

Frequently Asked Questions on the Referrals, Assessments and Packages of Care Collection (RAP)

For the collection period
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FOR HEALTH AND SOCIAL CARE



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R' Referrals

Q1. What should be recorded in the 'R' returns (i.e. is it all referrals that come into this team or is it only those referrals that on commencement of the initial assessment have social care needs identified?)

A1. The RAP deals with Social Services and Community-Based services therefore the number of contacts related to Social care or both social and health care should be recorded in R1. Any contacts that are related to health matters only should **not** be captured in R1.

Q2. Where do we include support services provided to clients receiving Welfare benefits, for example tribunal representation? These clients are not necessarily assessed and are not given care plan.

A2. If the services these clients receive are not part of a care plan following a Community Care Assessment then they are excluded from R1 and the RAP P forms.

Q3. Where do we record contacts and referrals with the outcome "No Further Action"?

A3. If a client is NOT passed on for further assessment nor given information, advice or a basic service at or near the point of contact nor then they are classed as a 'casual contact' and excluded from RAP.

Q4. Can you clarify issues around what can be classified as a R2 contact (i.e. as a basic service) or as a R1 contact (i.e. a contact that resulted in a further assessment of need)?

A4. The key characteristics of an R2 contact is that the individual is given information, advice or a basic service but is not passed on for further assessment of need or commissioning of service. If the contact is passed on for further assessment then you would record this on R1. Contacts who are put on a waiting list should still be included in R2, however it would be helpful if you included this information in the notes section of the return (quantify if possible). Informing and advising people at a general level on benefit entitlements, or providing a one off piece of assistance in assessing individual eligibility should be classed as a basic service and entered on R2. If the individual is passed on for further assessment leading to a care package then this should be treated as more than a basic service: these clients should be recorded on R1.

Q5. If a child becomes 18 during the reporting year and transfers from Children & Families to Adults Services, are they regarded as a "new client" and therefore recorded as referral to the adult team, or are they considered to already be "on the books" of the CSSR and therefore not a "new client"?

A5. A child who reaches the age of 18 during the reporting period and transfers to the Adult team should be treated as a "new client". They need to have a full Community Care Assessment as an adult. If the client was referred to Adults Services by your Children & Families team then the source of referral recorded on R3 would be 'Internal (i.e. own CSSR)'. Children who are receiving children services from the same budget do not need transfer to adult services simply because they are 18 unless they require adult services.

Q6. How should I record referrals if they are received via contact centre in R3?

A6. As the client made the first contact themselves this should be counted as a 'self-referral'. The contact centre would be counted as an automated service for the council, therefore the contact needs to be counted only once as a self referral.

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‘A’ Assessments

Q7. If a customer has an initial assessment at a contact centre and is then passed to an area team for a full assessment - how is this recorded under RAP? Is the whole process regarded as the first assessment for a new client?

A7. An “assessment” in RAP is defined as the **first** assessment for a **new** client. All subsequent assessments which include a reassessment are defined as a **review**.

If a new client is passed onto a community care team for a ‘full assessment’, the initial contact should be entered on R1. The details of the assessment process should then be captured on the A forms. Where an assessment involves the input of several different teams the whole process should be recorded as a single assessment event. For the purpose of measuring waiting times, the first assessment is regarded as complete when social services complete their last assessment event within the whole assessment process.

Q8. Could you please clarify the phrase: “all new clients who appear as having a completed or terminated assessment would have been recorded in R1 either in this period or a previous collection period”. Does this mean that the R1 contact could have been received at any time in the past?

A8. The total of clients with completed or terminated assessments refers to clients whose assessment was completed or terminated in the current period regardless of when the first contact was made. The criteria for inclusion in the RAP A forms is that the person must have appeared as a R1 contact at some time in the past.

Q9. What is meant by “Some or all (new) services intended or already started (incl. those started and finished)” on A5, Col 1?

A9. If following the assessment it is anticipated or intended to provide the client with services but this intention has not yet been implemented then the client should be recorded in column 1. The client should also be recorded in this first column if the services have already been started when the assessment is completed (this is also the appropriate column for client’s whose services started and finished before the assessment was completed)

Q10. Should assessments for out of area clients be recorded in RAP? Where on A5 should they be recorded if we assess them but their services are to be provided by another council?

A10. If you assess clients from another area, at your expense, then count them in your figures. If the other area pays you to do the assessments then that area counts them in their return and you do not. Count clients from your area assessed by another CSSR only if you pay for the assessment. The same principle applies to services.

With regard to the sequel recorded on A5, if following the assessment it is decided that services are warranted but will be provided by another CSSR (or agency) and are not funded or commissioned by you then you should record these clients under “No (new) services offered or intended to be provided”.

Q11. What sequel to Assessment should we record for fully funded clients, and do we record the services under P1, P2f, P2s etc?

A11. If the services provided to clients are fully funded by Health, then it should be recorded under ‘other sequel to assessments’ in A5 and should not be recorded in any of the ‘P’ returns. You should record the fully funded clients in A1 and under ‘No services offered or intended to be provided’ in A5 of the RAP return. A client who pays solely the direct costs (charges) for services, but whose care is managed (e.g. reviewed) at the expense of the

CSSR is not 'fully funded' for these returns. (P1, P2f&s, P4). If Social Services are **not** paying for the service, then the client should be excluded from RAP.

Q12. What sequel to Assessment should we record for clients who want to go private?

A12. You should record the fully funded clients in A1 and under 'No services offered or intended to be provided' in A5 of the RAP return. It is considered as a good practice to issue a care plan even if clients are paying for services themselves.

Q13. Can you confirm that the term "Not Stated" in fact covers all other eventualities including a) where the client has refused to provide this information and b) where the authority has failed to collect the data?

A13. This assumption that the term 'Not stated ' is correct. It would be expected that councils record those clients who refused to disclose their identity or as noted, the authority has failed to record clients' ethnicity.

Q14. What can A5/A6 exclude that A1 can not? (NB: the total figure for A5 and A6 needs to be equal to or less then the sum of the total of A1 page 1 and 2.

A14. RAP proforma A5 and A6 should **only** record the outcome of assessments of new clients. So the validation will be *the total figure for A5 and A6 should be equal to the total of A1 page 1.*

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'Joint' Assessments

Q15. How do we deal with activity completed by joint health and social services teams?

A15. If the Council is operating a partnership arrangement under section 31 of the Health Act 1999 they should include assessments carried out and social services provided by the health partner in RAP. Where this is the case ALL the social care related assessments carried out by the teams should be counted for RAP purposes whether made by a social services member of staff or not. If the assessment is purely for health services then it is excluded from RAP, regardless of who carries it out.

Q16. What do we do if the result of the joint assessment is that the client only receives a health provision - perhaps a nurse visiting once a week? Is this classed as a service?

A16. If following the assessment it is decided that **social** services are required then the sequel to assessment recorded on A5 would be "Some or all (new) services intended or already started". Details of these services (including those provided by health staff) should then be given in the P returns. If the outcome of the joint assessment is that only **health** provides **health services** then the sequel to assessment recorded on A5 would be "No (new) services offered or intended to be provided". The expectation is that those clients recorded on A5 as receiving services follow through to the P returns and health services should NOT appear in the P returns.

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Single Assessment Process (SAP)

Q17. Can you clarify the position with regard to the Contact Assessment and where it sits with RAP

A17. Contact assessments should be included in RAP, either as a contact whose needs were dealt with at source on R2 or as an assessment on A1 – this will depend on the nature of the situation.

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‘Other’ ASSESSMENTS

Q18. Should Approved Social Worker Assessments (Assessments undertaken by an Approved Social Worker under the Mental Health Act 1983) be counted as assessments in RAP?

A18. Those clients in RAP whose assessments have been undertaken by 'Approved social worker' (ASW) can be counted.

In RAP definition an assessment must be carried out by a professional from the council to determine the client's need and eligibility of social services. By 'professional' we mean an authorised and qualified person to carry out the assessment process. The person could be an 'approved social worker' or other professional person.

Q19. Does a Supporting People assessment count as a Community Care Assessment?

A19. A Supporting People assessment does *not* count as a Community Care Assessment (under the NHS and Community Care Act 1990). Clients who have received a Supporting People assessment *only* and no other assessment of their eligibility to receive services from the CSSR should not be included in the RAP forms.

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‘R’ Reviews

Q20. Can Individual Programme Plans (IPPs) be included as reviews? If all the client had was an IPP could this be counted as a review in RAP?

A20. The answer is **no**, the Individual Programme Plans (IPP) should not be part of the review. These cases should be treated as 'tweaks' as explained in the guidance notes under **‘Reviews’**

"A judgement has to be made about the difference between a review and what is often called a 'tweak' to an existing care plan. Minor variations in the care package are permissible in many CSSRs, without the necessity of a review, and these should be excluded from RAP."

Q21. Could you please clarify the DH definition "... a review by an independent sector organisation is excluded unless commissioned by the SSD".

A21. Reviews should only be included in RAP if they have been carried out by CSSR staff or by non-CSSR staff operating under a partnership arrangement (section 31 of the Health Act 1999) and carrying out the review on behalf of the council.

You might find the Fair Access to Care Services (FACS) guidance helpful, in particular sections 57 to 64 on reviews. FACS is available at

http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4009653&chk=nadbwI

Q22. Do re-assessments (which are classed as reviews under the RAP guidance) still exist under the Single Assessment Process (SAP) or do they become a continuation of the SAP process? If so do we still need to count them as reviews?

A22. Yes, re-assessments do exist under SAP. They are an integral part of the review process, and not separate from it. A 'review' under RAP is an examination of a client's needs and **must** include a (formal) re-assessment. The assessment tools used in SAP will continue to be used when a clients needs are reviewed, these reviews will therefore include a re-assessment and should be counted on RAP.

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‘P’ Packages of Care

Q23. What referral status is required for P2f?

A23. The number of clients recorded in P2f would be those clients recorded in form R1 (the number of contacts for new clients during the period that resulted in further assessment of need or commissioning of ongoing service) that received a Community-Based service.

Q24. If someone 'on the books' is to receive short break care and included in P2s (even though they are not in short break care on 31st March) do they need to be counted in P1 as receiving a 'Community-Based service'?

A24. The P returns should be a flow through of information. Any clients who are receiving Community-Based services should be recorded under P1. At this point it is dealt as a package, so regardless of whether a client is receiving one or five different Community-Based services they would only be recorded once in the Community-Based Services column. If Respite is the only CBS service they are on the books to receive then this would still be recorded on P1. This information would then follow through to P2f where they would be recorded under the appropriate respite column and then onto P2s. Remember, the break needs to be planned in that a specific provision needs to be allocated, e.g. a certain date or every 3rd weekend of the month.

As long as the client is on the books to receive the respite care service as a part of a care plan arising from a Community Care Assessment, they must be recorded in P2s. The client may not necessarily be in a respite placement on 31 March.

Q25. How do we record tribunals, as they are in addition to a review but part of the package of care?

A25. Record them in the “Other” column in the P2s and P2f forms and detail the amount and reason in the textual comment box.

Q26. If a care plan is produced for board and lodging is it classified as residential or community care?

A26. For asylum seekers this is likely to be temporary accommodation and fits in as Community-Based short-term residential care.

Q27. Do High Dependency Units meet the criteria for inclusion in RAP?

A27 They should be included in RAP as they meet the requirements of having received an assessment, care plans and reviews. However whether they should be included in C32 is dependent on whether they are viewed as Community-Based or residential services. If the arrangement is that the client is effectively a tenant in their own home, and they receive services such as home help, meals etc from outside agencies, then the services provided would be considered Community-Based services and be recorded on P2f, P2s and the "helped to live at home" indicators. However if the services (e.g. help dressing) are being provided by a member of staff for the accommodation then this is more **residential care**. P2f and P2s should relate to people being helped to live at home in the community, so if they are in residential care they would be **excluded** from P2f and P2s returns and C32. In this instance they would be recorded as being in receipt of residential care on P1.

So the key is whether the dependency units should be counted as residential care or care in the clients own home.

Q28. When a client is put into a permanent residential placement, we suspend Community-Based services for a period. After this period we review the client and

make a final decision about the client's situation. How and where do we record this on RAP?

A28. When clients are placed in a residential care home for a trial period then they should continue to be recorded under Community-Based services as the services are suspended and not finished. After the end of the trial period if the client becomes a permanent resident then he should start to be recorded under residential care. The key is though that they are only recorded under residential care.

If the client is receiving Community-Based services whilst living in a residential care then he should be treated as receiving concurrent services. They would not be recorded under CBS but **only** under residential services.

Q29. A client is in receipt of day care from the start of April, however later they are admitted to permanent residential care, but they also continued to receive day care. How are this recorded in RAP?

A29. The client should be recorded under P1 Community-Based services for the period from April. When they go into residential care they should move to the residential care column on P1. On P2f they should be recorded in day care for the period from April when they are only receiving day care. They would not go on P2s as at the end of the period (31 March) if they are in residential care. Their Community-Based activity is not recorded at this point.

Q30. If clients have, been recommended for Residential Care service following Community Care Assessment, can clients be included in the 'P1' returns if the council is paying for the first three months of their stay?

A30. The answer is Yes. If you are paying for the service for a limited period you must include them in the P1 return for the first year of the service provided and you would not include those clients in the subsequent collection period unless you continue to fund their services again.

Q31. How do we record resources spent on clients, who have not gone through a formal assessment, but will receive a service included in P2f, e.g. attending a day care centre.

A31. P2f is concerned with people receiving services as the result of a Community Care Assessment, care plan and ongoing reviews. In this case if people have an invitation to use a resource like a drop in centre but there is no record of actual people and no ability to cross reference them with SSDs clientele then they should not be included in P2f. You must provide as much detail as possible of these (i.e. SSD on the resource, approximate number of users) on the end sheet or in the relevant notes section.

Q32. Can those clients who are receiving services without being assessed or in receipt of a care plan be included in RAP?

A32. The answer is No. In order to be included in RAP, any services provided to clients must be a part of care plan following a Community Care Assessment. However, the only place where a client can be recorded in RAP as receiving service(s) without being assessed is in R2. This is the area where client can receive service(s) after an initial screening and no care plan is required.

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Equipment and Adaptations

Q33. How do we deal with the equipment provided to clients on loan?

A33. Equipment on loan is also considered as a service provided and should be included in RAP, if the equipment in question were given to the individual. Anything other than a minor item like a walking stick ought to be included in R2 rather than

A piece of equipment should be included only once when it is provided and it is assumed it would not imply (in RAP terms) any ongoing commitment. The single exception would be where a maintenance or similar cost is actually incurred in order to continue to provide the service to the client. This would rule out situations where items on loan would continue to be counted in the data even though no additional costs were actually incurred by the authority.

Q34. Can we include major adaptations such as installation of concrete ramps alterations to homes such as door widening or is it just equipment?

A34. RAP collects information on equipment and adaptations. Therefore if the council has an obligation to review the installation of concrete ramps, or any other construction works on an annual basis, then it should be included in P2s. If any such construction work is done by the council but the council does not have any responsibilities towards its maintenance after the work is done then this should not be included in P2s.

Q35. Can community alarms systems be counted within the 'Helped to live at home' indicator?

A35. If the community alarm is provided to anyone who wants it, and does not require the council to assess the client's eligibility for services by carrying out a community care assessment, then you should only include these clients in RAP form R2 as a basic service. If Social Services are running the alarm system as a part of a care package, then this should be included on RAP under the P1 and P2f forms. If the alarm is fitted on the 31 March or last working day of the reporting period then it should be included in P2s.

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Professional Support

Q36. Would it be reasonable to include clients of suitably trained staff, although without a professional qualification, but supervised by professionally qualified staff, when they are working with clients in a professional support role?

A36. It would be possible to include clients of suitably trained staff without a professional qualification as long the service being provided was part of the clients care plan following a Community Care Assessment (and not just part of the process of care management).

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Direct Payments

Q37. Where should services under direct payments be recorded?

A37. RAP does not need to know what services a client is buying from a monetary grant. If the service is stated as 'direct payments' in the care plan then it should be counted under the relevant column.

If the client has received a **one-off payment in a form of voucher** to buy equipment such as a washing machine then the client should only be recorded in P2f under 'Equipment and adaptations' and not under 'Direct payment'. Vouchers or similar 'credits' are not considered as direct payments.

If a one-off payment is made as a monetary grant to buy an item such as a washing machine then it should be recorded under the 'Direct payments' column in P2f.

Q38. Who cannot be included in RAP as receiving monetary grant under 'Direct payments'?

A38. Direct payments is one of the components of Community-Based services that clients aged 18 and over receive from their Social Service Department which help them to live in their own home. Adults like **Parents of the disabled children and Carers** should not be included in RAP even though they are receiving direct payments.

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Sheltered Housing and Supported Living

Q39. How are Sheltered Housing, Dispersed Housing and Supported living treated in terms of the RAP? Are they Community-Based or residential services?

A39. Sheltered accommodation itself is not a service (e.g. a residential service). If they are not receiving any support associated with the accommodation and are effectively living in their own home, then any other support they might receive, such as luncheon club meals, would be considered Community-Based. The meal service provision would be recorded under Community-Based services (assuming that they have had an assessment to receive it and that you will be monitoring/reviewing their care). If the clients physically go to the luncheon club to receive their meal, then it should be recorded as 'day care'. If the luncheon club delivers the meal to the client's home then it would be recorded under 'meals'.

As these clients receive regular input in terms of help with budget etc, which is considered home help, then for RAP they should be included under Community-Based services and then under home help.

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Jointly Funded Services

Q40 If a non-SSD worker completes the assessment and concludes that no package of care is required, but does provide on going professional support, can this service be counted as helping the client to live at home? In most cases MH clients receive professional support from a non SSD worker (such as a CPN).

A40 This depends on whether you regard professional support as constituting a care plan. If the result of the assessment is that the client does not need a care plan then presumably the client has failed to meet the council's eligibility criteria. If the support is regularly reviewed and a care plan in place then you could include it in the RAP P forms. Where delegated authority has been granted to the team, any social care related activity should be counted whoever carries it out within the team.

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Services not funded by the CSSR

Q41 Should services paid for by Supporting People be included in RAP?

A41 Services funded by the Supporting People initiative can only be included in RAP if the clients receiving these services have received a Community Care Assessment (under the NHS and Community Care Act 1990) *and* the relevant expenditure from the Supporting People grant is being classified as social services expenditure rather than housing expenditure. The services being provided must be part of a package of care that is managed by the CSSR and is subject to review by the CSSR.

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C' Carers

Q42 Can you provide clarity in the breakdown of data for tables C1 page 2 and C2 page 2, particularly with regards whose age group is recorded?

A42 1) **C1 page 2** captures the information on the number of carers assessed separately or jointly with the person cared for by the age group and the primary client group of the person cared for and **not by the age group of the carer.**

2) **C2 page 2** captures the information on the number of carers receiving services from the SSD by the age group and the primary client group of the person cared for **and not by the age group of the carer.**

Q43 How do we record a contact that comes to Social Services as a carer and requests a carer assessment, but the cared for is not known to Social Services?

A43 If the cared for person is not a client of the CSSR or has refused an assessment for, or the provision of Community Care services then the carer has the right to an assessment of their needs under the Carers & Disabled Children Act 2000, provided the person cared for would be eligible for community care services.

The assessment should be recorded in the column "Number of carers assessed or reviewed separately" on C1.

Q44 Where is the provision of information as part of the Carer's Grant recorded?

A44 The provision of information as part of the Carer's Grant should be recorded under 'information and advice only' on proforma C2 **not** under 'other carers' specific services'.

Q45 In A5, we capture the outcome of the sequel to either assessment or reviews . Does the same rule apply to the carer in C2?

A45 RAP table C2 is not exactly the same as A5 or the P forms for clients. C2 only collects information about services being provided to carers who have been assessed or reviewed during the period. If a carer is not assessed or reviewed during the period then they will not be recorded in C1 or C2 forms.

Q46 If the services like 'Respite care' and the 'Day care' are provided to clients to give a break to the carer, should these services be counted in both P2f and C2 returns?

A46 The recording will be on the basis of who benefits the most from the respite care and day care services. If the client benefits the most then it should be recorded in **P2f** and **P2s**. If the Carer benefits the most then it should be recorded in **C2** only. This recording is purely based on **Local Authorities professional judgement** and there should be **NO** double counting in recording.

Q47 Where to record if the 'Direct payments' service is provided to carer?

A47 Direct payments service are not collected separately for carers. It will be recorded under 'other carers' specific services' column in C2.

Q48 If clients move into residential care, but the main carer is still providing a large amount of time giving emotional support etc to the client, also these carers may still be receiving services in their own right, e.g. attending support groups/counselling to help them cope with the situation etc, can we still count these people as carers receiving services in their own right, even though the cared for person is no longer being supported in the community?

A48 For RAP, we consider a carer as someone who looks after the person in their own home. If the person moved to residential care, then the carer's responsibility is diminished as these services will be carried out by staff in the care homes. Therefore they should not be included in C2.

However, a former carer can be a client in their own right and can receive services like attending support groups and counselling as a client following an assessment. The services can then be included in 'P' returns under 'professional support' and not in C2.

Q49 Is the guidance saying that when a carer was offered a separate assessment at the point the client was assessed, yet declined it, can we still count it as a joint assessment, if their needs were considered?

A49 If a carer is offered a 'Joint Assessment' whilst assessing the client, but decides to decline then you should count this instance as a declined assessment and therefore should be recorded only in the third column of C1.

Q50 If a carer has been assessed and services identified, yet those services are to be provided by a voluntary organisation that the council doesn't fund, can we still count these services for the client, as we have assessed the carer as needing them, even though there is no financial contribution from the council in delivering the service?

A50 If the services provided to the carer by the voluntary organisation are not funded by the council then those carers should not be included in C2. If the carer has been provided with the information and advice about the voluntary organisation, such as giving them the names of those organisations and the contact numbers then they should be counted in C2 under 'Information and advice only' column. However, the carer should be recorded in C1 if they are assessed by the council.

Q51 Can we provide data for PAF C62 on carers under the age of 16?

A51 Yes you can. However, in order to include this in PAF C62, the carer who is under 18 must be providing a substantial amount of care on a regular basis for another individual who is aged 18 or over. Therefore if the under 18 carer is caring for someone who is also under 18, then they should not be included in C62.

Q52 How do I record clients' details in the 'C' returns if the carer and the person cared for live in two different areas?

A52 The carer's details will be recorded in the return of their home council and the 'cared for person's details can be obtained from the carer. We are aware that there are number of people who are not registered with their SSD for receiving any services but they have carers to look after them. If you are unable to obtain the relevant information of the person cared for then you need to record the person in the total row and put an explanation in the notes box.

Q53 How do we determine 'who needs more care and attention'?

A53 The councils may have problems in identifying 'who needs more care and attention' . Our suggestion is:

Scenarios	Recording method
Both the cared for people have learning disabilities aged 65 and over but one of them is receiving 'Day care' service where as other is receiving 'Home care' service.	In these cases the one whose cost for services is more than the other should be recorded in C1 page 2 and C2 page 2.
The carer is caring for 2 or more people and both of them have identical PCT, age group and receiving same service with the same caring cost.	This recording will be on the arbitrary decision by the council who needs more attention and care.

Q54 If a carer declines an assessment how should this be recorded in RAP?

A54 If the carer refuses both assessments i) with the client and ii) without the client, then you should record this event under the column 'carers declining an assessment'. However, if the carer had a separate assessment at the beginning of the reporting period and after some time the carer had another assessment with the client then you should record the most recent event in the relevant column in C1. There should be no double counting

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Waiting Times

Additional guidance for waiting times can be found in the ‘Waiting times summary and guidance for councils to sample data for the waiting times indicators’ document at <http://www.ic.nhs.uk/pss/returns/2007>

Q55 How do I record the waiting times in A8 if the services started before the completion of the assessment?

A55 Where the client has received all their services before the assessment has been completed, for RAP proforma A8 the date of receipt of all services should be the same as the date the assessment was completed, i.e. services were delivered within the same day. Hence for A8 the client would be recorded in the shortest time band, namely ‘Less than or equal to 2 weeks’.

Q56 How should I record the waiting time ‘from first contact made to the council to the first contact with the client’ in A9?

A56 The first contact with the client should be counted when the council first contacts the client. Contacts can be face to face or over the telephone. Both the methods of contact are accepted for recording in A9. If the contact day and the start of assessment are on the day then that date will count as first contact with client and that can be included in the denominator in part (i) of **AO/D55** (BVPI 195).

Performance Indicators

Q57 PAF D40: If a client's review is terminated because the client dies or because they refuse to continue with the review, can the client still be included in the numerator for D40?

A57 If the client dies before the review is completed they should be recorded in A1 page 3 only and should **not** be counted for D40. However if the client dies after the completion of the reviews then that client will be recorded in A1 page 2 and should be counted for D40. Details provided must relate to the most recent event. The client cannot have both a completed and a terminated review, and therefore it would **not** be possible for them to appear on all 3 pages of the return.

Q58 Can a carers voucher scheme that is processed through the direct payments service be included within the figures for C51, or as this is a service for the carer, it should be included within the C62 (Services for Carers) return and not the C51 return?

A58 Vouchers for clients, e.g. for respite care, cannot be recorded against direct payments for C51. Similarly vouchers for carers would not be seen as a direct payment for carers. As the voucher is a carer’s service it should be included in PAF C62.

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RAP – Internet Data Collection (IDC)

Q59 Is there any way I can see what my Performance Indicators taken from RAP will be, calculated on the data I have entered in my return?

A59 Yes. If you click the 'Keystats' button at the top of the page on the IDC, you can view your Council's indicators for the previous year and also the indicators you will get for this year, based on the data you have entered.

Q60 I attempted to print out our return, but the lower parts of the forms do not print.

A60 If you choose to print the proformas, in order to obtain the best print format you should select print from the drop double FILE list menu and then from the print frames option you should select "As shown on screen". The default is "only the selected frame" so this will need to be manually changed hence the need to select print from the FILE menu.

Q61 Do we have to enter all the data for a table at once?

A61 You can save the data at any point and then go back and fill in any missing cells later as long as you haven't authorised the return.

Q62 What actions need to be taken once the RAP return is completed?

A62 The system will not allow Authorisation until all the proformas have been completed. This means that you cannot send us your data until they are authorised. Once all the data has been entered into the system and all validation errors resolved or explained the return must be authorised by the Data Manager. If you are unable to provide data for a proforma you should open the relevant proforma and save it as blank."

In order to authorise you must 'login' as RAPMAN because the return must be authorised by the Data Manager. You will then see the 'Authorised' button on the top.

Q63 How do we authorise the return?

A63 To authorise the return you must be logged on as the manager. You need to choose the 'Authorise' option from the menu bar and then you should see the following text in red below the list of validation errors:

Please use the check box below to authorise this return...

NOTE: Once authorised, no further amendments can be made...

I hereby authorise this return:

You need to click on the check box in order to authorise the return.

Q64 We have authorised our RAP return but wish to make some minor changes to our data. How can we do this?

A64 If you wish to make changes to your data, you will need to contact us and we will change the status of your return back to "in progress". Once you have made the necessary amendments you will have to re-authorise your return.

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