



Department
of Health &
Social Care

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

Release 2

May 2025

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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: <ul style="list-style-type: none"> - Assessment Eligibility - Review Outcomes Achieved - Informal Unpaid 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	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - 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): <ul style="list-style-type: none"> - 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

		<p>to defined list</p> <ul style="list-style-type: none"> - Has Informal Unpaid carer, Autism Spectrum Disorder & Dementia – change values from ‘Not known’ to ‘Unknown’ for consistency across variables <p>Unpaid carers for Apr 22 implementation (3mths notice):</p> <p>New fields:</p> <ul style="list-style-type: none"> - Client Type - Total Hrs caring per week - No. of adults being cared for - Adult 1/2/3 Linked Person ID <p>Amended fields to include unpaid carer values:</p> <ul style="list-style-type: none"> - Method of Assessment or Review - Service Type - Service Component - Primary Support Reason - Delivery mechanism – consolidation of values for unpaid carers, community and prison settings
Release 1	July 2022	<p>Changes to align with charging reform.</p> <p>New fields:</p> <ul style="list-style-type: none"> - Client Funding Status replacing Full Cost Client <p>Amended fields:</p> <ul style="list-style-type: none"> - 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	<p>Minor changes to improve quality of returns.</p> <p>‘Unknown’ values added to defined lists for mandatory fields to assist complete submissions.</p> <p>Amended fields:</p> <ul style="list-style-type: none"> - Method of Assessment or Review split into Method of Assessment and Method of Review - Event Outcome - ‘NFA - Other’ added to defined list - Has informal unpaid carer renamed as Has Unpaid carer - ‘Severity Unknown’ added to defined lists for Visual Impairment and Hearing Impairment
Release 1 (update)	Feb 2023	<p>Minor corrections to specification. Substantial changes to guidance to clarify interpretation and application.</p> <p>Amended fields:</p> <ul style="list-style-type: none"> - 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
Release 2	Jan 2025	Changes to the specification to help improve consistency of

		<p>reporting across local authorities. No new fields introduced.</p> <p>Defined lists amended across 16 fields to make punctuation, spacing and capitalisation consistent throughout and align with best practice.</p> <p>Change in guidance on how to submit records of proportionate assessments (conversation 1) and unpaid carer assessments.</p> <p>Amended fields:</p> <ul style="list-style-type: none"> - Client Funding Status – removed value ‘Self funding – metering only’ from defined list - Event Outcome – amended and reordered defined list - Service Component – added new value ‘Extra care housing’ to list - Review Reason – added new value ‘Review of short term support’ to list <p>Dropped fields:</p> <ul style="list-style-type: none"> - GP Name and provider CQC Location Name – these will be available in reports provided by AGEM CSU
Release 2 (update)	May 2025	<p>Defined list amendments across 5 fields to make punctuation and capitalisation consistent throughout and with the release 2 specification and mapping documentation. Small corrections and clarifications to guidance document.</p>

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

May 2025 update

Adult social care client level data (CLD) became mandatory on 1 April 2023. Since July 2023, 153 local authorities have submitted data quarterly, together providing records of over 10 million events describing requests for adult social care support, assessments, reviews and services arranged or provided by the local authority. Data quality has improved over time, and CLD now has nearly complete data describing the long term support that local authorities arrange or provide for over 650,000 people (around 850,000 over a year), as well as records of requests, assessments, short term support and reviews.

This achievement is the result of high levels of engagement and work by local authorities supported by central teams in the Department of Health and Social Care (DHSC), NHS England (NHSE), NHS Arden & GEM Commissioning Support Unit (AGEM CSU) in partnership with local authority representatives on the CLD reference group (a group of 26 local authority analysts representing all regions) and the Local Government Association (LGA) through their Partners in Care and Health (PCH) programme.

To support improvements to data quality, AGEM CSU provides data validation reports and DHSC analysts have developed a CLD dashboard that shares back data in useful aggregated forms. Over 2024/25, 148 local authorities accessed the dashboard, with over a third accessing it monthly on average. The central DHSC team has received positive comments about its value in to helping to identify and rectify data quality issues.

From 1 April 2024, CLD replaced the short and long term support (SALT) return as the primary source of data about local authority arranged or provided adult social care. The change from aggregate to event-level reporting has meant a shift in data processing from local authorities to central analytical teams in NHSE and DHSC. In consultation with the CLD reference group, NHSE analysts developed initial [central transformation principles](#) for selected measures in SALT and Adult Social Care Outcomes Framework (ASCOF).

Provisional ASCOF figures were shared securely via the CLD dashboard for review and comment. 110 local authorities viewed these and 20 provided detailed comments that were used to revise the methods. The [ASCOF handbook of definitions](#) was published in December 2024 and the detailed methodology for deriving five of the ASCOF measures from CLD was updated for 2024/25, in collaboration with NHSE, LGA and the CLD reference group. The ASCOF methodology document is available to view on the [ASC CLD communication and information pages](#) hosted by AGEM CSU under 'Using the data'. Updated figures are available on the CLD dashboard for local authorities to view.

A significant amount of work is ongoing to finalise methods for CLD based activity metrics for the 2024/25 Adult Social Care Activity and Finance publication. This involves adapting the central transformation principles, which were developed largely using early and

voluntary submissions, to provide the most accurate statistics possible. This work is being carried out in close collaboration with members of the CLD reference group and is aligned with the development of the ASCOF measures. We aim to share the final methodologies for these metrics by June, with the data publication and report scheduled for October.

Collecting data at event level also provides new opportunities to link CLD to health records. DHSC analysts have linked CLD to hospital episode statistics (HES) using the NHS number (pseudonymised) to develop a new ASCOF metric describing outcomes of reablement after hospital discharge. Over the coming year, DHSC analysts will also work with the reference group to add linked health data to the CLD dashboard.

Collecting data quarterly, rather than annually, enables more timely statistics to be produced and published. In March 2024, DHSC started to publish statistics from CLD in their [monthly statistics for adult social care](#), describing monthly numbers of people receiving long term support arranged or provided by local authorities, updated quarterly. In April 2025, statistics were added describing monthly numbers of people receiving care assessments in each local authority, also to be updated quarterly.

Although ending SALT reduced data processing burden on local authorities, setting up quarterly data flows of event records for CLD has involved new work, including changes to the case management system as well as work to extract and transform data from the case management system to meet specification requirements. A team in DHSC is developing procurement guidance for local authorities which will set out key requirements of IT case management systems. This work will be aligned with the CLD specification and will provide additional support.

Another challenge is that some local authorities do not record all services they arrange on their case management system, resulting in gaps in coverage of key areas of activity such as reablement and mental health services provided under Section 75 partnership arrangements with the NHS¹, and support to unpaid carers provided by voluntary sector organisations. Some local authorities have set up data sharing arrangements to enable inclusion of these records in CLD. Improving coverage of these key areas is a priority for 2025 and DHSC and NHSE teams will look into what further advice and support can be provided to support local data sharing, building on advice in [NHSE pages about information sharing](#).

The shift from retrospective year-end reporting via SALT to quarterly CLD returns of live records also creates challenges when categorising activity. For example, categorising a service as short or long term on a prospective basis. Over the last year, DHSC has received 116 questions via the social care data mailbox seeking clarification on how to

¹ Section 75 of the NHS Act 2006 allows partners (NHS bodies and councils) to contribute to a common fund which can be used to commission health or social care related services.

record specific activities in CLD. We have used these to inform this guidance update, including a new section clarifying general CLD collection principles and definitions.

In consultation with the CLD reference group, we have made changes to the specification and guidance to help improve consistency of reporting, including changes to:

- simplify requirements previously introduced to support charging reform by removing unused values from the defined list for the client funding status field
- support more informative and consistent reporting of event outcomes by amending and reordering the defined list and improving the guidance
- improve reporting of assessments, including proportionate assessments (conversations) carried out when the person first contacts the local authority, and unpaid carer assessments carried out jointly with the person they care for
- improve data on types of long term community support arranged and provided by local authorities by adding a value for extra care housing to the service component field
- improve data on reviews of short term support by adding a value to the defined list for the review reason field

The change requiring local authorities to submit unpaid carer assessments as separate event records, even when carried out jointly with the person they care for, is designed to improve reporting of unpaid carer support in CLD. This is currently underreported in CLD and of national policy interest for improving support to unpaid carers.

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 [ASC CLD communication and information pages](#) hosted by AGEM CSU who can be contacted at agem.adultsocialcare@nhs.net.

Overview and Background

Introduction

Timely access to social care and health 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. The government is committed to improving the way social care data is collected, shared and used across the health and care system. CLD is central to this data transformation, moving from collecting aggregate data and toward focusing on individual records describing care and support provided to adults and unpaid carers.

CLD is the first national collection of adult social care event records in England, submitted quarterly to NHS England and replacing the annual SALT collection on 1 April 2024. Information is drawn from records held in local authorities' case management systems. This means that national policy decisions are based on the same person-level data as frontline operations and local reporting.

CLD has the potential to transform our understanding of people's use of local authority adult social care services. The ability to link event records from client level data with NHS records for the same individuals (using the pseudonymised NHS number) will strengthen our understanding of how people move between health and social care, enabling better oversight of how services work together as well as providing new ways to assess the value and effectiveness of social care in preventing or reducing unplanned hospital admissions.

In future as the collection matures, the ability to link CLD to other data about care providers using CQC provider ID will help us better understand local authority use of the independent provider market in adult social care, support policies to deliver the right volume and mix of provision to meet future need and monitor the cost and quality of services provided and evaluate the relationship of service quality to individual outcomes.

CLD flows from local authorities into a national data repository reducing 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 has been developed as a collaboration between national and local government. The original specification was designed to strike a balance between the key uses of the data and the practical challenges of introducing a new record-level quarterly collection to local authorities. In this update, we have made minor changes to help improve accuracy and

consistency of reporting, having consulted in detail with local authorities through representatives on the CLD reference group.

Purpose

As set out in the [Directions given by the Secretary of State for Health and Care](#), the purpose of the collection is to provide comprehensive data about adult social care services arranged or provided by local authorities, and enable key aspects of adult social care service provision and integrated health pathways across England to be analysed and reported on at a national level. One of the main benefits is the ability to link datasets using the NHS number and create a single view of health and social care.

The collection is designed to enable local authorities and Integrated Care Boards (ICBs) to fulfil their statutory functions in connection with the provision of services, including functions of local authorities by virtue of Part 1 of the Care Act 2014, such as

- monitoring adult social care and health use, at population level, for particular cohorts of service users and designing evaluations which support more effective interventions
- monitoring service and integrated care outcomes across a pathway or care setting involving adult social care
- developing more effective prevention strategies and interventions across a pathway or setting involving adult social care
- understanding current and future population needs and resource utilisation for local strategic planning and commissioning purposes including health and adult social care

The collection has been designed to ensure that key SALT metrics can be replicated using CLD, enabling continuation of Official Statistics publications and outputs based on SALT, including measures in 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 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 their unpaid carers. Safeguarding activity is not covered by the CLD collection, since this is covered by the existing [Safeguarding Adults Collection \(SAC\)](#).

CLD submissions should include:

- all core statutory activity to assess and meet adults' and unpaid carers' eligible needs for care and support under Part 1 of the Care Act, with the exception of safeguarding
- wider support and activity to meet non-eligible needs and to prevent, reduce or delay care need as part of general duties under the Care Act, with an acknowledgement that it could take local authorities further time and work to integrate individual records of this activity into their CLD submissions

CLD submissions should exclude:

- safeguarding assessments and activity for adults
- children's social care activity
- Deprivation of Liberty Safeguards (DoLS) assessments and activity covered by the Mental Capacity Act 2005 (and amendments to it)
- assessments and activity under the Mental Health Act 1983
- housing and homelessness services provided under the relevant legislation (Housing Act 1996, Homelessness Act 2002, Homelessness Reduction Act 2017, Domestic Abuse Act 2021).
- services that are wholly self-funded by individuals who arrange their care independently and do not either request or take up any offer of support planning or care management by the local authority
- services that are wholly funded by the NHS under [section 256 of the 2006 NHS Act](#) (formerly Section 28(a))

On self-funders, CLD should include services provided to people who take up the offer of support planning / care management from the local authority under Section 18(3) of the Care Act 2014 ('full cost clients'). CLD should also include records of requests for adult social care support, assessments and short term support (e.g. reablement) provided to people who are paying for care, or who could go on to fund their own care in future.

On NHS funded services, note that this exclusion also refers to care arrangements put in place by the local authority on behalf of the NHS and/or where the costs are fully recharged to the NHS. End of life care funded by the local authority should be included in CLD but should not be included if it is fully NHS funded.

General principles and definitions

The guiding principle for the CLD collection is that records should describe the timing and details of events involving people requesting and/or receiving adult social care support arranged or provided by the local authority, categorised in a way that best reflects the structure and purpose of the interaction at the time of the event.

Local authorities should provide data in the form of individual event rows categorised as one of four event types: a request, assessment, service or review. Information provided in event records should follow these principles:

- events directly involve people requesting and/or receiving adult social care services
- as well as well-defined periods of social care support, events can describe milestones in ongoing assessment and care processes
- event dates should best describe the timing of the event as experienced by the individual: only open services should have missing end dates
- event type (request, assessment, service or review) should best reflect the purpose and structure of the activity
- the categorisation of services as short or long term should reflect whether active support is intended to be time-limited or ongoing at the time of event start

An exception to the final principle is ongoing low-level support such as equipment and adaptations, including telecare. This should ordinarily be categorised under the service type field as 'Short term support: Ongoing low level'. This reflects the fact that the active part of the service is typically time limited. There could be some circumstances where equipment is categorised as long term support e.g. when the personal budget is used to pay for bespoke equipment. This follows similar principles to those in the [SALT guidance](#).

Given that there are different ways of recording across local authority case management systems, different ways of providing person details are acceptable in CLD:

- person details should ideally be based on information correct at the event end date
- where information is collected periodically, but not during the event in question, person details should be based on the latest known information at the time of the event
- where person details are updated more frequently on the case management system, these can be provided instead, giving information correct at the time of the extraction/submission

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 adults with care or support needs, their representatives, or someone acting on their behalf. It should also cover requests for support from unpaid carers. The only exception is casual contacts where no person 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 an individual's need for care or support as described under the Care Act 2014, including an assessment of support need for unpaid carers. Local authorities should also provide records for adult social care assessments for services, including occupational therapy (OT) assessments for equipment or adaptations, telecare and reablement, and financial assessments of an individual's ability to pay for their own care. See page 11 for assessments that should not be included in CLD.
- **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 unpaid carers (aged under 18) who provide care for an adult aged 18 or older
- **Reviews** of care and support plans for service users and unpaid carers. In a change from SALT, this includes reviews for people receiving short term services, as well as adults receiving long term support.

CLD submissions are based on information extracted from case management systems. However, CLD event records may differ from local forms and records on the system. For example, there is typically a difference between a request in CLD and a contact on the case management system. Whereas several contacts may be recorded for an individual in relation to the same request for support, just one event record needs to be provided in CLD. Follow up contacts in relation to the same request do not need to be included as separate records in CLD, although they can be included if it is not simple to exclude these.

Local authority adult social care data leads should liaise with front line staff to ensure that submissions follow these general principles, and that information extracted from the case management system is mapped to categories that best reflect local processes.

CLD specification

There are 48 fields in the Release 2 specification, of which 34 are mandatory to complete. 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 fields needed to reproduce the SALT and ASCOF metrics, as well as additional fields 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 unpaid carers is covered or can be derived by linking event records within CLD or to NHS records.

Definitions and values in defined fields follow those set out in the 2021 Census and either follow or build on those in the [NHS Digital Adult Social Care Data Dictionary](#).

Changes to specification

In Release 2, punctuation, spacing and capitalisation of values in defined lists has been amended to make it consistent and in line with best practice, including:

1. consistent use of colons (":") as sub classification markers, instead of dashes ("-")
2. consistent use of "and" instead of ampersands ("&")
3. consistent use of "or" instead of slashes ("/") when indicating multiple options

A excel file mapping old to new values is provided along with the Release 2 specification.

Submissions must use the Release 2 specification from October 2025, covering the reporting period from 1 October 2024 to 30 September 2025. Submissions will be rejected at the point of submission (DLP) if they contain the two fields dropped since Release 1 (GP and CQC Provider Location Name). Submissions containing data using Release 1 defined lists will be accepted but flagged as having errors via the data validation report.

If you anticipate difficulties meeting this deadline, please get in touch in advance describing these to agem.adultsocialcare@nhs.net.

Figure 1 Overview of modules and fields in specification

Submission Information	Person Information	Events (All)	Events (Services only)
LA Code*	NHS Number*	Event Type*	Service Type*
Reporting Period Start Date*	LA Person Unique Identifier*	Event Reference	Service Component*
Reporting Period Start Date*	First Name*	Event Start Date*	Delivery Mechanism*
	Last Name*	Event End Date*	Provider CQC Location ID
	GP Practice Code	Event Description	
	Gender*	Event Outcome*	
	Ethnicity*		Events (Reviews only)
	Date of Birth*	Events (Requests only)	Review Reason*
	Date of Death*	Route of Access*	Review Outcomes Achieved*
	Client Type*		Method of Review*
	Primary Support Reason*	Events (Assessments only)	
	Postcode*	Assessment Type*	Costs (Services only)
	Accommodation Status*	Eligible Needs Identified	Unit Cost*
	Employment Status*	Method of Assessment*	Cost Frequency (Unit Type)*
	Has Unpaid Carer*		Planned units per week*
	Autism Spectrum Disorder	Unpaid carers only	
	Visual Impairment	Total Hrs Caring per week	
	Hearing Impairment	No. adults being cared for	
	Dementia	Adult 1 Linked Person_ID	
	Client Funding Status*	Adult 2 Linked Person_ID	
		Adult 3 Linked Person_ID	

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

Mandatory fields

Change to specification In Release 2, the delivery mechanism field has been made mandatory for people receiving long term support in the community, since this field is used to calculate ASCOF 3D.

Where fields are marked as mandatory, they are necessary for use in the creation of key statistics including SALT and ASCOF metrics. It is important that complete and valid data be provided for these fields. The specification details make clear where information is required only for certain event types or client groups. Fields can be left blank for event types or client groups where they do not apply. For fields with defined lists, 'Unknown' should be used where the information applies, but it is not collected.

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

Development of the specification over time

Release 1 and earlier versions of the specification were co-developed with local authorities via the CLD reference group, designed to provide continuity with SALT, which was also designed jointly with local authorities, ADASS, NHS England and DHSC. For Release 2, we have again worked closely with the CLD reference group to agree changes that should help improve the accuracy and consistency of reporting.

Potential future updates to specification

The gender field in CLD currently matches the [SALT gender field](#). The specification and guidance will be updated in future in line with government guidance, taking into account system and practice changes that may need to be made by local authorities to record and report this information, and associated burden.

The client funding status field may be reviewed again in future. In the current update, this field describes the outcome of the local authority's financial assessment of an individual's ability to pay for their own care. There is no longer an option to report NHS contributions to individual's social care costs. Although information on NHS contributions is acknowledged to be of value locally and nationally e.g. when interpreting costs data to assess the financial viability of care providers, many local authorities do not record health payments on their case management system and are currently unable to report this information accurately. The consensus of the CLD reference group was that this potential change, and recording of costs data in CLD, should be reviewed separately from the current update.

The CLD reference group also discussed potential changes to better identify and improve recording of telecare and other assistive technologies, identified by the present government as a [priority for improving adult social care](#). This data could help assess the uptake and effectiveness of these technologies. Currently, these are categorised under the service type field as 'Short term support: Ongoing low level' and under the service component field as 'Equipment'. The reference group considered adding options to the defined list for the service component field. However, the change was not agreed as part of the current update since many local authorities are currently not submitting any data on these services.

We will also continue discussion of how ongoing low-level support including telecare and other assistive technologies should be recorded and categorised in CLD, particularly since there is a likelihood that these services will develop and increase in their use by local authorities over time as a way of supporting independence. There is a need for consistent national data on these services to be able to monitor their use and evaluate their effectiveness.

Data collection process

The collection is operated by AGEM CSU in their capacity as NHS England's North West Data Services for Commissioners Regional Office (DSCRO). A typical process for the collection works as follows:

1. Local authorities extract data from their case management and financial systems, and in some cases collect data from other teams or external partners (where appropriate data sharing agreements are in place).
2. Local authorities carry out processing to compile a standard quarterly return as a csv file, in line with the CLD specification. An excel data validation tool is provided to enable local authorities to check that their data conforms to the specification, including outputting basic summary counts to support sense checking.
3. Local authorities upload the csv file to the NHS England Data Landing Portal (DLP), using the comments box to indicate when mandatory data is not yet available or is incomplete for specific fields, and when it will become available.
4. AGEM CSU ingests the data into a central NHS England database. Automated data quality checks are carried out, such as to evaluate whether data meets expected data types and defined list values, and NHS number, GP and provider CQC location tracing is performed. AGEM CSU then provides data quality reports back to local authorities, including optional NHS number, GP and provider CQC location tracing results.

Inclusion of data not held on the case management system

Where activity is in scope for CLD but is not on the case management system, local authorities should include records of this activity in their CLD return.

This includes all [statutory support delegated to external organisations](#), for example where outside specialist organisations carry out assessments for unpaid carers or people with specific disabilities

It also includes reablement and mental health support provided by NHS Trusts (unless it is excluded from CLD, as set out in the 'Scope' section above) where this is commissioned by the local authority or provided under Section 75 partnership arrangements.²

Short term, preventative and ongoing low level support such as equipment and telecare provided on or behalf of the local authority should also be included, but it is recognised that it could take some time to include this.

To incorporate data held on other IT systems, local authority data/analyst teams may need to transform and reformat the data to meet CLD specification requirements.

To receive personal identifiable data from external organisations, whether the NHS, private or voluntary sector, local authorities should ensure that they have the necessary contracts in place to enable sharing of all relevant data. Local authorities should consider what support/functions are offered by the external providers and whether it is appropriate to request data on individuals and make sure this is specified in contracts. Any delegated functions or services where the local authority is involved in the individual's care will be appropriate to request, although contracts may need to be updated to specify this.

Local authorities should update their privacy notice and other transparency materials, such as service user information leaflets. Transparency materials set out what data is being shared, for what purposes, and what people's rights are.

Further information can be found on [NHSE pages about information sharing](#) and the [ASC CLD communication and information pages](#) hosted by AGEM CSU.

Collection schedule

CLD submissions are required on a quarterly basis. Local authorities can choose to submit monthly, but this is voluntary not mandatory. Monthly submissions will allow more timely

² Section 75 of the NHS Act 2006 allows partners (NHS bodies and councils) to contribute to a common fund which can be used to commission health or social care related services.

analysis and outputs to be provided back to local authorities once processes are in place. Local authorities can switch to monthly submissions at any time.

Local authorities should provide 12 months' data in each submission, covering a rolling reporting period up to the reporting period end date. This should describe activity over the previous 12 months. Open and ongoing services should be included in each submission, with information amended and updated as appropriate.

For central analysis and reporting, event records from multiple submissions will be joined and deduplicated to use event information drawn from the appropriate submission.

Table 1 Schedule for quarterly submissions

12-month reporting period covered	Submission month
1 Jul to 30 Jun	July
1 Oct to 30 Sept	October
1 Jan to 31 Dec	January
1 Apr to 31 Mar	April

Data quality

Data validation is an essential part of the submission process. An excel data validation tool supporting the current specification is available to download from the CLD website. This enables local authorities to check the data conforms to the specification and provides some basic summary counts to support sense checking. We will continuously review the data to refine and update the validation rules and tools.

Due to the variation in the way that activity is organised and recorded across local authorities, the specification will not always fit with local terminology or recording. We request that local authorities are pragmatic in fitting their data to the specification, using their professional judgement and consulting with social work colleagues and other front line staff to ensure that categorisations follow the principles set out in this guidance. Also see the 'ASC CLD Principles Statement' setting out principles for applying the guidance.

Upon submission, AGEM CSU carry out automated data quality checks, such as to evaluate whether data meets expected data types and defined list values, and carry out NHS number, GP and provider CQC location tracing. This is made available to local authorities via AGEM's strategic data and analytics platform ([Athena](#)) to support data quality improvement.

If you have queries about the submission process or data validation reports, please contact agem.adultsocialcare@nhs.net. We aim to respond within 5 working days.

Protecting personal data

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

Data released can remain at client level and be 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 using the pseudonymised NHS number.

Before any onward dissemination from NHS England is allowed, to DHSC or other organisations, the NHS number is replaced by a consistent pseudonym. Other identifiers such as date of birth are removed and replaced with higher level derivations such as year of age that can’t be used to identify the individual.

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](#) specify the legal basis on which data can be shared and the purposes that it can be used for.

As described above under the ‘Data collection process’ section, local authorities should ensure that privacy notices and other transparency materials are up to date and explain how data is being used.

Personal identifiable data should not be submitted in fields apart from name, date of birth, NHS number and postcode. Personal identifiable data should not be included under event description and should not be included in full or in part in the local unique person ID.

Using the data

Following principles set out in DHSC’s [Adult social care client level data privacy notice](#) and [transparency statement](#), DHSC works with the CLD reference group, LGA and the Association of the Directors of Adult Social Services (ADASS) to ensure that DHSC uses of the data, including in published statistics, are appropriate and that the data is fit for purpose for each use case as data quality improves.

CLD is being used to recreate activity statistics previously reported via SALT. We do not expect figures to match perfectly but intend to recreate key statistics for users who depend on SALT and who require a time series. The publication of activity statistics from CLD will

include a description of breaks in time series (from SALT) and reasons for these. NHS England carried out initial work to test how well key SALT metrics could be reproduced using the underlying CLD data and to identify issues linked to recording and data quality issues. They published [central transformation principles](#) for calculating SALT metrics.

CLD is being used to derive six metrics included in ASCOF from 2024 to 2025 onwards, where previously they were derived from SALT. These metrics will be designated as 'official statistics in development', to reflect the transition to a new data source, including new methodologies for using record level data and associated data quality challenges. Further details can be found in the [ASCOF Handbook of Definitions](#).

Since March 2024, DHSC has published figures from CLD as 'official statistics in development' in the [ASC monthly statistics publication](#), describing monthly numbers of people receiving long term support arranged or provided by local authorities, disaggregated by support setting, age, gender and ethnicity, updated quarterly. From January 2025, we have started to publish a new statistic describing the monthly number of people receiving ASC assessments, at the national and regional level initially, with local authority figures included from April 2025.

To support local use of the data, DHSC analysts developed a dashboard containing aggregated outputs. Designed in consultation with the reference group, it includes visualisations describing activity over the latest rolling 12-month reporting period, with pages on requests, assessments, services, reviews and costs, and the ability to filter by event and person characteristics. Over the coming year, DHSC will work with the reference group and LGA to develop outputs that support local planning and strategic commissioning, including linked health data and access to the enhanced records.

AGEM CSU can provide support to local authorities and ADASS regional teams with accessing linked pseudonymised individual health and social care records for their local areas. AGEM CSU 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.

[NHS England's Data Access Request Service \(DARS\)](#) is the gateway for wider access to CLD. This means that universities and other organisations can request access to CLD and other linked health datasets, in pseudonymised record-level form, for research and evaluation.

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 County Council, the LA Code is 503. This code will be used to ensure that all data rows can be attributed to the correct local authority, and to derive the local authority name. LA Codes can be found using [NHSE's organisation data service \(ODS\) pages](#) in the csv file named "lauth" and also via the [ODS portal](#).

Data type: Integer

Reporting Period Start Date

Mandatory

This is the first day of the 12-month reporting period covered by the submission.

Table 1 under Collection Schedule describes the reporting periods that should be used each quarter. For example, submissions made in January 2025 should have a reporting period start date of 1 January 2024.

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

Reporting Period End Date

Mandatory

This is the last day of the 12-month reporting period. For example, submissions made in January 2025 should have a reporting period end date of 31 December 2024.

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

Person Details

These are fields to record person details for adults and unpaid carers who request and/or receive adult social care support from the local authority.

Person details should be completed in all event records, with 'Unknown' selected when the person's details have not been recorded. Fields should only be left blank if the information is not relevant. For example, client funding status can be left blank for unpaid carer events if the local authority does not charge (or financially assess) for unpaid carer services.

Some person details change over time as people's circumstances change with the evolving care process. As described under the 'General principles and definitions' section, information should ideally be correct at the event end date, but the latest known person details can instead be given.

NHS Number

Mandatory

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

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.

Please do not provide any personal identifiable data in part or in full under this field.

Data type: Integer or alpha-numeric

First Name

Mandatory

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

Data type: Text

GP Practice Code

Voluntary

GP Practice Code can be provided where it is available. Codes can be found on [NHSE's ODS pages](#) in the csv file named "eppracur" and also looked up using the [ODS portal](#). Note that codes for the practice and not the practitioner should be used.

Data type: Alpha-numeric

Gender

Mandatory

Gender is defined as the gender the individual considers themselves to be. 'Other' should be used when people do not identify as male or female.

- Female
- Male
- Other
- Unknown

Data type: Defined list

Ethnicity

Mandatory

Ethnicity should be completed in line with the categories used in the [2021 census](#). 'Undeclared or not known' and 'Refused' options should be used where a person's ethnicity has not been recorded.

- 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 should be reported for both service users and unpaid carers. This allows year of age and age bands to be derived and is also used in 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 under 18 when the assessment occurred. Under-18 unpaid carers of adults should also be included in submissions.

We understand that date of birth is not always recorded for all unpaid carers and some other groups of service users. In these cases, the field should be left blank. Approximate or estimated dates 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 unpaid carers.

When a person first requests support, they should be assigned as an unpaid carer or service user based on the main request reason or assessment type, prior to any service provision. 'Unknown' can be used if this has not been recorded, but local authorities should work towards capturing this information.

Unpaid carers should be included if they provide unpaid care for an adult who is aged 18 years or older. They themselves could be adults or young unpaid carers aged under 18. Like SALT, paid care workers funded by direct payments, or as part of a commissioned service or in a residential and nursing care setting should not be included in CLD.

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

'Unpaid carer known by association' should be used to provide an additional row of data containing person details for the unpaid carer. This is designed for cases when support for the unpaid carer is recorded solely in the cared-for person's (i.e. the service user's) records, such as respite care. This is the only instance where a row of data will contain person details and unpaid carer information, but no event details. A worked example of how this data should be submitted is given in a separate excel workbook.

- Service user
- Unpaid carer
- Unpaid carer known by association
- Unknown

Data Type: Defined list.

Primary Support Reason

Mandatory* (see Annex A)

The PSR describes the main reason why the person 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. Ideally, the PSR should be reported as correct at the event end date. If this is not available, the latest PSR on the live system at the time of extraction/submission should be provided. For open and ongoing services, the latest PSR should always be provided. Where the PSR is not yet determined, then 'Unknown' should be chosen.

The PSR of 'Social support: Support to unpaid carer' should be recorded for any unpaid carer-related events in CLD submissions.

- Physical support: Access and 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 and cognition
- Learning disability support
- Mental health support
- Social support: Substance misuse support
- Social support: Asylum seeker support
- Social support: Support for social isolation or other reason
- Social support: Support to unpaid 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. by the local authority with responsibility for the person's social care.

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

Since people may move during the reporting period, the postcode should ideally be reported as correct at the event end date.

Where only the first part of the postcode (outward code) is recorded, this should be provided, but local authorities are encouraged to collect and provide the full postcode wherever possible.

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

This field is essential because it is required for the outcome metric in ASCOF: 'The proportion of people who receive long term support who live in their home or with family'. Centrally, other information will be used alongside this field to infer accommodation status e.g. postcode, service type. Local authorities can also do their own data quality checks using other fields e.g. adults in care homes at the reporting period end date should have an accommodation status to match. Some service components such as shared lives, extra care housing and community supported living can also be used to validate this field. The ASCOF metric (2E) using CLD will be designated as 'official statistics in development'.

As with other person details, this information should ideally describe the person's accommodation status at the event end date. If information is drawn from a live system, it can instead describe the latest accommodation status at the time of extraction/submission. The latest accommodation status should be provided for records describing open services. Where it is not yet known by the local authority, e.g. where requests do not progress to assessments or services, then 'Unknown' should be selected.

- Owner occupier or shared ownership scheme
- Tenant: Local authority or other social housing provider
- Tenant: Private landlord
- Settled mainstream housing with family or friends
- Supported accommodation, supported lodgings or supported group home
- Shared Lives scheme
- Approved premises for offenders released from prison or under probation supervision
- Sheltered housing, extra care housing or other sheltered housing
- Mobile accommodation for Gypsy, Roma and Traveller communities
- Rough sleeper or squatting
- Night shelter, emergency hostel or direct access hostel
- Refuge

- Placed in temporary accommodation by the council (inc. homelessness resettlement)
- Staying with family or friends as a short term guest
- Acute hospital or long term healthcare residential facility
- Registered care home
- Registered nursing home
- Prison, young offenders institution or detention centre
- Other temporary accommodation
- Unknown

Data type: Defined list

Employment Status

Mandatory* (see Annex A)

Local authorities have indicated that this information is routinely collected for clients aged 18 to 64 with a learning disability. For this reason, this field is only mandatory for people with the PSR, 'Learning Disability Support'. Where available, local authorities should complete employment status for other clients; this is particularly encouraged for unpaid carers. 'Unknown' should be used where the information is not recorded and the field can be left blank for people aged 65 and older.

- Paid: Less than 16 hours a week
- Paid: 16 or more hours a week
- Paid: Hours per week unknown
- Not in paid employment: Seeking work
- Not in paid employment: Not actively seeking work or retired
- Not in paid employment: Voluntary work only
- Unknown

Data type: Defined list

Has Unpaid carer

Mandatory

Whether the person receives support from an unpaid carer gives a holistic view of a person's support package. This is similar to information previously collected under SALT LTS001b, but is expected for all event types in the dataset. This variable is also relevant for unpaid carers, to determine if they themselves have an unpaid carer.

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. 'Unknown' should be used where this information is not recorded.

- Yes
- No
- Unknown

Data type: Defined list

Autism Spectrum Disorder (ASD)

Voluntary

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 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

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. This is a read across from [SSDA902](#). An impairment can also be recorded if this is on the local record and not formally registered.

- Blind or severely sight impaired
- Partial sight or sight impaired
- No visual impairment
- Visual impairment: Severity unknown
- Unknown

Data type: Defined list

Hearing Impairment Status

Voluntary

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. This is a read across from [SSDA902](#). 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

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* (see Annex A)

Change to specification: The defined list has been reduced, removing values previously introduced to support adult social care charging reform.

This field should describe the outcome of the local authority's financial assessment of a person's ability to pay for their care. There are three possible outcomes:

- Fully client funded. The local authority provides no financial support. In this case, the individual is self-funding, meaning they must meet the full cost of any chargeable care and support services. This includes 'full cost clients' receiving services organised by the local authority under Section 18(3) of the Care Act 2014.
- Joint client and social care funded. The local authority will provide some financial support, but not enough to cover the full cost of the service. In this case the individual will be required to contribute the difference.
- Fully social care funded. The local authority will provide full financial support. In this case the individual will not have to make any contribution.

This field should not describe the specific funding arrangements of a person's service. For example, if the local authority assesses that a person can pay the full cost of their care, the

value in this field should be 'Fully client funded', even if it is part of a record for a non-chargeable service such as reablement. For local authorities that previously flagged health contributions using this field, they should no longer do so.

Where a person's funding status has not yet been assessed i.e. prior to a financial assessment, the value 'Unknown' should be used. It can be left blank in records describing events involving unpaid carers if the local authority does not charge for these services.

As with other person details, this field should describe the outcome of the most recent financial assessment at the time of the event end date. However, if information is drawn from a live system that updates person details more frequently, it can instead describe the outcome of the most recent financial assessment at the time of extraction/submission.

The following options apply:

- Fully client funded
- Joint client and social care funded
- Fully social care funded
- Unknown

Data Type: Defined List

Events (All)

Full records of events that fall within the 12 month reporting period should be provided, including:

- 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 and reviews that started before the reporting period start date and that were completed during the reporting period should be included.
- Services that are active during any part of the reporting period. This includes all services that started and/or ended during the reporting period. including services that are open at the end of the reporting period. Services that are open and ongoing at the end of the reporting period will have an event start date but a missing 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. Services should only be considered cancelled if terminated prior to any support being provided. Suspended services should be included as ongoing until the service is confirmed as being ended.

Changes to guidance:

An assessment carried out when the person contacts the local authority should be submitted as two event records in CLD: a request and an assessment. This shows that a request for support was made and ensures that all relevant information is captured. The request record should start and end on the same day, whereas the assessment could have a later event end date, depending on how long the assessment takes. For local authorities that have implemented the '3Cs' model, this replaces the need to report 'conversation 1' under the event description field (see Annex B).

Unpaid carer assessments should be submitted as separate event records, including where these are carried out as joint assessments with the person they care for. This confirms that unpaid carers' own support needs have been assessed. The 'method of assessment' field should continue to be used to identify when an unpaid carer was involved in their cared-for person's assessment.

Event Type

Mandatory

The table below shows the four event types for CLD.

Request	A request identifies when a contact is made by a person requesting adult social care support, for themselves or a third party, from the local authority. This covers requests from new and existing clients, including service users and unpaid carers.
Assessment	An assessment should be recorded for all care and support needs assessments, including unpaid carer's assessments. Other types of adult social care assessments should also be recorded, including OT assessments for equipment and financial assessments. The following assessments should not be included in CLD: safeguarding, DoLS, mental capacity and Mental Health Act assessments.
Service	A service should be recorded for any adult social care support arranged or provided by the local authority for service users or unpaid carers.
Review	A review should be an examination of an existing care and support plan, or a review of the effectiveness of short term support. A review may be planned or initiated in response to a change in circumstances.

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 identify unique events. 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.

Do not include any person identifiable information such as DOB, postcode or name, either in full or in part, that could 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 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* (see Annex A)

An event end date should be entered for all events completed or terminated during the reporting period. It is required for all request, assessment and review events. It should only be left blank for services that are open and ongoing at the reporting period end date.

It is feasible to have an event start and event end on the same day, 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.

In the case of events such as assessments and reviews that require managerial sign-off to confirm outcomes, the date of this sign-off should typically be used as the event end date.

When a person has an ongoing low level service such as an adaptation or telecare, the event end date should be the date on which the delivery or installation was completed, even if there is ongoing monitoring service with a cost attached.

When a person has died, the event end date should be the date of death.

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 authorities. 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 or referral Children's services referral to ASC
Assessment	Care needs assessment Proportionate assessment e.g. conversation 1 Occupational therapy assessment
Service	Residential care Home support: Domestic Equipment: Bariatric Bed with Integrated Hoist
Review	6 week review Annual review Unscheduled review Reablement review

Data type: Text

Event Outcome

Mandatory* (see Annex A)

Change to specification: Defined list amended and reordered.

Event outcome is the intended next action in the main adult social care pathway once an event is completed. This may indicate that no further action (NFA) is planned by the local authority in relation to the adult's care needs.

Since this is the intended next step, the event outcome will be known at event end date. Unlike SALT, there is no requirement for local authorities to track cases to derive the sequel to each event. With CLD, sequels will instead be calculated by applying central transformation rules to the chronology of event records in the data. Event outcome will be used to identify the sequel only where the sequel cannot be derived from the chronology of events. In addition, event outcome will help identify connected events in the chronology.

The 'NFA' outcomes are particularly important. '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 immediate subsequent events submitted in CLD.

Often, processes are running in parallel and not a simple sequence of events. Worked examples of how to use event outcome are provided in a separate excel workbook. When multiple event outcomes apply, a single outcome should be selected from the defined list, choosing the first that applies according to the order in which they appear:

- Progress to reablement/ST-Max
- Progress to assessment, review or reassessment
- Progress to support planning or services
- Continuation of support or services
- Admitted to hospital
- NFA: Responsibility moved to another local authority
- NFA: Referral to NHS services or NHS funded social care
- NFA: Self-funded client or under 12wk disregard
- NFA: Referral to other service within the local authority

- NFA: Information and advice or signposting
- NFA: Support declined
- NFA: Deceased
- NFA: Support ended as planned
- NFA: Support ended for other reason
- NFA: No services offered for other reason
- NFA: Other

Data type: defined list

The table below shows which event outcomes should typically be used for different event types, but event records will not be rejected if they do not follow this.

Event outcome	Request	Assessment	Service	Review
Progress to reablement/ST-Max	✓	✓		
Progress to assessment, review or reassessment	✓	✓		✓
Progress to support planning or services	✓	✓		✓
Continuation of support or services	✓	✓	✓	✓
Admitted to hospital	✓	✓	✓	✓
NFA: Responsibility moved to another local authority	✓	✓	✓	✓
NFA: Referral to NHS services or NHS funded social care	✓	✓	✓	✓
NFA: Self funded client or under 12 week property disregard	✓	✓	✓	✓
NFA: Referral to other service within the local authority	✓	✓		
NFA: Information and advice or signposting	✓	✓		
NFA: Support declined	✓	✓	✓	
NFA: Deceased	✓	✓	✓	✓
NFA: Support ended as planned		✓	✓	✓
NFA: Support ended for other reason			✓	✓
NFA: No services offered for other reason	✓	✓		
NFA: Other	✓	✓	✓	✓

Event outcomes for different events and scenarios

Where a person is moving on to end of life care, the option 'Progress to support planning or services' should be used when this care is part of the social care support provided by or

on behalf of the local authority. The outcome 'NFA: Referral to NHS services or NHS funded social care' should be used if this is NHS end of life care.

Open and ongoing services should have the outcome 'Continuation of support or services' to indicate that the service was continuing at the end of the reporting period.

For reviews when there is a change in package, the outcome should be 'Progress to support planning or services'. When there is no change in package, the outcome should be 'Continuation of support or services'.

For requests, assessments and reviews, the outcome 'Admitted to hospital' should only be used if this happened once the process was completed. If it occurred before the process was complete, the event is treated as cancelled and should be excluded from CLD returns.

The 'NFA: Self funded client or under 12 week property disregard' value 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.

For services, the outcome 'NFA: Support declined' should only be used if this happened after the service started. If support was declined before the service started, it is treated as a cancelled event and should be excluded from CLD returns.

Financial assessments are the only events that should not have an outcome recorded.

Events (Requests only)

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 unpaid carers.

Change to guidance: Where the contact involves a proportionate assessment e.g. if 'conversation 1' is carried out at the point when the person contacts the local authority for help, two records should be submitted: a request record containing details of the route of access, and an assessment record.

Route of Access

Mandatory* (see Annex A)

Change to specification: First value in defined list changed from 'Planned entry (transition)' to 'Planned transition from children's services'

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

Recording should follow the SALT convention for STS001 and apply equally to service users and unpaid carers, although with the latter, the route may not be captured on local systems, so a default of 'Community or other route' should be chosen.

'Discharge from reablement' is an option provided for the situation in which a client makes a new request for support following their discharge from reablement.

'Planned transition from children's services' should be used for people moving from local authority children's services. Requests from young people with learning disabilities who have completed courses at residential colleges should be included in this category.

- Planned transition from children's services
- Discharge from hospital
- Diversion from hospital services
- Community or other route
- Prison
- Self-funder
- Discharge from reablement
- Transfer from other local authority

Data type: Defined list

Events (Assessments only)

Assessments are a key event in the adult social care process. Local authorities should provide records for the following types of assessment

- All assessments of adults' needs for care and support and unpaid carers' needs for support as set out in the Care Act 2014 e.g. see the [Care and Support statutory guidance](#) and [the social care institute for excellence \(SCIE\) information pages](#).
- Other types of adult social care assessment, including OT assessments of equipment including assistive technology and adaptations and reablement assessments.

As set out in previous sections of this guidance, DoLS, safeguarding, mental capacity and Mental Health Act assessments should not be included in CLD.

Only completed assessments should be submitted. If a person was admitted to hospital or died during the assessment process, this is treated as a cancelled event and an assessment record should not be included in CLD returns. If the assessment was completed but not signed off, the assessment should be included in CLD with the appropriate event outcome e.g. 'Admitted to hospital'.

Changes to guidance:

Proportionate assessments carried out when a person requests support should be submitted as assessment event records, along with a separate record of the request.

Unpaid carer assessments should be included as separate event records, including when these are carried out jointly with the cared-for person.

Assessment Type

Mandatory* (see Annex A)

This field provides a categorisation for assessments in CLD. It is recognised that local authorities will have different assessment approaches and practices, including different ways of adopting the '3Cs' model (see Annex A).

If a determination of eligibility for services is made following the assessment, this should be categorised as a 'long term assessment'. This covers service users and unpaid carers.

Other types of adult social care assessment, including proportionate assessments (conversations 1 and 2) that don't involve an assessment of eligibility for services and OT

assessments for equipment, telecare or reablement, should be recorded as a 'short term assessment'.

A financial assessment determines the client's ability to pay for care services. All new clients who receive long term support will have a financial assessment, and all existing clients in receipt of long term support will receive financial reassessments. 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). Annual updates connected to uprating at the start of the financial year should not be included.

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.

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. If so, 'Eligible needs identified' should be recorded when 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* (see Annex A)

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 unpaid carers' needs for support. Where local authorities carry out an adult's assessment with their unpaid carer involved, or an unpaid carer's assessment with the cared-for person involved, the option 'Service user and unpaid carer' should be recorded.

The defined list is:

- Unpaid carer only
- Service user only
- Service user and unpaid carer

Data type: Defined list

Events (Unpaid carers only)

Person level data is required for unpaid 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. See page 18 for general guidance on inclusion of data from external providers.

This section of the specification is designed to collect information specifically relating to unpaid carers and to enable linkage to event records for cared-for people.

These fields should be completed for event rows that have the Client Type 'Unpaid carer' or 'Unpaid carer known by association'.

Unpaid carer events should represent the direct interactions of local authorities and unpaid carers in respect of their needs as a unpaid carer i.e. a unpaid carers request, a unpaid carers assessment, unpaid carer review or 'unpaid carer support: direct to unpaid carer'

Where an unpaid carer is receiving local authority support, but the cared-for person is not, the details of the unpaid carer should be shared, but not the details of the cared-for person, since there is no legal grounds or consent to hold and share this data.

Total Hrs Caring per week

Voluntary

Change to specification: Defined list amended.

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 the unpaid carer's self-reported hours.

- 1 to 9 hours a week
- 10 to 19 hours a week
- 20 to 34 hours a week
- 35 to 49 hours a week
- 50 or more hours a week

Data type: Defined list

No. of adults being cared for

Voluntary

This field should identify the number of adults cared for on an unpaid basis. 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 unpaid carer's 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 to 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 unpaid carer, but only where they are known to the local authority, i.e., they are a service user in CLD.

This value is important for identifying connected records. For example, where a joint assessment of the unpaid carer and cared-for person has been carried out, there should be two assessment records – one for the unpaid carer and one for the service user – and the adult linked person ID in the unpaid carer record should match the local unique person ID in the service user record. A worked example is given in a separate excel workbook.

Data type: Integer or alpha-numeric

Events (Services only)

Service records should be submitted for people whose adult social care is either:

- funded fully or partly by the local authority
- self funded (full cost) but organised by the local authority under Section 18(3) of the Care Act 2014

In these groups, everyone in receipt of services should have a service event 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.

Services that have been suspended during the period 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 care services in respect of their 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.

Clarification to guidance

Local authority case management systems and recording practices vary and it is quite common for the service start date on the live system to update when a financial uplift or other change to a service occurs. To ensure that submissions include event rows covering the full length of the service, there are two ways these can be provided in CLD:

1. a single event row for the service with the event start date corrected to match the original start date for the service i.e. the date the client started receiving the service
2. two rows for the same service: one with the event start date matching the date on the live system, and one covering the earlier part of the service with the original start date and the end date matching the date on the live system.

Service Type

Mandatory* (see Annex A)

The list of service types is based on the main short and long term support categories included in the SALT return, plus unpaid carer support categories for services delivered either direct to unpaid carers or via service users.

The categorisation of a service as short or long term reflects whether it is intended to be time limited (short term) or ongoing (long term). The only exception is ongoing low level support that is categorised as short term for the purposes of CLD. This reflects the fact that the active part of the service, e.g. delivery of equipment, is typically short term.

Short term residential placements should be categorised as 'Short term support: Other short term'.

- 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
- Unpaid carer support: Direct to unpaid carer
- Unpaid carer support: Support involving the person cared-for

Data type: Defined list

Service Component

Mandatory* (see Annex A)

Change to specification: New value 'Extra care housing' added to defined list

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

For direct payments that have a known specific purpose, the service component field should describe the purpose, whilst the delivery mechanism field can be used to indicate that this was through a direct payment. When the purpose of the direct payment is not specific or is unknown, the service component field should indicate a direct payment.

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

In Release 2, an additional value 'extra care housing' has been added as its own separate category, rather than being grouped under community supported living, given the differences in the populations served and services provided.

- Reablement
- Short term nursing care
- Short term residential care
- Long term nursing care
- Long term residential care
- Home support or domiciliary care
- Day support
- Meals
- Transport
- Equipment
- Direct payment
- Shared Lives
- Community supported living
- Extra care housing
- Professional support: Social worker

- Professional support: Other
- Learning, education or employment support
- End of life care
- Emergency support
- Other short term support
- Other long term support
- Unpaid carer respite
- Unpaid carer sitting service
- Unpaid carer universal services
- Other unpaid carer support

Data type: Defined List

Delivery Mechanism

Mandatory* (see Annex A)

Change to specification: This field is now mandatory for long term community support.

For CLD, the delivery mechanism is specific to the service. In this respect, the field differs to the categories in SALT (see [Service Setting/ Delivery Mechanism guidance](#)) that are based on the hierarchy of all services recorded for an individual client or unpaid carer.

Each service should have a single delivery mechanism. If a person receives services using different delivery mechanisms as part of their care and support package, these should be recorded on separate rows in CLD. For this reason, the SALT category 'Part direct payment' is not on the defined list for this field, since this can be derived from multiple service event rows for the same client; some of which are direct payments and some of which are services with other delivery mechanisms. People receiving support in prison settings cannot receive direct payments.

All services that form part of a personal budget, but which are not in the form of a direct payment, should be categorised as 'CASSR managed personal budget'. Everyone whose needs are met by the local authority must receive a personal budget as part of their care

and support plan, regardless of the support setting. Note that delivery mechanism is not mandatory to complete for people in nursing or residential care homes.

Services not included in a personal budget, typically those with no cash payments or payment schemes (see [Chapter 11 of Care and Support Act Statutory Guidance](#)), should be counted as 'CASSR commissioned support'. Examples include reablement and transport where the local authority cannot or chooses not to make a charge, and social worker professional support. Unpaid carer services may fall into this category where the local authority does not charge for these services. If this is the case, local authorities should flag this via the comments box on the DLP.

- Direct payment
- CASSR managed personal budget
- CASSR commissioned support

Data type: Defined List

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. Note that this is different from CQC Provider ID.

If there is a case where a client receives services from more than one care provider, services from each provider should be provided as a separate event line. In the case where the provider changes, we would expect this to be recorded as a new service event, with new provider details and start date reflecting the date of this change. Where a provider changes location ID but the client is continuing to receive the same service in the same location, this should be recorded using the same event line with the updated ID.

Data type: Alpha-numeric

Events (Reviews only)

A review event can be:

- an examination of an existing long term care and support plan. This may be planned as a regular event or initiated by a change in circumstance.
- a review of short term support where this could lead to a significant change in care e.g. a continuation or end to short term support, a move to long term support

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, unpaid 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.

Reviews should be completed at least annually for all adults receiving long term support, and for unpaid carers eligible for funded packages. Local authorities may also carry out reviews of short term support.

SALT reviews (LTS002b) were limited to reviews of those who are in receipt of long term support. In contrast, all reviews of clients and/or unpaid carer needs should be included in CLD. Inclusion of all reviews in CLD will allow existing metrics to be derived, as well as providing important new information about 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.

Review Reason

Mandatory* (see Annex A)

Change to specification: New value 'Review of short term support'

Please choose the most appropriate review reason if known, with the default being 'planned' for all unpaid carer reviews.

Unplanned reviews relate specifically to long term support.

'Unplanned: Provider failure' should be used for reviews of long term support prompted by care providers withdrawing services and handing back contracts.

The list of review reasons is:

- Planned review of long term care and support plan
- Unplanned: Hospital (planned and unplanned episodes)
- Unplanned: Unpaid carer related
- Unplanned: Safeguarding concern
- Unplanned: Other reason
- Unplanned: Provider failure
- Unplanned: Change in commissioning arrangements
- Review of short term support

Data item: Defined list

Review Outcomes Achieved

Mandatory* (see Annex A)

Change to specification: New value 'Not applicable' added to defined list

There is currently a gap in person-centred outcomes measurement linked specifically to needs and packages. This field refers 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 is designed to be used for reviews of long term care and support plans, but may be used for other reviews where recorded.

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 but not all outcomes 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.

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.

The value 'Not applicable' has been added for initial (6 week), unplanned reviews and reviews of short term support where individuals do not have care plans in place.

- Fully met
- Partially met
- Not met
- Not applicable

Data item: Defined list

Method of Review

Mandatory* (see Annex B)

This field describes who was actively involved in the review. To be actively involved, the person's views must have been considered as part of the review.

- Unpaid carer only
- Service user only
- Service user and unpaid 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 different types of services
- Understanding cost variation of services across client groups
- Assessing changes in intensity of care and cost over time for individual clients

This field captures planned costs associated with services, not actual spend which is captured separately in the adult social care finance return (ASC-FR), or budgeted adult social care net spend that is captured in the MHCLG Revenue Account (RA). Despite the limitations of using planned costs, we understand that this will typically be easier for local authorities to provide and that, in many respects, it can be a preferred measure, better reflecting the intensity of care provided for example.

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

- All long term support, with the exception of CASSR commissioned support that the local authority does not charge for e.g. reablement, mental health professional support
- Short term residential and nursing care
- Unpaid carer support provided through direct payments or CASSR managed personal budgets, again excluding CASSR commissioned support that the local authority does not charge for

The inclusion of the cost frequency (unit cost) field is intended to allow flexibility in the way local authorities report the costs of commissioned services.

Collecting the three fields 'unit cost', 'cost frequency' and 'planned units per week' will provide more timely data compared to the average fee rates or aggregate spend in the existing local authority data returns (MSIF and ASC-FR). This will enable DHSC to better understand the range of planned 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 care provider market risk.

Unit Cost (£)

Mandatory* (see Annex A)

Funding of adult 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 planned cost of adult social care services or adult social care components of services, irrespective of who pays.

The unit cost should be based on the gross cost of the commissioned adult social care service, or adult social care component of a service.

- It should include local authority and client contributions to adult social care costs
- It should exclude 3rd party top-ups, NHS-funded nursing care (FNC) contributions, NHS continuing healthcare (CHC) contributions and education funding

Where it is not possible to report unit costs in the way described, please provide a description of what is routinely included/excluded in the costs using the comments box on the DLP.

The unit cost entered should reflect the latest known cost of the service as recorded on the system. There is no requirement for any duplicate service event rows to account for 'uplifts' during the reporting period. Instead, uplifts can be identified by combining unit cost data from different data submissions for the same service event row.

The unit cost for home care should be the hourly cost. The unit cost for care homes should typically be the weekly cost.

Worked examples are provided in a separate excel workbook.

Data type: Numeric (0.00)

Cost Frequency (Unit Type)

Mandatory* (see Annex A)

The frequency at which the unit cost reported in the field above occurs. For example, home care should be hourly, care home should be weekly, whilst other services may have other frequencies such as weekly or one-off payments.

When it is feasible to report hourly costs, this is preferable since it enables separate analysis of the intensity of care (planned hours per week) and the unit (hourly) cost.

However, reporting hourly costs may not always be feasible or meaningful e.g. in supported living where a core/shared weekly cost is agreed.

If the cost frequency of a service does not match any of the options given, a pro-rata'd weekly cost frequency can be given.

- Per session
- Hourly
- Daily
- Weekly
- Fortnightly
- 4-weekly
- Monthly
- Quarterly
- Annually
- One-off

Data type: Defined list

Planned units per week

Mandatory* (see Annex A)

This field describes the planned number of units provided each week. Costs of home care should typically be hourly, and this field will describe the planned number of hours each week. The field should be completed only for services where the cost frequency (unit type) is hourly or daily (or per session in some cases).

Worked examples are provided in a separate excel workbook.

Data type: Numeric (0.00)

Annex A Mandatory client fields

Field(s)	Mandatory for
NHS Number	All records
LA Person Unique Identifier	All records
First & Last Name	All records
Gender	All records
Ethnicity	All records
Date of Birth	All records
Date of Death	All records
Client Type	All records
Primary Support Reason	All records ('Unknown' is a valid response)
Postcode	All records
Accommodation Status	All records
Employment Status	Service users aged 18-64 with learning disabilities
Has Unpaid Carer	All records
Client Funding Status	Service users ('Unknown' is a valid response)
Event Type	All events
Event Start Date	All events
Event End Date	All events except for open and ongoing services
Event Outcome	All events except for financial assessments
Request: Route of Access	Requests
Assessment Type	Assessments
Method of Assessment	Assessments except for financial assessments
Service Type	Services
Service Component	Services
Delivery Mechanism	Long term community services only
Review Reason	Reviews
Review Outcomes Achieved	Planned reviews excluding initial 6-week reviews
Method of Review	Reviews
Unit Costs, Cost Frequency & Planned Units Per Week	Nursing or residential care; community services included in CASSR managed personal budgets

Annex B The three conversations model

Note change to guidance

Many local authorities have adopted a strengths/relationships-based approach to social work, including adoption of the Three Conversations (3Cs) model developed by [Partners4Change](#). The aim is to enable staff to be more open and flexible and less process and forms-driven in their approach to supporting people who ask the local authority for help. The approach is based on three different types of interaction:

- **Conversation 1: listen and connect.** This involves listening to people and their families to understand what's important and working with them to make connections and build relationships to help them live independently. It is not about whether the person has 'eligible' needs, but it does meet the 'prevent, reduce, delay' requirements of the Care Act. When done properly, conversation 1 is a proportionate assessment and is categorised as a 'short term assessment' in CLD.
- **Conversation 2: work intensively with people in crisis.** Support for people experiencing a crisis can include receiving short term services to help them regain independence or control. It is also considered a 'short term assessment' for CLD.
- **Conversation 3: build a good life.** For some people, a full care needs assessment and consideration of longer term support based on an assessment of eligibility will be needed for them to live the life they want to.

The 3Cs approach has been integrated into local authorities' existing services in [different ways](#). Some local authorities receive contacts via a customer service centre, after which people may be connected to a social work team to begin the three conversations. Other local authorities have an assessment team who can commence conversation 1 as soon as a person contacts them.

There are also differences in the way that local authorities record conversations on their case management system. For example, some local authorities capture the conversation 1 in a contact case note that can be brief or detailed, with the assessment form only used if short term or crisis support is required, or the assessment is likely to progress to a full care needs assessment and eligibility determination. Other local authorities do not use a contact form at all, and all information is recorded on a core conversation form.

To recognise that conversation 1, when done properly, is never simply a contact but constitutes a proportionate assessment, we have changed the CLD guidance on how this should be recorded:

- conversation 1 is a proportionate assessment and should be submitted as an assessment event record, with the assessment type 'Short term assessment'.
- if conversation 1 is carried out at the point when the person contacts the local authority for support, a separate request record should also be submitted to indicate that this event was also a request for support. This means that requests can be accurately identified for reporting purposes and that route of access will be captured.
- use the comments box on AGEM CSU's DLP to note if the three conversations model or similar strengths-based approach is operated and how events are recorded.

We recognise that some work may be required to extract and transform information from the local authority case management system to meet the new specification requirements, and this will vary depending on how 3Cs are recorded on the case management system.

Local authority adult social care data leads should work with adult social work and frontline teams to ensure that the categorisation of events accurately describes local processes.

Conversation	CLD assessment type
Conversation 1: listen and connect	Short term assessment
Conversation 2: work with people in crisis	Short term assessment
Conversation 3: build a good life	Long term assessment

Example of how two records – a request and an assessment - should be submitted for conversation 1 if this assessment carried out when the person contacts the council:

Event Type	Event Reference	Event Start Date	Event End Date	Event Outcome	Request Route of Access
Request	3155	04/07/2023	04/07/2023	Progress to assessment, review or reassessment	Community or other route
Assessment	3155	04/07/2023	18/07/2023	NFA: Information and advice or signposting	NULL