be made in two phases. The first update from April 2023 contains a suite of new or updated metrics, of which six include data sourced from CLD, as set out in the ASCOF 2023/24 Handbook of Definitions. The definitions and calculations for metrics sourced from CLD are under development and the early CLD returns will be used to develop methodology and worked examples for these metrics to include in an updated ASCOF Handbook of Definitions from summer 2023. DHSC will engage with key stakeholders as this work develops.

AGEM CSU can provide support to local authorities with accessing linked pseudonymised individual health and social care records for their local areas. AGEM can advise on what steps are required and help liaise with colleagues in the ICB, and local CSU where appropriate, to ensure data is made available in the most effective way. DHSC is also working with the CLD reference group and LGA to develop aggregated outputs for local authorities that support local planning and strategic commissioning, including regional and national benchmarking.

Specification details

Submission Information

LA Code

Mandatory

For every row of data, please record the LA Code associated with all social care collections e.g. for Lincolnshire, the LA Code is 503. This code will be used to ensure that all data rows can be attributed to specific local authorities, and to derive the local authority Name. LA Codes can be found here from the csv file named “lauth”.

Data type: Integer

Reporting Period Start Date

Mandatory

This is the first day of the reporting period which covers the data within a submission. The Collection schedule section gives details of the reporting periods that should be used.

For Local authorities making their first submission in July 2023, the reporting period start date will be 01/04/2023.

Data type: dd/mm/yyyy (no time stamp)

Reporting Period End Date

Mandatory

This is the last day of the reporting period which covers the data within a submission. The Collection schedule section gives details of the reporting periods that should be used.

For local authorities making their first submission in July 2023, the reporting period end date will be 30/06/2023.

Data type: dd/mm/yyyy (no time stamp)

Person Details

These are fields to record person details and information about the characteristics of individuals receiving services from the local authority, including those who make requests for support.

Some person details can change over time as people's circumstances change and with their evolving care journey. For example, Primary Support Reason (PSR) may change following assessment and reassessment. These should be reported as correct at the event end date (i.e. correct at the time of the event) but can be reported as correct at the reporting period end date (i.e. correct at the time of submission/extraction) if this is the way data is extracted for CLD processes.

NHS Number

Mandatory

NHS Number should be provided where this is available to provide a national unique identifier for individuals which can be used to link to health data. This will be validated by the DSCRO (AGEM CSU) as part of the NHS batch tracing service.

Data type: Integer (10 characters – no spaces)

LA Person Unique Identifier

Mandatory

A Person Unique Identifier - a local authority Client ID - will be used to identify different event records for the same person, where the NHS number is missing.

Data type: Integer or alpha-numeric

First Name

Mandatory

This information is important as it will facilitate the tracing of NHS numbers by the DSCRO (AGEM CSU) where they are missing or incorrect. Wherever possible, this should be the name used on official records.

Data type: Text

Last Name

Mandatory

This information is important as it will facilitate the tracing of NHS numbers by the DSCRO (AGEM) where they are missing or incorrect. Wherever possible, this should be the name used on official records.

Data type: Text

GP Practice Name

Voluntary

GP Practice Name can be provided where it is available.

Data type: Text

GP Practice Code

Voluntary

GP Practice Code can be provided where it is available.

Data type: Text

Gender

Mandatory

Gender is defined as the gender the individual considers themselves to be. ‘Other’ has been added for clients who do not identify as male or female. ‘Unknown’ should be used where the person's gender has not been recorded.

- Female
- Male
- Other
- Unknown

Data type: Defined list

Ethnicity

Mandatory

Ethnicity should be completed in line with the categories used in the 2021 census to facilitate vastly improved diversity monitoring covering all events. ‘Undeclared or Not known’ and ‘Refused’ options should be used where a person's ethnicity has not been recorded.

Please note that the defined list has been corrected. The Release 1 guidance published in September 2022 incorrectly used the NHS Data Model defined list for ethnic category.

- Asian or Asian British - Indian
- Asian or Asian British - Pakistani
- Asian or Asian British - Bangladeshi
- Asian or Asian British - Chinese
- Asian or Asian British - Any other Asian background
- Black, Black British, Caribbean or African - Caribbean
- Black, Black British, Caribbean or African - African
- Black, Black British, Caribbean or African - Any other Black, Black British or Caribbean background
- Mixed or multiple ethnic groups - White and Black Caribbean
- Mixed or multiple ethnic groups - White and Black African
- Mixed or multiple ethnic groups - White and Asian
- Mixed or multiple ethnic groups - Any other Mixed or multiple ethnic background
- White - English, Welsh, Scottish, Northern Irish or British
- White - Irish
- White - Gypsy or Irish Traveller
- White - Roma

- White - Any other White background
- Other ethnic group - Arab
- Other ethnic group - Any other ethnic group
- No data - Refused
- No data - Undeclared or Not known

Data type: Defined list

Date of Birth

Mandatory

Date of birth (DOB) should be reported for both service users and carers. DOB allows age and age bands to be derived for service users and carers and is also used for NHS batch tracing by the DSCRO (AGEM CSU).

There will be cases of people aged under 18 being included in submissions. Events related to the transition of a person from children's social care to adult social care should be included even if they are below 18 when the event occurred. Under-18 carers of adults should also be included in submissions.

We understand that DOB is not always recorded for all carers and some other groups of service users. In these cases, the DOB field should be left blank. Approximate or estimated DOB should not be submitted. Local authorities should make plans to improve recording to capture this information.

Data type: dd/mm/yyyy (no time stamp)

Date of Death

Mandatory

Date of death should be recorded where known. This field should be left blank where the person is known to be alive or where the Date of death is not known.

Data type: dd/mm/yyyy (no time stamp)

Client Type

Mandatory

This field is to distinguish between event rows that relate to service users and carers.

When a person enters the social care system, they may be assigned as a carer or service user based on the request reason and/or the assessment type, prior to any service provision being recorded.

The CLD collection includes adult service users aged 18 or over. People who make a request for support, or who have an assessment of their care needs, should also be recorded as a service user within CLD.

Carers includes adults and young carers aged under 18. Carers should only be included if they provide unpaid care for an adult who is aged 18 or over. Carers who are caring solely for children or young people aged under 18 should not be included in CLD.

Like SALT, paid care workers funded by direct payments, provided as part of a commissioned service or in a residential and nursing care setting are not in the scope of the collection and should not be included.

If a service user is also a carer, they may have separate events in CLD as a service user and as a carer.

‘Unknown’ should be used where the client type has not been recorded.

‘Carer known by association’ should be used in cases when support for the carer has been provided and recorded solely in the cared-for person’s records during the reporting period. This is the only instance where a row of data will show person details and carer information, but not contain any event details.

‘Carer known by association’ rows of data are required when carer support is recorded solely in service user rows, e.g.

- the carer has been involved in an assessment with the person cared for and/or
- support is arranged for the cared-for person for the benefit of the carer e.g., respite care, and only appears on the cared-for person’s records

Carer details should not be provided if they have not been actively involved in care assessment or provision, since they are unlikely to have given consent to share their details.

A worked example of how this data should be submitted is given in Annex D.

- Service User
- Carer
- Carer known by association
- Unknown

Data Type: Defined list.

Primary Support Reason

Mandatory

The Primary Support Reason (PSR) describes the main reason why the individual requires social care support i.e. the primary disability or impairment impacting on the individual’s quality of life and creating a need for support and assistive care.

A person's PSR may change over time. The latest known PSR should be recorded against each event row in the submission except for carer events. Where the PSR is not yet determined, for example where requests or assessments do not progress to services, then ‘Unknown’ can be chosen.

The PSR of ‘Social Support: Support to Carer’ should be recorded for any carer-related events in CLD submissions. If a service user is also supported by the local authority as a carer, event rows relating to support provided to the person as a carer should have a PSR of ‘Social Support: Support to Carer’.

- Physical Support: Access & mobility only
- Physical Support: Personal care support
- Sensory Support: Support for visual impairment
- Sensory Support: Support for hearing impairment
- Sensory Support: Support for dual impairment
- Support with Memory & Cognition
- Learning Disability Support

- Mental Health Support
- Social Support: Substance misuse support
- Social Support: Asylum seeker support
- Social Support: Support for Social Isolation/Other
- Social Support: Support to Carer
- Unknown

Data type: Defined list

Postcode

Mandatory

The postcode of the person’s normal place of residence should be recorded alongside all event rows. The postcode will be used to assist with identifying missing NHS numbers and to derive geographical fields to support analysis.

Where someone lives in a residential or nursing home, the postcode of the residential/nursing home should be used.

The same should also apply to clients who move to an out-of-area residential home; the postcode of the out-of-area residential/nursing home should be recorded. In these circumstances, the activity should be reported by the local authority where the person is ordinarily resident i.e. where the local authority holds responsibility for the person in an out of area placement.

People who are staying in care homes temporarily should not use the postcode of the care home, as this has not yet become their normal place of residence. For unpaid carers, it is recognised that caring roles can be across local authority borders, so as with above, the postcode of the carer’s normal place of residence should be recorded.

The following values should be used for the given situations:

- ZZ99 3VZ - no fixed abode
- ZZ99 3CZ - address known but no postcode recorded
- Unknown - address not known

Data type: Alpha-numeric (Postcode Outward Code_Postcode Inward Code e.g. XX3 4YY) or Unknown

Accommodation Status

Mandatory

Accommodation Status should be based on a person's latest known address / postcode during the reporting period. Where the Accommodation Status is not yet determined, for example where requests or assessments do not progress to services, then ‘Unknown’ can be chosen.

This field is essential because it will feed into two new outcome metrics in ASCOF: ‘Proportion of people who receive long term support who live in their home or with family’ and ‘Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital’. Alongside this field, postcode and information from linked health data can also be used to infer accommodation status in some cases. These ASCOF metrics will be marked as experimental in the first year to reflect the fact that CLD is a new collection and that accommodation status may not be complete in the early returns.

Local authorities have indicated that they routinely record accommodation status for people with a learning disability aged 18 to 64, but not always other groups, since the existing ASCOF metric is ‘proportion of adults with a learning disability who live in their own home or with their family’. Local authorities should start to routinely record this information for all client groups. The comments box on AGEM's Data Landing Portal (DLP) should be used to indicate when this data is not yet available.

- Owner occupier or shared ownership scheme
- Tenant
- Tenant - private landlord
- Settled mainstream housing with family / friends
- Supported accommodation / supported lodgings / supported group home
- Shared Lives scheme
- Approved premises for offenders released from prison or under probation supervision
- Sheltered housing / extra care housing / other sheltered housing

- Mobile accommodation for Gypsy / Roma and Traveller communities
- Rough sleeper / squatting
- Night shelter / emergency hostel / direct access hostel
- Refuge
- Placed in temporary accommodation by the council (inc. homelessness resettlement)
- Staying with family / friends as a short-term guest
- Acute / long-term healthcare residential facility or hospital
- Registered care home
- Registered nursing home
- Prison / Young offenders institution / detention centre
- Other temporary accommodation
- Unknown

Data type: Defined list

Employment Status

Mandatory

Local authorities have indicated that this information is routinely collected for clients aged 18 to 64 with a Learning Disability (the PSR should be ‘Learning Disability Support’). For this reason, Employment Status is only mandatory for people with the PSR, ‘Learning Disability Support’. Where available, local authorities can submit Employment Status for other clients; this is encouraged for unpaid carers. ‘Unknown’ should be used where the client’s employment status has not been recorded.

- Paid: Less than 16 hours a week
- Paid: 16 or more hours a week
- Not in Paid Employment (seeking work)

- Not in Paid Employment (not actively seeking work / retired)
- Not in Paid Employment (voluntary work only)
- Paid: Hours per week unknown
- Unknown

Data type: Defined list

Has Unpaid Carer

Mandatory

Formerly – ‘Has Informal Carer’. The wording has been changed to better represent the role of unpaid carers and align with terminology used in the sector. This should not affect the data submitted.

Whether the person receives support from an unpaid carer gives a holistic view of a person's support package. This is closely aligned to the Carer Status from SALT LTS001b table 2 but is expected for all event types in the dataset, not just where long term support services are provided to the client. This variable is also relevant for unpaid carers, to determine if they themselves are being cared for.

It is recognised that people may have multiple unpaid carers actively providing support. For the purposes of the CLD collection, a value of 'Yes' would indicate that there is at least one unpaid carer known of. ‘Unknown’ should be used where this information is not recorded.

- Yes
- No
- Unknown

Data type: Defined list

Autism Spectrum Disorder (ASD)

Voluntary

A single variable of ‘Autism Spectrum Disorder (ASD)’ to replace the two ‘Autism’ and ‘Asperger’s Syndrome’ variables.

ASD was adopted in 2022 by the World Health Organisation (WHO) using the latest version of the International Classification of Diseases (ICD-11).

In the Light Touch Review of SALT (2018), the National Autistic Society did not see value in separately capturing data of Autism and Asperger Syndrome, and owing to updates in diagnostic criteria, these Reported Health Conditions / comorbid conditions no longer matched the emerging single categorisation of ‘Autism Spectrum Disorder’. To be reported in CLD, ASD should be diagnosed and relevant to care needs.

‘Unknown’ should be used where the client’s ASD status has not been recorded.

- Yes
- No
- Unknown

Data type: Defined list

Visual Impairment Status

Voluntary

Visual impairment can be recorded for all people who are in scope of the CLD collection. If the person has a sensory registration, use the registration category to reflect the severity of the impairment, otherwise use the ‘severity unknown’ option when any recorded health condition uses the old EQ-CL wording. ‘Unknown’ should be used where the client’s Visual Status has not been recorded.

An impairment can also be recorded if this is on the local record and not formally registered.

- Blind/severely sight impaired
- Partial sight/sight impaired

- No visual impairment
- Visual impairment - severity unknown
- Unknown

Data type: Defined list

Hearing Impairment Status

Voluntary

Hearing impairment can be reported for all people who are in scope of the CLD collection. If the person has a sensory registration, use the registration category to reflect the severity of the impairment, otherwise use the ‘severity unknown’ option when any recorded health condition uses the old EQ-CL wording. ‘Unknown’ should be used where the person’s hearing status has not been recorded.

An impairment can also be recorded if this is on the local record and not formally registered.

- Deaf with speech
- Deaf without speech
- Hard of hearing
- No hearing impairment
- Hearing impairment - severity unknown
- Unknown

Data type: Defined list

Dementia Status

Voluntary

This field can be answered for all clients in scope of the CLD collection. Dementia should be reported if diagnosed and relevant to care needs. For the purposes of this field, diagnoses of Mild Cognitive Impairment (MCI) should not be included.

‘Unknown’ should be used where the client’s Dementia Status has not been recorded.

- Yes
- No
- Unknown

Data type: Defined list

Client Funding Status

Mandatory

This field was introduced into the Release 1 specification in 2022 to support the identification of client funding arrangements as part of charging reform. It replaced the Full Cost Client field in the version 5 specification.

Given the delay to charging reform implementation from 2023 to 2025, the scope of the CLD collection has reverted to cover care that is either fully or partially funded by the local authority or care used by people who ask the local authority to organise it under Section 18(3) of the Care Act 2014. At this stage, health related funding should not be recorded.

This field will be retained in the specification in its current form, but we do not expect the 'Self-funder - Metering Only', 'Joint Health and Social Care Funded' or 'Fully Health Funded' response options to be used.

The use of this field should be solely informed by the results of financial assessments, not by the specific funding arrangements of services including elements of health and education funding. People who are assessed as having assets above the upper capital limit (specified in regulations issued under the Care Act 2014) should be recorded as '18(3) (full cost client)', people between the upper and lower capital limits should be recorded as 'Joint Client and Social Care Funded' and people below the lower capital limit should be recorded as 'Fully Social Care Funded'.

A person’s funding status is based on a financial assessment and may change over time. The most recent status should be recorded for this field. For example, if a person has a new financial assessment and their funding status changes as a result, the newly assessed status should be recorded in this row under person details.

Where a person's funding status has not yet been assessed e.g. at the request stage, the value 'Unknown - Individual Level' can be used.

As this new field requires information to be extracted from financial systems, the ‘Unknown - System Level’ value have been provided to enable collection issues to be identified and allow the field to be filled for the mandatory return.

The following options apply:

- 18(3) (full cost client)
- Self-Funder - Metering Only [Not expected to be used at this time]
- Joint Client and Social Care Funded
- Fully Health Funded [Not expected to be used at this time]
- Joint Health and Social Care Funded [Not expected to be used at this time]
- Fully Social Care Funded
- Unknown - System Level
- Unknown - Individual Level

Data Type: Defined List

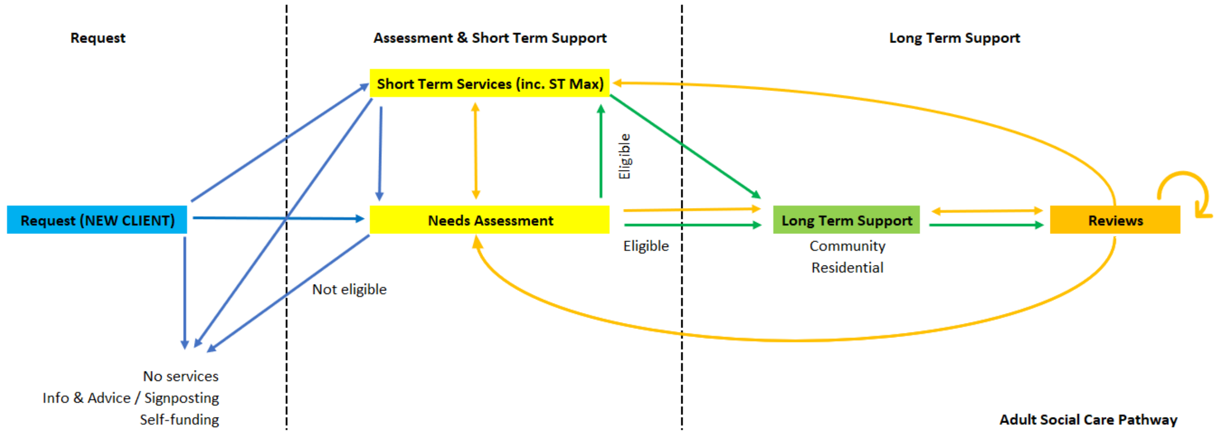
Events (All)

Events that occur within the reporting period should be recorded for service users and carers. This includes:

- Requests for support completed during the reporting period. This is the point at which the initial contact outcome has been finalised.
- Assessments and reviews completed during the reporting period. Open or ongoing requests, assessments or reviews should not be included. Assessments started before the reporting period start date and completed during the reporting period should be included.
- Services that are active during the reporting period. This includes services that are active at the end of the reporting period, as well as those that started or ended during the reporting period. Service events are the only event type in CLD that can be open and ongoing with an event start date but no event end date.

Cancelled events should be excluded from the collection. For CLD submissions, a cancelled event is an event where the process was not completed. Events that were erroneously recorded but didn't happen are considered cancelled. Requests, assessments and reviews should be considered cancelled where they are halted prior to completion for an unexpected reason such as an admission to hospital. A service should only be considered cancelled if it is terminated prior to any support being provided. Suspended services should be included as ongoing until the service is confirmed as being no longer provided.

These events represent four key steps in the social care pathway. The diagram below illustrates links between events that can make up a care pathway.



We recognise that different local authorities operate different front-door services and commission services in different ways. We also recognise that terminology, IT case management systems and recording practices vary. The guiding principle when mapping events to one of the four event types (detailed in the Event Type section below) is that it should most closely match the activity. Local authority data leads should use their professional judgement to decide this, alongside the guidance. Annex C sets out the rationale for how local authorities should record events if they operate the ‘three conversations’ model or similar strengths-based approaches.

We also recognise that individuals may have multiple care needs involving multiple referrals to different services and interrupted by unplanned events, such as a hospital admission. In these situations, selecting a single Event Outcome for reporting purposes is not straightforward. Guidance on this is given under the Event Outcome field with worked examples provided in Annex D.

For carer services, local authorities have a range of arrangements with third party organisations to provide assessments and services. In some instances, the local authority funded sector partners will be able to provide records containing the relevant details of carers they assess and support. Subject to appropriate data sharing agreements, these can be used to submit carers information within CLD. In other instances, the funding may be more general (block grant funded) and the local authority would have no expectation that the funded sector partner could provide carer records. In such cases, we would not expect an authority to submit records for this group. At the time of submission, the comments box on the Data Landing Portal (DLP) should be used to describe this context.

Event Type

Mandatory

The four event types for CLD that apply for service users and carers are: requests, assessments, services and reviews.

Request	A request event identifies when a contact is made requesting adult social care support, for themselves or a 3rd party, from the local authority. This covers requests from new and existing clients including service users and carers.
Assessment	An assessment event should be recorded for all Care Act eligibility assessments, including carers assessments. Other types of assessment should also be recorded, including occupational therapy assessments for equipment and financial assessments conducted by the local

	authority. This excludes DoLS, safeguarding, mental capacity and Mental Health Act assessments.
Service	A service event should be recorded for any adult social care support commissioned by or involving the local authority, provided to service users or carers.
Review	A review event should be an examination of an existing care and support plan. This may be planned as a regular event or initiated by a change in circumstance.

Initial conversations in a three conversations model should be recorded as requests if they are the first contact, or as assessments if they are recorded separately (see Annex C).

The defined list of event types is:

- Request
- Assessment
- Service
- Review

Data type: Defined list

Event Reference

Voluntary

The Event Reference facilitates identifying events for data quality reporting and is a mechanism to ensure that event rows are not duplicated. Each event should have a unique Event Reference with repeated submissions of the same event having the same reference.

It is anticipated that some local authority case management systems will automatically create a unique reference for events when the record is created. Where the Event Reference is automated, it can be included as the Event Reference.

Where an automated unique Event Reference is not available, local authorities should consider a local method to derive an Event Reference, using other data items in the collection such as matching dates, event types and/or a combination of other data fields.

It should be noted though that a derived reference should not include any person identifiable information such as DOB, Postcode, name etc, where the Event Reference could be used to identify individuals.

Data type: Integer or Alpha-numeric

Event Start Date

Mandatory

Required for all event rows, this will be the date the event started, which may differ from the date the event was recorded on the case management system. For example, where a client received home care from the 20 March, but the service was recorded and authorised on the 22 March, the start date recorded in CLD should be 20 March.

Data type: date format dd/mm/yyyy (no time stamp)

Event End Date

Mandatory

Event End Date should be entered for all events completed or ended during the collection period (this can be left blank for services events as they are the only events that can be ongoing in CLD submissions). An Event End Date is required for all request, assessment and review events. In the case of events such as assessments and reviews which require managerial sign off to confirm outcomes, the date of this sign off should be used as the Event End Date.

It is feasible to have an event start and event end on the same date, for example a request for support received by a contact centre which is started and completed over the phone. In this case, please record the same date for both the event start date and end date.

Data type: date format dd/mm/yyyy (no time stamp)

Event Description

Voluntary

This free text field is intended as an option for local authorities to provide additional context or clarification to aid in the interpretation of records. Descriptions of events will vary between local authorities.

This field should be used to record initial conversations since this will enable them to be identified when local authorities operate a three conversations model. Annex C provides further detail and Annex D provides worked examples.

Some examples of local definitions may include, but are not limited to:

Event Type	Examples of Event Description
Request	Adult Contact: New case Hospital contact Children’s referral to ASC Initial conversation
Assessment	Contact screening assessment Care Act Eligibility assessment 3 stage Care Act Eligibility assessment Initial conversation
Service	Residential Care HD1 Home support: Domestic Equipment: Bariatric Bed with Integrated Hoist
Review	6-week review Annual review Unscheduled Review

Data type: Text

Event Outcome

Mandatory

Event Outcome is the intended action once an event is completed. This either indicates that no further action (‘NFA’) is planned by the local authority in relation to the adult’s care needs or describes the planned next step.

Event Outcome should be known at the point when the event is completed, with no further processing required by the local authority. Unlike SALT, there is no requirement for local authorities to track cases and derive the sequel to each event. With CLD, sequels will be derived centrally from the sequence of events using agreed transformations.

Event Outcome will be used to provide a default sequel only where this cannot be derived from subsequent events in CLD. The ‘NFA’ outcomes are particularly important. Other outcomes help identify the sequence of events.

‘NFA’ means that the local authority does not plan any further actions in relation to the adult’s needs for care or support, with the expectation that there would be no subsequent events recorded in CLD.

The 'NFA - Self-funded client (inc. 12wk disregard)' should be used as the Event Outcome for a terminated permanent residential or nursing care service following a 12-week property disregard after which the service user became a self-funder.

Financial assessments are the only events that should not have an Event Outcome recorded, since they are carried out alongside the assessment and provision of care services.

Open and ongoing services should have the Event Outcome 'Provision of service' to indicate that the service was continuing at the end of the reporting period.

For reviews, when there is a change in package, the Event Outcome should be ‘Progress to Support Planning / Services’. When there is no change in package, the Event Outcome should be ‘No change in package’.

Worked examples are provided in Annex D.

When multiple Event Outcomes apply, a single outcome should be selected from the list below, choosing the first which applies according to the order in which they appear, from top to bottom.

The defined list of Event Outcomes is:

- Progress to Reablement/ST-Max
- Progress to Assessment
- Admitted to Hospital
- Progress to Re-assessment / Unplanned Review
- Progress to Support Planning / Services
- Progress to End of Life Care
- No change in package
- Service ended as planned
- Progress to financial assessment
- Provision of service
- NFA - Deceased
- NFA - Moved to another LA
- NFA - 100% NHS-funded care
- NFA - Information & Advice / Signposting only
- NFA - Self-funded client (inc. 12wk disregard)
- NFA - Support declined
- NFA - Support ended – other reason
- NFA - No services offered - other reason
- NFA- Other

Data type: defined list

Events (Requests only)

This field records requests for support (contacts from people or their representatives, or someone acting on their behalf) being made in relation to the provision of adult social care services, excepting ‘casual contacts’ where no client details are captured. In a change from SALT, this should be for existing as well as new clients, and for carers.

Where the first contact is also an initial conversation in a multi-stage assessment approach, this should be recorded as a request. See Annex C for details.

Route of Access

Mandatory

Route of Access is required for all requests for support whether this is for a new or existing client. Requests captures referrals from other services or professionals as well as direct contacts from people contacting the local authority on someone else’s behalf.

The recording of Route of Access should follow the SALT convention for STS001 and apply equally to service users and carers, although with the latter, this may not be captured on local systems, so a default of ‘Community / Other route’ should be chosen.

‘Discharge from Reablement’ is an option provided for the rare situation in which a client makes a new request for support following their discharge from reablement. Where a client has an assessment and/or further services following reablement, this does not typically involve a new request.

- Planned Entry (Transition)
- Discharge from Hospital
- Diversion from Hospital Services
- Community / Other route
- Prison
- Self-Funder
- Discharge from Reablement
- Transfer from Other LA

Data type: Defined list

Events (Assessments only)

Assessments are a key event in the social care process and has therefore been included in the CLD specification to capture the full care pathway.

At minimum, local authorities should provide records for assessment events that involve a full assessment of eligibility for services under the Care Act 2014. Local authorities should also provide records for other types of assessment, including occupational therapy assessments of equipment including assistive technology and adaptations and reablement assessments. Where no eligibility assessment is made, the Assessment Type should be recorded as a Short Term Assessment.

DoLS, safeguarding, mental capacity and Mental Health Act assessments should not be included in CLD.

As set out under the ‘Events (All)’ section, carer assessments should be included where these records are available.

Assessment Type

Mandatory

This field provides a categorisation for assessment events. It is recognised that local authorities will have different assessment practices and apply proportional and strengths-based approaches in different ways, including the ‘three conversations’ model.

If a determination of eligibility for services is made as part of the assessment, as set out under the Care Act, the Assessment Type should be recorded as a Long Term Assessment. This covers assessments of adults who may need care or support and carers.

Other types of care assessment, including occupational therapy assessments of equipment, reablement, and proportional assessments (Staged, conversation) that don’t involve an assessment of eligibility for services, should be recorded as a Short Term Assessment.

A financial assessment determines the client’s ability to pay for care services. There are three types of individual financial assessment/review for new and existing clients that should be included in CLD: new client financial assessments; planned financial annual reviews (statutory requirement); and ad-hoc financial re-assessments (when circumstances change i.e. client moves from Community to Residential). Annual updates connected to uprating at the beginning of the financial year should not be included as assessment events.

CLD excludes DoLS, safeguarding, mental capacity and Mental Health Act assessments,

The defined list of assessment types is:

- Short Term Assessment
- Long Term Assessment
- Financial Assessment

Data type: Defined list

Eligible Needs Identified

Voluntary

This field should be completed for long term assessments only, where the person's eligibility for services under the Care Act 2014 is determined.

Under the Care Act 2014, local authorities must provide information and advice considering what is available to prevent the need for care and support for all needs identified as non-eligible for support. Where a person has at least one need identified but is not eligible for support under the Care Act 2014, this should be recorded as 'Non-eligible needs identified'.

Not all local authorities record non-eligible needs: in these cases, 'Eligible needs identified' should be recorded when these are identified, and 'No needs identified' should be recorded otherwise.

- Eligible needs identified
- Non-eligible needs identified
- No needs identified

Data type: Defined list

Method of Assessment

Mandatory

Formerly – 'Informal Carer involvement in Assessment' and 'Method of Assessment or Review' in previous versions of the specification.

Method of Assessment describes who was actively involved in the assessment. To be actively involved, the person’s views must have been considered as part of the assessment.

The Care Act 2014 requires local authorities to assess adults’ needs for care and support and carers’ needs for support. Where local authorities carry out an adult’s assessment with their carer involved, or a carer’s assessment with the cared-for person involved, the Method of Assessment should be ‘Service user and carer’.

This field will be used to identify whether carers have been actively involved in an assessment, either together with the adult they care for or alone. This is currently reported in SALT LTS003 Table 3.

Local authorities will have different ways of carrying out and recording assessments. The level of service user and carer involvement will vary, case by case and between authorities. Local authority social care data leads should use their professional judgement when extracting information from local systems to best describe who has been actively involved in the assessment.

- Carer only
- Service user only
- Service user and carer

Data type: Defined list

Events (Carers only)

Person level data is required for carers in direct contact with the local authority during the reporting period – for a request, an assessment, a service or a review. This can include direct contact with a commissioned provider.

This section of the specification is designed to collect additional information specifically relating to carers and to enable linkage to records for cared-for people in the submitted data.

These fields should be completed for event rows that have the Client Type ‘Carer’ or ‘Carer known by association’.

Carers who are not the direct subject of events still need to be included in the dataset if the carer is linked to a client and has been actively involved in the assessment and care management process for the person they care for. This is the only instance where a row of data will show the person details for the carer and the linked service user Person IDs only, but not contain any event details. This record will be used for linking purposes only using Client type of ‘Carer known by association’. Worked examples of how to use ‘Carer known by association’ are provided in Annex D.

Carer-specific events should represent the direct interactions of local authorities and carers in respect of their needs as a carer i.e. a carers request, a carers assessment, carer review or ‘carer support: direct to carer’

If an adult carer is also interacting with the local authority as a service user, and are aged 18 or older, events related to their needs as a service user should be recorded using Client Type ‘service user’.

Where either a carer is receiving local authority support, but the cared for person is not, the details of the latter should not be shared, since there is no purpose / consent to hold and share this data.

Total Hrs Caring per week

Voluntary

Values below are taken from the Census to incorporate a measure of the extent of the caring role. It is acknowledged that this information may not currently be collected in a structured way on systems, but local authorities are encouraged to share the information if it is available and consider ways to collect it in future. Information should be based on carers’ self-reported hours.

- 1 - 7 hrs
- 8 - 14 hrs
- 15 - 21 hrs
- 22 - 28 hrs
- 29 - 35 hrs
- 36 - 42 hrs
- 43 - 49 hrs
- 50+ hrs

Data type: Defined list

No. of adults being cared for

Voluntary

This field should identify the number of adults cared for by the carer. This can include people who are not known to the local authority, to describe the full extent of the caring role. For this reason, this number can be greater than the number of linked Person IDs recorded on the carer record. It is acknowledged that this information may not currently be collected in a structured way on systems, but local authorities are encouraged to share the information if it is available and consider ways to collect it in future.

Data type: Integer

Adult 1/2/3 Linked Person_ID (three separate variables)

Voluntary

There is a provision to capture up to three adults cared for by the carer, but only where they are known to the local authority, i.e., they are included as a service user in CLD submissions.

Data type: Integer or alpha-numeric

Events (Services only)

Service records should be submitted for people who are either:

- funded fully or jointly by the local authority
- full cost clients whose care is organised by the local authority under S18(3)

In these groups, everyone currently in receipt of services should have a service event record submitted as part of CLD. This covers active or ongoing services that started before the reporting period as well as those starting or ending during the reporting period.

In relation to services that have been suspended during the period, these should be treated as open with the client 'on the books' for the purposes of the return. If it is decided that the suspended service will be terminated, for example following an extended stay in hospital where needs are likely to change, or the care home is unable to keep the bed available, this should be recorded as an ended service with an end date matching the suspension date and a new service recorded as appropriate.

Only services provided by adult social services in respect of needs as an adult should be included in reporting. Services for young people who have turned 18 whose service transitioned to adult social care before they turned 18 should be included. Services provided by children’s social services during the transition should be excluded.

Packages of care can be reported either using a single service line or as multiple service lines, depending on how the care is locally commissioned and recorded. This will be accounted for at the analysis stage.

Service Type

Mandatory

The list of service types is based on the main short and long-term support categories included in the SALT return, plus carer support categories for carer services delivered either direct to carers or via service users. Annex D provides worked examples of how to use the carer support categories.

- Short Term Support: ST-Max
- Short Term Support: Ongoing Low Level
- Short Term Support: Other Short Term

- Long Term Support: Nursing Care
- Long Term Support: Residential Care
- Long Term Support: Community
- Long Term Support: Prison
- Carer Support: Direct to Carer
- Carer Support: Support involving the person cared-for

Data type: Defined list

Service Component

Mandatory

This captures additional details of the service, using a defined list designed by the CLD reference group.

For direct payments that have a known specified purpose, the service component should reflect this purpose and Direct Payment can be selected for the Delivery Mechanism field. For cases in which the purpose for the direct payment is not specific or known, Direct Payment should be selected in the Service Component field.

End of Life care events should only be included in CLD submissions where this is part of the social care support provided by or on behalf of the local authority.

- Reablement
- Short Term Nursing Care
- Short Term Residential Care
- Long Term Nursing Care
- Long Term Residential Care
- Home Support
- Day Support
- Meals

- Transport
- Equipment
- Direct Payment
- Shared Lives
- Community Supported Living
- Professional Support- Social Worker
- Professional Support- Other
- Learning/Education/Employment Support
- End of Life Care
- Emergency Support
- Other Short Term Support
- Other Long Term Support
- Carer Respite
- Carer Sitting Service
- Carer Universal Services
- Other Carer Support

Data type: Defined List

Delivery Mechanism

Voluntary

Values have been consolidated from previous versions of the specification and now apply to carers and prison or community settings and can be identified separately from the service type variable.

The inclusion of delivery mechanism provides further insight to the financial information reported for each service row.

For CLD the Delivery Mechanism is specific to the service line. This is a change to the Service Setting/ Delivery Mechanism methodology described in SALT, which is based on the hierarchy of all services recorded for the client or carer.

Part-direct payment is not on the defined list since this can be derived from the mix of service rows for a client. Direct Payment should not be chosen as a delivery mechanism for a person in a prison setting.

The variable ‘Self-Funder Metering Only’ should not be used at this time prior to the implementation of charging reform.

- Direct Payment
- CASSR Managed Personal Budget
- CASSR Commissioned Support
- Self-Funder Metering Only

Data type: Defined List

Provider CQC Location Name

Voluntary

If the service provider is registered to carry out regulated activities with the Care Quality Commission (CQC), please record the CQC Location Name. This field should not be used for services provided by non-CQC registered providers and any non-registered activity.

If there is a case where a client has two providers, services from each provider should be treated as a separate event line if there is a separate service being provided by each provider. In the case where the provider changes, we would expect this to be recorded as a separate service event, with new provider details and start date reflecting the date of this change. Where a provider changes the location name or ID but the people are continuing to receive the same service in the same location, this should be recorded using the same event line with the latest CQC location name and ID.

Data type: Alpha-numeric

Provider CQC Location ID

Voluntary

If the service provider is registered to carry out regulated activities with the CQC, please record the CQC Location ID. This field should not be used for services provided by non-CQC registered providers and any non-registered activity. This is different from CQC Provider ID.

Data type: Alpha-numeric

Events (Reviews only)

A review event should be an examination of an existing care and support plan. This may be planned as a regular event or initiated by a change in circumstance.

Where it is found that there is a change of circumstance that affects a care and support plan, this may trigger a re-assessment of needs, carer's assessment, short term assessment and/or financial assessment. These should be recorded as separate assessment events in addition to the review event.

Where a review and re-assessment is recorded on case management systems as a single combined event, this should be submitted as a review.

A review cannot be completed without input from the client and/or their representative. The outcome must include offering of new or continuation of current services as well as services being ceased. Closing case files or checking that services have stopped following the death of a client does not count as a review for CLD purposes. Similarly, reviews that are not completed before a client dies (or for any other reason) should not be included.

SALT reviews (LTS002b) are limited to reviews of those who are in receipt of long-term support. All reviews of client and/or carer needs should be recorded as review events in CLD. This covers people receiving long-term support (LTS002), those receiving short-term services (STS002) and unpaid carers (LTS003). Inclusion of all reviews in CLD will allow existing metrics to be derived, as well as collecting additional new insight on local authority adult social care activity.

Review events should only be submitted if they are completed. Reviews that are terminated before completion should not be submitted. For example, closing case files following the death of a client does not count as a review for CLD purposes.

Review Reason

Mandatory

The Significant Event in SALT LTS002 has been renamed as Review Reason for the CLD collection.

As with Route of Access, rather than adding a new carer specific review reason, please choose the most appropriate review reason if known, with the default to 'planned' for all carer reviews.

The list of Review Reasons is as follows:

- Planned
- Unplanned - Hospital (Planned and unplanned episodes)
- Unplanned - Carer related
- Unplanned - Safeguarding concern
- Unplanned - Other Reason
- Unplanned - Provider Failure
- Unplanned - Change in Commissioning arrangements

Data item: Defined list

Review Outcomes Achieved

Mandatory

There is currently a gap in person-centred outcomes measurement linked specifically to needs and packages. Review Outcomes Achieved refer to personal outcomes that the adult wishes to achieve in day-to-day life. It is included as an overview of whether support services have enabled the client to achieve their stated outcomes.

This field should be populated for planned reviews and may be provided for unplanned reviews where available.

It is expected that, in line with Care Act eligibility, clients in receipt of long-term support will have specified at least two personal outcomes where there is a need. At the review stage, the individual or their representative and the assessor should identify and agree the extent to which their outcomes have been met. Where all outcomes have been met, the response should be ‘Fully met’. Where at least one outcome has been fully or partially met, the response should be ‘Partially met’.

It is understood that the recording of outcomes varies between local authorities, as will the evaluation of whether those outcomes have been achieved. It is also understood that not all case management systems capture ‘Review Outcomes Achieved’ in an easily reportable format. Where this is the case, a note should be included in the comments section during submissions.

The defined list is in line with the Safeguarding Adults Collection (SAC) return, Making Safeguarding Personal (MSP) table. Review outcomes should not be inferred from subsequent events such as whether services have been maintained or varied.

- Fully Met
- Partially Met
- Not Met

Data item: Defined list

Method of Review

Mandatory

Formerly – ‘Informal Carer involvement in Review’ and ‘Method of Assessment or Review’ in previous versions of the specification.

This data item has been re-purposed from the original ‘Informal Carer Involvement in Assessment’ variable and is more in line with the requirements of the SALT LTS003 table 3. It has also been split from ‘Method of Assessment or Review’ to avoid confusion and state that this is a requirement for both events. This is to ensure that all combinations of service user, carer or joint assessment and review events can be determined, however this is captured locally i.e. where local authorities complete a carer review with the client involved, or where a client review involves a carer.

- Carer only
- Service user only
- Service user and carer

Data type: Defined list

Costs (Services only)

Financial information is highly valuable information to have at client level including for:

- Reporting service cost benchmarking to local authorities.
- Analysing cost variation between services, including analysis of cost-effectiveness.
- Understanding cost variation across clients, as a key marker of the intensity of service required.
- Assessing changes in intensity of care and cost over time for individual clients.

From April 2023, the CLD collection will capture planned costs associated with services, rather than actual spend which is captured separately in the ASC-FR return. Despite the limitations of using planned cost information, we understand that planned spend will typically be easier for local authorities to provide and that in many respects it can be a preferred measure, reflecting care needs better and for insight into intensity of care.

The service categories below should have an associated cost in the CLD collection.

- All Long-Term Support, excluding CASSR Commissioned Support Services
- Short Term Residential Care, Short Term Nursing Care and Carer Respite
- Carers Support, excluding CASSR Commissioned Support Services.

The methodology of recording financial information is based on the trials in the North West Pilots, and consideration of the LGA Markets and Modelling Project where service costs were collected from volunteer local authorities.

The inclusion of Cost Frequency (unit type) is intended to allow flexibility in the way local authorities report the cost of services. If it is not possible to match the unit, costs can be aggregated to a time-period frequency.

Collecting the fields of ‘unit cost’, ‘cost frequency’ and ‘planned units per week’ will provide more timely data compared to the average fee rates in the existing local authority average data returns (ASC-FR and iBCF). This will enable DHSC to better understand the range of costs that local authorities face and the impacts of those on different groups of providers and clients when making policy decisions. It will also support understanding of provider market risk and facilitate forecast financial support required for the sector.

Unit Cost (£)

Mandatory

Funding of social care services is very complex and we understand that local authorities have different recording practices for the separate elements of funding. The goal of this field is to represent the cost of care services while allowing for the most consistent reporting across local authorities.

The unit cost should be based on the Gross Cost of the commissioned service, including Adult Social Care and service user contributions.

This figure should be net of (not include): 3rd party top-ups; FNC contributions; CHC contributions; Education funding.

The unit cost entered should reflect the latest known cost of the service as recorded on the system. The key thing is that there should be the most recent cost for a given service in the reporting period. There is no requirement for any duplicate service event rows to account for 'uplifts' during the reporting period.

Data type: Numeric (0.00)

Cost Frequency (Unit Type)

Mandatory

The frequency at which the unit cost occurs. For example, home care is likely to be ‘hourly’, whilst other services may be ‘weekly’ or a single ‘one-off’ payment. If the cost frequency of a service does not match any of the options given, a pro-rated weekly cost frequency should be given.

- Per Session
- Hourly
- Daily
- Weekly
- Fortnightly
- 4-weekly
- Monthly

- Quarterly
- Annually
- One-off

Data type: Defined list

Planned units per week

Mandatory

Required for services only where the unit cost occurs more frequently than weekly such as hourly, daily, or per session.

Data type: Numeric (0.00)

Annex A Relationship to SALT

The CLD collection builds on the familiar concepts of the SALT collection, utilising much of the existing data items and classifications in the NHS Digital Data Dictionary, with the expectation that CLD can be used to create the existing aggregated SALT tables as far as possible, and the suite of ASCOF measures. CLD is seen as an evolution of the SALT return, containing more granular detail and timeliness to allow for more flexible and broader analytical use. CLD derived metrics are intended to be broadly comparable with previous SALT and ASCOF publications.

Sequels are retained as a concept but local authorities will no longer need to derive these as they do for the SALT return. Instead, using CLD covering the relevant financial year, the sequels will be derived centrally by NHS England using standardised transformations from the sequence of events in a chronologically ordered data set, or by a terminating Event Outcome.

New to CLD

Person identifiable data is included such as NHS_ID, name, DOB, postcode, are included as fields to enable NHS batch tracing and facilitate linkage to health data.

Planned costs associated with services is a new feature, limited to Long Term Support Packages and Short Term Residential and Nursing care. This will be in addition to the requirements of collecting expenditure information in the ASC-FR. The ASC-FR collects actual spend, whereas CLD will, for reasons of practicality, collect planned costs.

CLD includes a wider range of activity for both new and existing clients.

Requests for support are captured as event records for both new and existing clients.

Assessments have been re-introduced having been dropped in the SALT collection in 2014/15. Assessments are a key interaction and step in the social care pathway and are important for understanding the overall picture. Previously the jump from a request to a service was too great. Assessments will therefore bridge that gap and allow for greater analysis of this intermediary step however it is acknowledged that there are situations where service plans will change without the inclusion of an assessment or review event.

Services required for the CLD collection are the same required for the SALT return. However, there is the expectation that all short and long term services provided within the period are captured. This will ensure the full mix of short and long term support is captured for clients, especially where short term support is provided to existing clients. There are some exceptions to this, for example, we would not expect all items of equipment that were maintained at any point during the reporting period; only new items of equipment provided during the year. Equally, where multiple items of equipment are provided on the same day, it would be sufficient to record a single service row for all items delivered on that day.

CLD will capture information about personal outcomes. SALT determined outcomes for clients and carers in relation to 'what happened next'. CLD will capture review outcomes identified through the assessment and care management process for the whole social care population (i.e. those in receipt of Long Term Support) in the context of the support provided at the time of the review. This is expected to provide a better overview of the success of social care interventions and identify some aspects of unmet need.

The CQC Location Name and CQC Location ID have been added which should be reported for regulated services only. This would provide a further opportunity to link data in the future. This is already a requirement of the Deprivation of Liberty Safeguards (DoLS) return.

Co-morbidity is an evolution of the Reported Health Conditions included originally in the Equalities and Classifications Framework (EQ-CL) and previously reported in SALT. Autism Spectrum Disorder combines the two Autism and Asperger’s Syndrome conditions following an international classification convention. Dementia has been added, as have two new variables to identify if a client has reported a Hearing and/or Visual Impairment. Co-morbidities will complement the Primary Support Reason and allow for a richer client profile, where in SALT some conditions or impairments are lost as they are secondary or tertiary support reasons. The visual and hearing impairment variables will be important for information standards; to help to address communication needs and bring the collection more into line with the SSDA902 visual impairment register.

Event Outcome has been included to provide a default SALT sequel where this cannot be derived from subsequent event rows.

Not carried forward from SALT

The following data requirements have not been taken forward to the CLD specification

- Sequel to Review: All services suspended previously captured in LTS002 tables
- LTS004 exclusion of LD clients detained under MH Act
- Early cessation as a concept in the reablement STS002 tables
- The CLD specification reduces the requirement on LAs to perform complex processing previously required for SALT which can be derived from central standardised data transformation, particularly regarding:

- Determining the new or existing status of clients,

- Determining a client's highest SALT service in the year (LTS001a) and current SALT service at year end (LTS001b/c)

- Part direct payment is not included in the list of Delivery Mechanisms.

- Whether clients have been in receipt of a service for 12mths or more for inclusion in SALT LTS001c (services) and LTS002b (reviews)

- Calculating whether clients have received just a planned review, an unplanned review or both required for SALT LTS002b

- Sequels to requests, reablement or reviews, including to which event a sequel relates

- Less need for local process checks, for example, to check that permanent residential admissions (or other services) aren't double counted across sequels, and other validation checks between tables.

Annex B Mandatory Client Fields

Field	**Mandatory for**
NHS Number	All events
LA Person Unique Identifier	All events
First & Last Name	All events
Gender	All events
Ethnicity	All events
Date of Birth	All events
Date of Death	All events
Client Type	All events
Primary Support Reason	Assessments, Services, Reviews (exc. Requests)
Postcode	All events
Accommodation Status	All events
Employment Status	Events for SU aged 18-64 with learning disabilities*
Has Unpaid Carer	All events
Client Funding Status	Assessments, Services, Reviews for SUs only*
Event Type	All events
Event Start Date	All events
Event End Date	All events
Event Outcome	All events except financial assessments
Request: Route of Access	Requests
Assessment Type	Assessments
Method of Assessment	Assessments
Service Type	Services
Service Component	Services
Review Reason	Reviews
Review Outcomes Achieved	Reviews
Method of Review	Reviews
Unit Cost	Commissioned services**
Cost Frequency	Commissioned services**
Planned units per week	Commissioned services**

* SU = Service User, ** Long-term support, short-term residential care, carer support

Annex C The three conversations model

Many local authorities have adopted a strengths-based approach to social work, including adoption of the three conversations model developed by Partners4Change. The aim is to enable staff to be more open and flexible and less process-focused in their approach to supporting people who ask the local authority for help, and to spend less time on formally assessing eligibility for local authority funded services. People may be signposted to community services, get help to solve immediate problems, receive short-term services or go on to further assessment.

This approach has been integrated into local authorities' existing services in different ways. Some local authorities receive initial contacts via a customer service centre, after which people may be referred to a multi-stage triage-assessment carried out by the customer service team or social work duty team. Other local authorities commence a first conversation or proportional assessment as soon a person contacts them.

The CLD reference group originally proposed that a first conversation should be categorised as an assessment. However, in Q&A sessions with local authorities, there was no consensus on how to represent this data, and many social care data leads commented that it made more sense to record "conversation 1" as a request in the context of their local processes.

There are also differences in the way that local authorities record initial contacts and conversations on case management systems. For example, within OLM's system (ECLIPSE), some use the initial contact form to record requests. Other local authorities do not use the initial contact form; all information is recorded on the core conversation form.

Given this variation, enabling local authorities to record in different ways is appropriate. The approach we suggest has advantages from a reporting perspective since it will enable identification of the three conversations. We recommend the following approach:

- record the conversation as a request if this is the first recorded contact. This means that new requests can be identified for reporting purposes and route of access will be captured for all new clients.

- record the conversation as an assessment if an initial contact is recorded separately. This enables the full evolving care journey to be identified.

- use the Event Description field to flag events as conversations to enable this activity to be accurately reported.

- use the comments box on AGEM's DLP to note if the three conversations model or similar strengths-based approach is operated and how events are typically recorded.

Annex D Worked examples

Examples are given of how to use the ‘Event Outcome’ field for different scenarios, including situations involving multiple referrals and services.

These are illustrative, and local authorities may organise and record care in a different way from that described, so should use their professional judgement about how to capture their local care services using CLD event records.

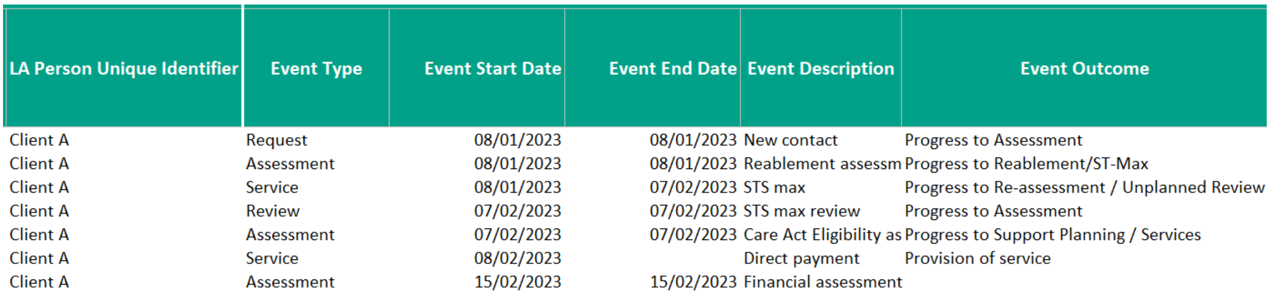
Examples are also given of how to provide carers’ person details when carer support is recorded in the cared-for person’s (service user’s) records. This information is given in a non-event record using the Client Type “Carer known by association”.

Event Outcome

Client A: Miss M was assessed for a reablement service by the hospital social work team upon arrival at A&E at their local hospital on the 8th Jan. Reablement services started immediately and continued until the 7th Feb but needs persisted, so they were referred to the social work team. An assessment of eligibility for long-term support took place on the 7th, with a Direct Payment starting from the 8th Feb. A financial assessment took place later, on 15th.

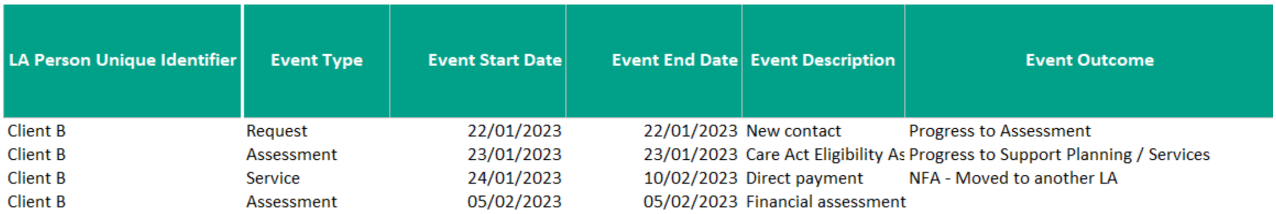
This care pathway would ideally be captured as a series of separate request, assessment, service, and review records, with each Event Outcome selected to help with identify the sequence of events, alongside the chronology. The default Event Outcome for an open service is “Provision of Service”. Financial assessments are the only event type where Event Outcome should be left blank.

In this example, the SALT sequels to this request (STS001), and STS-Max service (STS002), would be derived by centrally linking records using the pseudonymised ID for Client A and using Event Type, Service Type and Event Outcome fields to identify the highest-ranking sequel during the reporting period. In the sequence below, the sequel to the new request would be ST-Max (based on SALT hierarchy) and the sequel to STS-Max would be long-term support (based on SALT hierarchy).



LA Person Unique Identifier	Event Type	Event Start Date	Event End Date	Event Description	Event Outcome
Client A	Request	08/01/2023	08/01/2023	New contact	Progress to Assessment
Client A	Assessment	08/01/2023	08/01/2023	Reablement assessm	Progress to Reablement/ST-Max
Client A	Service	08/01/2023	07/02/2023	STS max	Progress to Re-assessment / Unplanned Review
Client A	Review	07/02/2023	07/02/2023	STS max review	Progress to Assessment
Client A	Assessment	07/02/2023	07/02/2023	Care Act Eligibility as	Progress to Support Planning / Services
Client A	Service	08/02/2023		Direct payment	Provision of service
Client A	Assessment	15/02/2023	15/02/2023	Financial assessment	

Client B: Mr P approached the LA on the 22nd Jan, was assessed on the 23rd to determine eligibility for support and had a Direct Payment which commenced on the 24th. A financial assessment was carried out on 5th Feb. The service ended on the 10th Feb as the client moved to another local authority.



LA Person Unique Identifier	Event Type	Event Start Date	Event End Date	Event Description	Event Outcome
Client B	Request	22/01/2023	22/01/2023	New contact	Progress to Assessment
Client B	Assessment	23/01/2023	23/01/2023	Care Act Eligibility As	Progress to Support Planning / Services
Client B	Service	24/01/2023	10/02/2023	Direct payment	NFA - Moved to another LA
Client B	Assessment	05/02/2023	05/02/2023	Financial assessment	

Client C: Telephone call received from Mrs A. Her mother, Mrs B has significant care and support needs. She has terminal illness and a very poor prognosis. She needs end of life care and therefore is redirected to ask the community nursing team to apply for fast-track continuing health care.

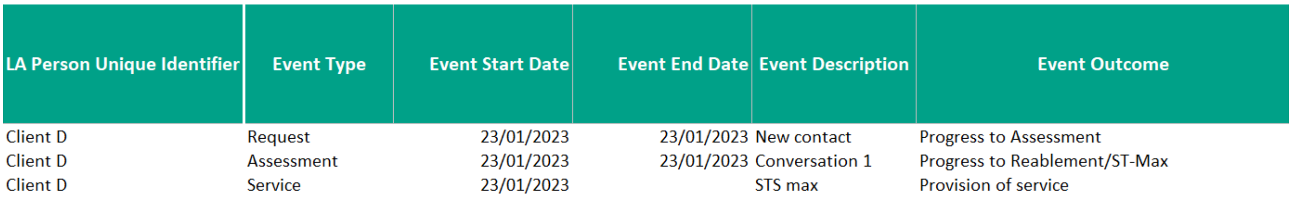
The Event Outcome here is “NFA – 100% NHS funded care” not “Progress to end-of-life care” because there is no local authority funded social care component.

LA Person Unique Identifier	Event Type	Event Start Date	Event End Date	Event Description	Event Outcome
Client C	Request	23/01/2023	23/01/2023	New contact	NFA - 100% NHS funded care

Client D: Mr P is referred to social care as his period of discharge to assess is coming to an end. The care home is concerned that he will need ongoing support beyond the 6 weeks short-term support. An assessment is undertaken using a core conversation form. This assessment determines that Mr P will return home with a reablement care package so that his independence can be maximised and his needs can be assessed in a familiar environment

It seems likely that he will have a need for some level of ongoing care so a full Care Act eligibility assessment and a financial assessment may both be required.

In this case, the Event Outcome following conversation 1 should be “Progress to Reablement/ST-Max”. Even though it is likely that a long-term assessment will be needed, this depends on the outcome of the reablement. When the reablement comes to an end, we’d expect to see a review event and, potentially, an assessment and long-term services.



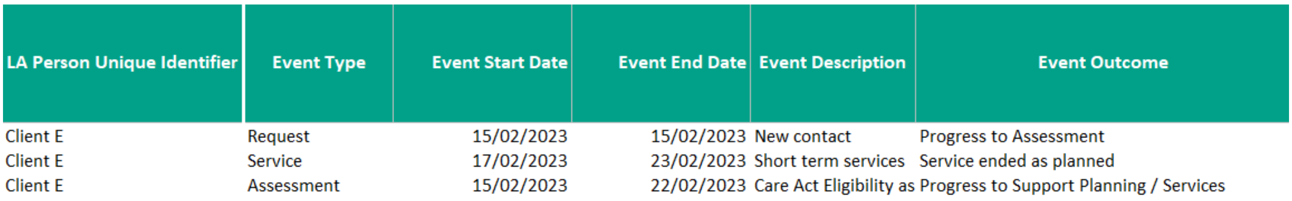
LA Person Unique Identifier	Event Type	Event Start Date	Event End Date	Event Description	Event Outcome
Client D	Request	23/01/2023	23/01/2023	New contact	Progress to Assessment
Client D	Assessment	23/01/2023	23/01/2023	Conversation 1	Progress to Reablement/ST-Max
Client D	Service	23/01/2023		STS max	Provision of service

Client E: Mr R is supported by his wife/unpaid carer at home. Mrs R is unexpectedly admitted to hospital, the hospital calls to say that Mrs R is very worried about her husband. The duty social worker pays a visit to the house and begins a Care Act assessment right away as it is clear that there are immediate needs but also long term unmet needs in this household previously not known to social care.

Immediate services are arranged, a financial assessment is triggered, and support planning is started for the longer-term support package. The full assessment will not be completed until Mrs R is well enough to resume her caring role.

In this case, the Event Outcome for the initial request is “Progress to Assessment” even though emergency support is arranged in the interim. The Event Outcome indicates the intended next step in their long-term care pathway and would not be used in this case to directly identify the sequel to the request.

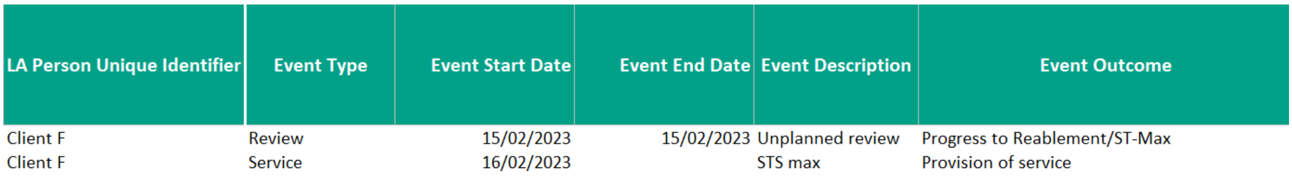
To infer the SALT sequel to this request, the “sandwich” event record of short-term services could be used to identify “Short-term support (other)” as the sequel to this request if no long-term support was provided following the assessment. If though, following the full assessment, Mr R needs to a long-term service, his sequel would be long-term support.



LA Person Unique Identifier	Event Type	Event Start Date	Event End Date	Event Description	Event Outcome
Client E	Request	15/02/2023	15/02/2023	New contact	Progress to Assessment
Client E	Service	17/02/2023	23/02/2023	Short term services	Service ended as planned
Client E	Assessment	15/02/2023	22/02/2023	Care Act Eligibility as	Progress to Support Planning / Services

Client F: Mrs D’s care has not been reviewed for some time. Her social worker sees that her circumstances have changed dramatically, she discusses the new reablement at home offering and Mrs D is keen to give it a try. The social worker intends to use the reablement period to inform a full reassessment.

The Event Outcome for the review in this case is “Progress to Reablement/ST Max” not “Progress to Assessment”, since reablement is being tried as an option and a review of its effectiveness will inform next steps, including any full reassessment of needs.



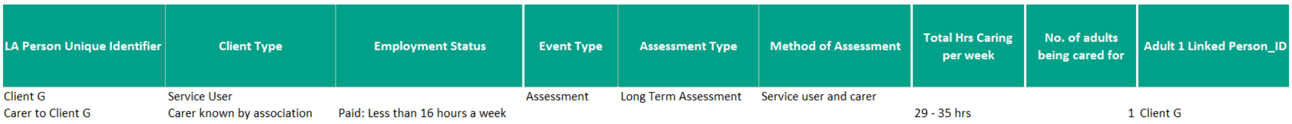
LA Person Unique Identifier	Event Type	Event Start Date	Event End Date	Event Description	Event Outcome
Client F	Review	15/02/2023	15/02/2023	Unplanned review	Progress to Reablement/ST-Max
Client F	Service	16/02/2023		STS max	Provision of service

Carer known by association

Client G: was jointly assessed for long term support alongside their unpaid carer. This was recorded on the local case management system using a single record.

An additional row of data should be provided with the carer's details including the carer fields. Other fields are left blank since this record does not capture an event.

The Client Type should be "Carer known by association" to enable these rows of data to be clearly identified as providing information about carers.

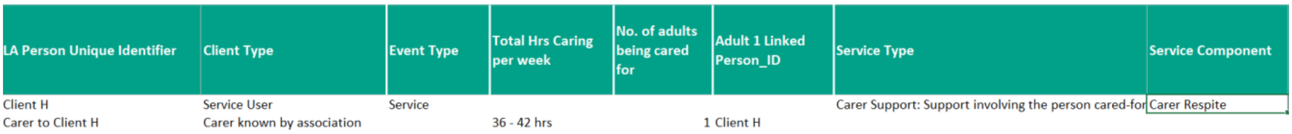


LA Person Unique Identifier	Client Type	Employment Status	Event Type	Assessment Type	Method of Assessment	Total Hrs Caring per week	No. of adults being cared for	Adult 1 Linked Person_ID
Client G	Service User		Assessment	Long Term Assessment	Service user and carer			
Carer to Client G	Carer known by association	Paid: Less than 16 hours a week				29 - 35 hrs	1	Client G

Client H: is a young adult with high care needs and cared for full time by her mother (the carer). An earlier carer's assessment has determined that a weekly day sitting service is needed to give her mother (carer) a few hours break each week. This respite care is recorded under Client H's records - the cared-for person records.

In this example, the CLD event record should include details of the service plus the cared-for persons details. The Service Type should be 'Carer Support: Support involving the person cared-for' and the Service Component should be 'Carer Respite'.

If there is no other event during the reporting period for the carer, an additional record should be provided containing the carer's person details. This Client Type 'Carer known by association' should be used to identify this record.



LA Person Unique Identifier	Client Type	Event Type	Total Hrs Caring per week	No. of adults being cared for	Adult 1 Linked Person_ID	Service Type	Service Component
Client H	Service User	Service				Carer Support: Support involving the person cared-for	Carer Respite
Carer to Client H	Carer known by association		36 - 42 hrs	1	Client H		