

# Proformas for the Referrals, Assessments and Packages of Care collection (RAP)

For the collection period  
April 1<sup>st</sup> 2007 to March 31<sup>st</sup> 2008

Issued: November 2007

## RAP Data Collection

### **Support for CSSRs**

Any staff in CSSRs who require advice regarding RAP or who have an issue relating to the content and coverage of these returns are invited to contact the Contact Centre for the Information Centre for Health and Social Care (IC) on 0845 300 6016 or email [RAP@ic.nhs.uk](mailto:RAP@ic.nhs.uk). A variety of information relating to the RAP project is also available via the RAP website at:

<http://www.ic.nhs.uk/our-services/improving-social-care-information/social-care-collections/collections-2008>.

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- **A1** - page 3      Number of clients for whom the assessment or review process was terminated during the period by age group.
  
- **A5**      Number of new clients for whom assessments were completed in the period by primary client type cross-tabulated with known or anticipated sequel to assessment and age group.  
  
AO/E82
  
- **A6**      Number of new clients for whom assessments were completed in the period by ethnicity cross-tabulated with known or anticipated sequel to assessment and age group.  
  
AO/E47, AO/E48
  
- **A7**      Length of time from first contact to completed assessment for new clients whose assessments were completed during the period in time bands, by referral category, age group and primary client type.  
  
AO/D55 (BVPI 195)
  
- **A8**      Length of time from completed assessment to receipt of all services for new clients aged 65 and over for whom all services were put in place during the period in time bands, by primary client type.  
  
AO/D56 (BVPI 196)
  
- **A9**      Length of time from first contact to first contact with client following referral. This is for new clients who were contacted following referral during the period in time bands, by age group and primary client type.  
  
AO/D55 (BVPI 195)

The next four returns (P prefix) cover clients receiving services during the reporting period or, in the case of P2(s), clients 'on the books' to receive services on the last day of the period. Some returns will be used in the calculation of Audit Commission, PAF and Best Value indicators. Further details can be found in Part 1.

- **P1**      Number of clients receiving services during the period, provided or commissioned by the CSSR, by primary client type, service type, and age group.  
  
AO/D40
  
- **P2(f)**      Number of clients receiving community-based services during the period, provided or commissioned by the CSSR, by components of service, primary client type and age group.  
AO/C62

- **P2(s)** Number of clients on the books to receive community-based services on the last day of the period, provided or commissioned by the CSSR, by selected components of service, primary client type and age group.

Please note that the additional table added to page 7 on P2s to capture information for Individual Budgets, should **only** be completed by those 13 Councils who are piloting Individual Budgets

<http://individualbudgets.csip.org.uk/dynamic/dohpage2.jsp>

AO/C29, AO/C30, AO/C31, AO/C32 (BVPI 54), AO/C51

- **P4** Number of clients receiving services during the period, provided or commissioned by the CSSR, by ethnicity, service type, primary client type and age group

The last two returns (C prefix) relate to carers

- **C1 - page 1** Number of carers for whom assessments or reviews were completed during the period, by age group of carer .
- **C1 - page 2** Number of carers for whom assessments or reviews were completed during the period, by client group and age group of the person cared for by the carer.
- **C2 - page 1** Number of carers receiving different types of services provided as an outcome of an assessment or review, by age group of carer.
- **C2 - page 2** Number of carers receiving different types of services provided as an outcome of an assessment or review, by client group and age group of the person cared for by the carer.

AO/C62

- **End sheet** State any cost-bearing activity undertaken by your Social Services Department in relation to meeting the needs of adults that you have not been able to include within the preceding returns. If possible both describe and quantify.

**Return Ref: R1**  
*Page 1*

**Period**  
**01/04/07 to 31/03/08**

**Return Title:**  
**Number of contacts for new clients during the period that resulted in further assessment of need or commissioning of ongoing service.**

**Enter the figure for the total of screened contacts from new clients passed on for further assessment or commissioning of service**

**Basis of return:**

**Whole population count**

**Sample**

*Please describe the basis of your sample:*

*Notes:*

<b>Return Ref: R2</b> <b>Page 1</b>  <b>Period</b> <b>01/04/07 to 31/03/08</b>	<b>Return Title:</b> <b>Number of contacts for new clients during the period concerning services from the CSSR whose needs were attended to solely at or near the point of contact.</b>																			
Enter total of contacts for new clients <input data-bbox="847 488 1098 566" type="text"/>																				
<b>Period</b> <b>01/10/07 to 31/03/08</b>	<b>Number of contacts for new clients receiving services covered by definitions relating to RAP P forms at the point of contact outside of a formal assessment</b>																			
<table border="1"> <thead> <tr> <th data-bbox="193 768 547 813">Type of Service</th> <th data-bbox="547 768 903 813">Number of Contacts</th> <th data-bbox="903 768 1254 813">Number of People</th> </tr> </thead> <tbody> <tr> <td data-bbox="193 813 547 857">Equipment</td> <td data-bbox="547 813 903 857"></td> <td data-bbox="903 813 1254 857"></td> </tr> <tr> <td data-bbox="193 857 547 902">Meals</td> <td data-bbox="547 857 903 902"></td> <td data-bbox="903 857 1254 902"></td> </tr> <tr> <td data-bbox="193 902 547 947">Home Care</td> <td data-bbox="547 902 903 947"></td> <td data-bbox="903 902 1254 947"></td> </tr> <tr> <td data-bbox="193 947 547 992">Other</td> <td data-bbox="547 947 903 992"></td> <td data-bbox="903 947 1254 992"></td> </tr> <tr> <td data-bbox="193 992 547 1014"><b>Total</b></td> <td data-bbox="547 992 903 1014"></td> <td data-bbox="903 992 1254 1014"></td> </tr> </tbody> </table>			Type of Service	Number of Contacts	Number of People	Equipment			Meals			Home Care			Other			<b>Total</b>		
Type of Service	Number of Contacts	Number of People																		
Equipment																				
Meals																				
Home Care																				
Other																				
<b>Total</b>																				
<b>Basis of return:</b>  <input data-bbox="188 1093 233 1137" type="checkbox"/> <b>Whole population count</b> <input data-bbox="188 1155 233 1200" type="checkbox"/> <b>Sample</b>																				
<i>Please describe the basis of your sample:</i>  																				
<i>Notes:</i>  																				



**Return Ref: R3**

**Page 1**

**Return Title:**

**Source of referral for all contact events covered in R1 and R2.**

**Period**

**01/04/07 to 31/03/08**

*Source of referral in the following categories:*

**(Please record initial source of referral only.)**

**Primary health / Community health (GP, Community-based AHP, etc.)**

**Secondary health (A+E, hospital OT, Ward hospice, etc.)**

**Self referral**

**Family / friend / neighbour**

**Internal (i.e. own CSSR)**

**LA Housing Department or Housing Association**

**Other departments of own LA or other LA**

**Legal agency (police, court, probation, immigration)**

**Other**

**Not known**

**Return Ref: R3**  
**Page 2**

**Return Title:**  
**Source of referral for all contact events covered in R1 and R2.**

**Period**  
**01/04/07 to 31/03/08**

**Basis of return:**

**Whole population count**

**Sample**

*Please describe the basis of your sample:*

*Notes.*

**THIS FORM IS USED FOR CALCULATING PERFORMANCE INDICATORS**

<b>Return Ref: A1</b> <i>Page 1 – Completed assessments for new clients</i>  <b>Period</b> <b>01/04/07 to 31/03/08</b>	<b>Return Title:</b> <b>Number of new clients for whom the first assessment was completed during the period, by primary client type and age group.</b>		
<b>Enter overall total of new clients with completed assessments</b> (Sum of 'Column totals' below)		<b>AO/E82</b>	
<b>Primary client type:</b>	<b>Clients with completed assessments for new clients:</b>		
	<b>18 - 64</b>	<b>65-74</b>	<b>75 and over</b>
<b>Physical disability, frailty and sensory impairment (total)</b>			
Of which: Physical disability, frailty and/or temporary illness			
Hearing impairment			
Visual impairment			
Dual sensory loss			
<b>Mental Health (total)</b>			
Of which: Dementia			
<b>Vulnerable people (total)</b>			
<b>Learning disability (total)</b>			
<b>Substance misuse (total)</b>			
<b>Column Totals</b>			

**THIS FORM IS USED FOR CALCULATING PERFORMANCE INDICATORS**

<b>Return Ref: A1</b> <i>Page 2 – Reviews completed for existing clients</i>  <b>Period</b> <b>01/04/07 to 31/03/08</b>	<b>Return Title:</b> <b>Number of existing clients for whom a review was completed during the period, by primary client type and age group.</b>		
<b>Enter overall total of existing clients with completed reviews</b> (Sum of 'Column totals' below) <div style="float: right; border: 1px solid black; padding: 5px; margin-left: 20px;">AO/D40</div>			
<b>Primary client type:</b>	<b>Clients with completed reviews for existing clients:</b>		
	18 - 64	65 – 74	75 and over
<b>Physical disability, frailty and sensory impairment (total)</b>			
Of which: Physical disability, frailty and/or temporary illness			
Hearing impairment			
Visual impairment			
Dual sensory loss			
<b>Mental Health (total)</b>			
Of which: Dementia			
<b>Vulnerable people (total)</b>			
<b>Learning disability (total)</b>			
<b>Substance misuse (total)</b>			
<b>Column Totals</b>			
<b>Total Review Events</b>			

<b>Return Ref: A1</b> <i>Page 3 - Overall total of clients assessed or reviewed</i>  <b>Period</b> <b>01/04/07 to 31/03/08</b>	<b>Return Title:</b> <b>Number of clients for whom the assessment or review process was terminated during the period, by age group.</b>		
<b>Enter overall total of clients with terminated assessment or review</b> <div style="float: right; border: 1px solid black; width: 100px; height: 20px; margin-left: 10px;"></div>			
	<b>Clients with terminated assessments or reviews:</b> <div style="display: flex; justify-content: space-around;"> <span><b>18-64</b></span> <span><b>65-74</b></span> <span><b>75 and over</b></span> </div>		
<b>Total clients with assessment or review terminated</b>			
<b>Basis of return:</b>  <input type="checkbox"/> <b>Whole population count</b> <input type="checkbox"/> <b>Sample</b>			
<i>Please describe the basis of your sample:</i>          			
<i>Notes: (include your approach to defining 'client' – see protocol)</i>          			

**THIS FORM IS USED FOR CALCULATING PERFORMANCE INDICATORS**

<b>Return Ref: A5</b> <i>Page 1 - for the 18 – 64 age group only</i>  <b>Period</b> <b>01/04/07 to 31/03/08</b>	<b>Return Title:</b> <b>Number of new clients for whom assessments were completed in the period by primary client type cross-tabulated with known or anticipated sequel to assessment and age group.</b>			
<b>Status of new clients returned as assessment completed in A1 – 18 to 64 age group only</b>				
<b>Primary client type:</b>	Some or all (new) services intended or already started (incl. those started and finished)	No (new) services offered or intended to be provided	(New) service(s) offered but declined	Other sequel to assessment
<b>Physical disability, frailty and sensory impairment (total)</b>				
Of which: Physical disability, frailty and/or temporary illness				
Hearing impairment				
Visual impairment				
Dual sensory loss				
<b>Mental Health (total)</b>				
Of which: Dementia				
<b>Vulnerable People (total)</b>				
<b>Learning Disability (total)</b>				
<b>Substance Misuse (total)</b>				
<b>Total of above</b>	AO/E82		AO/E82	

**THIS FORM IS USED FOR CALCULATING PERFORMANCE INDICATORS**

<b>Return Ref: A5</b> <i>Page 2 - for the 65-74 age group only</i>	<b>Return Title:</b> Number of new clients for whom assessments were completed in the period by primary client type cross-tabulated with known or anticipated sequel to assessment and age group.			
<b>Period</b> 01/04/07 to 31/03/08				
<i>Status of new clients returned as assessment completed in A1 65 to74 age group only</i>				
<b>Primary client type:</b>	<b>Some or all (new) services intended or already started (incl. those started and finished)</b>	<b>No (new) services offered or intended to be provided</b>	<b>(New) service(s) offered but declined</b>	<b>Other sequel to assessment</b>
<b>Physical disability, frailty and sensory impairment (total)</b>				
Of which: Physical disability, frailty and/or temporary illness				
Hearing impairment				
Visual impairment				
Dual sensory loss				
<b>Mental Health (total)</b>				
Of which: Dementia				
<b>Vulnerable People (total)</b>				
<b>Learning Disability (total)</b>				
<b>Substance Misuse (total)</b>				
<b>Total of above</b>	AO/E82		AO/E82	

**THIS FORM IS USED FOR CALCULATING PERFORMANCE INDICATORS**

<b>Return Ref: A5</b> <i>Page 3 - for the 75 and over age group only</i>  <b>Period</b> <b>01/04/07 to 31/03/08</b>	<b>Return Title:</b> <b>Number of new clients for whom assessments were completed in the period by primary client type cross-tabulated with known or anticipated sequel to assessment and age group.</b>			
<i>Status of new clients returned as assessment completed in A1 – 75 and over age group only</i>				
<b>Primary client type:</b>	Some or all (new) services intended or already started (incl. those started and finished)	No (new) services offered or intended to be provided	(New) service(s) offered but declined	Other sequel to assessment
<b>Physical disability, frailty and sensory impairment (total)</b>				
Of which: Physical disability, frailty and/or temporary illness				
Hearing impairment				
Visual impairment				
Dual sensory loss				
<b>Mental Health (total)</b>				
Of which: Dementia				
<b>Vulnerable People (total)</b>				
<b>Learning Disability (total)</b>				
<b>Substance Misuse (total)</b>				
<b>Total of above</b>	AO/E82		AO/E82	

**Return Ref: A5**  
*Page 4 all ages*

**Period**  
**01/04/07 to 31/03/08**

**Return Title:**

**Number of new clients for whom assessments were completed in the period by primary client type cross-tabulated with known or anticipated sequel to assessment and age group.**

**Basis of return:**

- Whole population count**
- Sample**

*Please describe the basis of your sample:*

*Notes:*

**THIS FORM IS USED FOR CALCULATING PERFORMANCE INDICATORS**

<b>Return Ref: A6</b> <i>Page 1- for the 18-64 age group only</i>  <b>Period</b> <b>01/04/07 to 31/03/08</b>		<b>Return Title:</b>  <b>Number of new clients for whom assessments were completed in the period by ethnicity cross-tabulated with the known or anticipated sequel to assessment and age group.</b> <i>This page is for the 18 – 64 age group only</i>			
<b>Ethnicity:</b>		Some or all (new) services intended or already started (incl. those started and finished)	No (new) services offered or intended to be provided	(New) service(s) offered but declined	Other sequel to assessment
<b>White</b>	<b>British</b>				
	<b>Irish</b>				
	<b>Any other White background</b>				
<b>Mixed</b>	<b>White and Black Caribbean</b>				
	<b>White and Black African</b>				
	<b>White and Asian</b>				
	<b>Any other mixed background</b>				
<b>Asian or Asian British</b>	<b>Indian</b>				
	<b>Pakistani</b>				
	<b>Bangladeshi</b>				
	<b>Any other Asian background</b>				
<b>Black or Black British</b>	<b>Caribbean</b>				
	<b>African</b>				
	<b>Any other Black background</b>				
<b>Chinese or other ethnic group</b>	<b>Chinese</b>				
	<b>Any other ethnic group</b>				
<b>Not stated</b>					

Return Ref: A6 Page 2- for the 65 and over age group only  Period 01/04/07 to 31/03/08		Return Title:  Number of new clients for whom assessments were completed in the period by ethnicity cross-tabulated with the known or anticipated sequel to assessment and age group. <i>This page is for the 65 and over age group only</i>			
Ethnicity:		Some or all (new) services intended or already started (incl. those started and finished)	No (new) services offered or intended to be provided	(New) service(s) offered but declined	Other sequel to assessment
White	British	AO/E47 AO/E48	AO/E47 AO/E48	AO/E47 AO/E48	AO/E47 AO/E48
	Irish	AO/E47 AO/E48	AO/E47 AO/E48	AO/E47 AO/E48	AO/E47 AO/E48
	Any other White background	AO/E47 AO/E48	AO/E47 AO/E48	AO/E47 AO/E48	AO/E47 AO/E48
Mixed	White and Black Caribbean	AO/E47 AO/E48	AO/E47 AO/E48	AO/E47 AO/E48	AO/E47 AO/E48
	White and Black African	AO/E47 AO/E48	AO/E47 AO/E48	AO/E47 AO/E48	AO/E47 AO/E48
	White and Asian	AO/E47 AO/E48	AO/E47 AO/E48	AO/E47 AO/E48	AO/E47 AO/E48
	Any other mixed background	AO/E47 AO/E48	AO/E47 AO/E48	AO/E47 AO/E48	AO/E47 AO/E48
Asian or Asian British	Indian	AO/E47 AO/E48	AO/E47 AO/E48	AO/E47 AO/E48	AO/E47 AO/E48
	Pakistani	AO/E47 AO/E48	AO/E47 AO/E48	AO/E47 AO/E48	AO/E47 AO/E48
	Bangladeshi	AO/E47 AO/E48	AO/E47 AO/E48	AO/E47 AO/E48	AO/E47 AO/E48
	Any other Asian background	AO/E47 AO/E48	AO/E47 AO/E48	AO/E47 AO/E48	AO/E47 AO/E48
Black or Black British	Caribbean	AO/E47 AO/E48	AO/E47 AO/E48	AO/E47 AO/E48	AO/E47 AO/E48
	African	AO/E47 AO/E48	AO/E47 AO/E48	AO/E47 AO/E48	AO/E47 AO/E48
	Any other Black background	AO/E47 AO/E48	AO/E47 AO/E48	AO/E47 AO/E48	AO/E47 AO/E48
Chinese or other ethnic group	Chinese	AO/E47 AO/E48	AO/E47 AO/E48	AO/E47 AO/E48	AO/E47 AO/E48
	Any other ethnic group	AO/E47 AO/E48	AO/E47 AO/E48	AO/E47 AO/E48	AO/E47 AO/E48
Not stated					

**Return Ref: A6**  
**Page 3- all ages**

**Period**  
**01/04/07 to 31/03/08**

**Return Title:**  
**Number of new clients for whom assessments were completed in the period by ethnicity cross-tabulated with the known or anticipated sequel to assessment and age group.**

**Basis of return:**

- Whole population count**
- Sample**

*Please describe the basis of your sample:*

*Notes:*

**THIS FORM IS USED FOR CALCULATING PERFORMANCE INDICATORS**

<b>Return ref: A7</b> <i>Page 1 – Time band</i>  <b>Period</b> <b>01/04/07 to 31/03/08</b>	<b>Return Title:</b> Length of time from first contact to completed assessment for new clients whose assessments were completed during the period in time bands by referral category, age group and primary client type.
<b>Time from first contact to completion of assessment.</b> <b>Enter the number for new clients aged 18-64 in each box:</b>	
<i>Time bands</i>	<b>All new clients 18-64</b>
Less than or equal to 2 days	
More than 2 days and less than or equal to 2 weeks	
More than 2 weeks and less than or equal to 4 weeks	
More than 4 weeks and less than or equal to 3 months	
More than 3 months	
<b>Time from first contact to completion of assessment.</b> <b>Enter the number for new clients aged 65 and over in each box:</b>	
<i>Time bands</i>	<b>All new clients 65 and over and over</b>
Less than or equal to 2 days	AO/D55
More than 2 days and less than or equal to 2 weeks	AO/D55
More than 2 weeks and less than or equal to 4 weeks	AO/D55
More than 4 weeks and less than or equal to 3 months	AO/D55
More than 3 months	AO/D55

<b>Return ref: A7</b> <b>Page 2 – Time band</b> <b>by primary client type</b>  <b>Period</b> <b>01/04/07 to 31/03/08</b>	<b>Return Title:</b> <b>Length of time from first contact to completed assessment for new clients whose assessments were completed during the period in time bands by referral category, age group and primary client type.</b>
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**Time from first contact to completion of assessment.**  
**Enter the number for new clients aged 18-64 in each box:**  
***Primary client type***

<i>Time bands</i>	Physical disability, frailty and sensory impairment	Learning disability	Mental health	Substance misuse	Vulnerable people
Less than or equal to 2 days					
More than 2 days and less than or equal to 2 weeks					
More than 2 weeks and less than or equal to 4 weeks					
More than 4 weeks and less than or equal to 3 months					
More than 3 months					

**Time from first contact to completion of assessment.**  
**Enter the number for new clients aged 65 and over in each box:**  
***Primary client type***

<i>Time bands</i>	Physical disability, frailty and sensory impairment	Learning disability	Mental health	Substance misuse	Vulnerable people
Less than or equal to 2 days					
More than 2 days and less than or equal to 2 weeks					
More than 2 weeks and less than or equal to 4 weeks					
More than 4 weeks and less than or equal to 3 months					
More than 3 months					

<b>Return Ref: A7</b> <i>Page 3 – Time band by referral category</i>	<b>Return Title:</b> Length of time from first contact to completed assessment for new clients whose assessments were completed during the period in time bands, by referral category, age group and primary client type.		
<b>Period</b> 01/04/07 to 31/03/08			
<b>Time from first contact to completion of assessment.</b> Enter the number for new clients aged 18-64 in each box: <i>Referral category</i>			
<i>Time bands</i>	<b>Primary / Community Health</b>	<b>Secondary Health</b>	<b>All other referral sources</b>
Less than or equal to 2 days			
More than 2 days and less than or equal to 2 weeks			
More than 2 weeks and less than or equal to 4 weeks			
More than 4 weeks and less than or equal to 3 months			
More than 3 months			
<b>Time from first contact to completion of assessment.</b> Enter the number for new clients aged 65 and over in each box: <i>Referral category</i>			
<i>Time bands</i>	<b>Primary / Community Health</b>	<b>Secondary Health</b>	<b>All other referral sources</b>
Less than or equal to 2 days			
More than 2 days and less than or equal to 2 weeks			
More than 2 weeks and less than or equal to 4 weeks			
More than 4 weeks and less than or equal to 3 months			
More than 3 months			

<b>Return Ref: A7</b> <i>Page 4</i>  <b>Period</b> <b>01/04/07 to 31/03/08</b>	<b>Return Title:</b> <b>Length of time from first contact to completed assessment for new clients whose assessments were completed during the period in time bands by referral category, age group and primary client type.</b>
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**Basis of return:**

**Whole population count**

**Sample**

*Please describe the basis of your sample:*

*Notes:*

**THIS FORM IS USED FOR CALCULATING PERFORMANCE INDICATORS**

<b>Return Ref: A8</b> <i>Page 1 – Time band</i>  <b>Period</b> <b>01/04/07 to 31/03/08</b>	<b>Return Title:</b> <b>Length of time from completed assessment to receipt of all services for new clients aged 65 and over for whom all services were put in place during the period in time bands by primary client type.</b>
<b>Time from completion of assessment to receipt of all services.</b> <b>Enter the number for new clients aged 65 and over in each box:</b>	
<b><i>Time bands</i></b>	<b>All new clients 65 and over</b>
<b>Less than or equal to 2 weeks</b>	<b>AO/D56</b>
<b>More than 2 weeks and less than or equal to 4 weeks</b>	<b>AO/D56</b>
<b>More than 4 weeks and less than or equal to 6 weeks</b>	<b>AO/D56</b>
<b>More than 6 weeks</b>	<b>AO/D56</b>
Empty area for data entry	

**Return Ref: A8**  
**Page 2 – Time**  
**band by primary**  
**client type**

**Period**  
**01/04/07 to 31/03/08**

**Return Title:**  
**Length of time from completed assessment to receipt of all**  
**services for new clients aged 65 and over for whom all services**  
**were put in place during the period in time bands by primary**  
**client type.**

**Time from completion of assessment to receipt of all services.**  
**Enter the number for new clients aged 65 and over in each box:**

***Primary client type***

<b><i>Time bands</i></b>	<b>Physical disability, frailty and sensory impairment</b>	<b>Learning disability</b>	<b>Mental health</b>	<b>Substance misuse</b>	<b>Vulnerable people</b>
<b>Less than or equal to 2 weeks</b>					
<b>More than 2 weeks and less than or equal to 4 weeks</b>					
<b>More than 4 weeks and less than or equal to 6 weeks</b>					
<b>More than 6 weeks</b>					

**Return Ref: A8**

**Page 3**

**Period**

**01/04/07 to 31/03/08**

**Return Title:**

**Length of time from completed assessment to receipt of all services for new clients aged 65 and over for whom all services were put in place during the period in time bands by primary client type.**

**Basis of return:**

**Whole population count**

**Sample**

*Please describe the basis of your sample:*

*Notes:*

**THIS FORM IS USED FOR CALCULATING PERFORMANCE INDICATORS**

<b>Return Ref: A9</b> <i>Page 1 – Time band</i>  <b>Period</b> <b>01/04/07 to 31/03/08</b>	<b>Return Title:</b> Length of time from first contact to first contact with client following referral. This is for new clients who were contacted following referral during the period in time bands by age group and primary client type.
<b>Time from first contact to first contact with client following referral.</b> <b>Enter the number for new clients aged 18-64 in each box:</b>	
<i>Time bands</i>	<b>All new clients 18-64</b>
<b>Less than or equal to 2 days</b>	
<b>More than 2 days and less than or equal to a week</b>	
<b>More than a week and less than or equal to 2 weeks</b>	
<b>More than 2 weeks</b>	
<b>Time from first contact to first contact with client following referral.</b> <b>Enter the number for new clients aged 65 and over in each box:</b>	
<i>Time bands</i>	<b>All new clients 65 and over</b>
<b>Less than or equal to 2 days</b>	AO/D55
<b>More than 2 days and less than or equal to a week</b>	AO/D55
<b>More than a week and less than or equal to 2 weeks</b>	AO/D55
<b>More than 2 weeks</b>	AO/D55

<b>Return Ref: A9</b> <b>Page 2 – Time band by primary client type</b>  <b>Period</b> <b>01/04/07 to 31/03/08</b>	<b>Return Title:</b> <b>Length of time from first contact to first contact with client following referral. This is for new clients who were contacted following referral during the period in time bands by age group and primary client type.</b>
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**Time from first contact to first contact with client following referral.**  
**Enter the number for new clients aged 18 to 64 in each box:**  
***Primary client type***

<i>Time bands</i>	Physical disability, frailty and sensory impairment	Learning disability	Mental health	Substance misuse	Vulnerable people
<b>Less than or equal to 2 days</b>					
<b>More than 2 days and less than or equal to a week</b>					
<b>More than a week and less than or equal to 2 weeks</b>					
<b>More than 2 weeks</b>					

**Time from first contact to first contact with client following referral.**  
**Enter the number for new clients aged 65 and over in each box:**  
***Primary client type***

<i>Time bands</i>	Physical disability, frailty and sensory impairment	Learning disability	Mental health	Substance misuse	Vulnerable people
<b>Less than or equal to 2 days</b>					
<b>More than 2 days and less than or equal to a week</b>					
<b>More than a week and less than or equal to 2 weeks</b>					
<b>More than 2 weeks</b>					

**Return Ref: A9**  
**Page 3**

**Period**  
**01/04/07 to 31/03/08**

**Return Title:**

**Length of time from first contact to first contact with client following a referral. This is for new clients who were contacted following referral during the period in time bands by age group and primary client type.**

**Basis of return:**

**Whole population count**

**Sample**

*Please describe the basis of your sample:*

*Notes:*

**THIS FORM IS USED FOR CALCULATING PERFORMANCE INDICATORS**

<b>Return Ref: P1</b> <i>Page 1 – Overall total and 18 – 64 group only</i>  <b>Period</b> <b>01/04/07 to 31/03/08</b>	<b>Return Title:</b> <b>Number of clients receiving services during the period, provided or commissioned by the CSSR, by primary client type, service type and age group.</b>
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The total number of adult clients of all age groups receiving services during the period is

AO/D40

***Service type - 18 to 64 age group only***

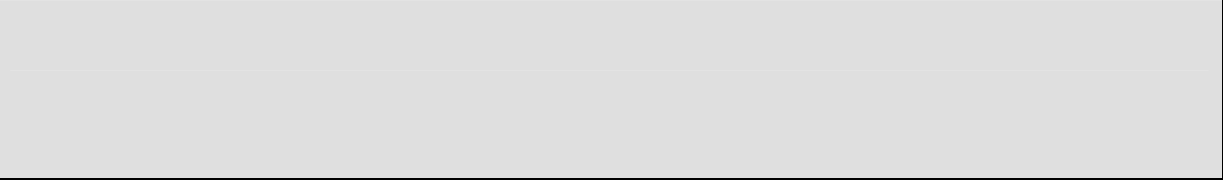
<b><i>Primary client type:</i></b>	<b>Total of clients</b>	<b>Community-based services in own home</b>	<b>CSSR Residential care</b>	<b>Independent sector residential care</b>	<b>Nursing care</b>
<b>Physical disability, frailty and sensory impairment (total)</b>					
Of which: Physical disability, frailty and/or temporary illness					
Hearing impairment					
Visual impairment					
Dual sensory loss					
<b>Mental Health (total)</b>					
Of which: Dementia					
<b>Vulnerable people (total)</b>					
<b>Learning disability (total)</b>					
<b>Substance misuse (total)</b>					
<b>Total of above</b>					

<b>Return Ref: P1</b> <i>Page 2 - for the 65 and over age group only</i>	<b>Return Title:</b> Number of clients receiving services during the period, provided or commissioned by the CSSR, by primary client type, service type and age group.				
<b>Period</b> 01/04/07 to 31/03/08					
<b>Service type – 65 and over age group only</b>					
<b>Primary client type:</b>	<b>Total of clients</b>	<b>Community-based services in own home</b>	<b>CSSR Residential care</b>	<b>Independent sector residential care</b>	<b>Nursing care</b>
<b>Physical disability, frailty and sensory impairment (total)</b>					
Of which; Physical disability, frailty and/or temporary illness					
Hearing impairment					
Visual impairment					
Dual sensory loss					
<b>Mental Health (total)</b>					
Of which: Dementia					
<b>Vulnerable People (total)</b>					
<b>Learning Disability (total)</b>					
<b>Substance Misuse (total)</b>					
<b>Total of above</b>					

**Return Ref: P1**  
*Page 3*

**Period**  
**01/04/07 to 31/03/08**

**Return Title:**  
**Number of clients receiving services during the period, provided or commissioned by the CSSR, by primary client type, service type and age group.**



**Basis of return:**

**Whole population count**

**Sample**

*Please describe the basis of your sample:*

*Notes:*



**THIS FORM IS USED FOR CALCULATING PERFORMANCE INDICATORS**

<b>Return Ref: P2f</b> <i>Page 1 - for the 18 – 64 age group only</i>		<b>Return Title:</b> Number of clients receiving community-based services during the period, provided or commissioned by the CSSR, by components of service, primary client type and age group.		
<b>Period</b> 01/04/07 to 31/03/08				
<b>Components of service – 18 to 64 age group only</b>				
<b>Primary client type:</b>	Total of clients	Home Care	Day Care	Meals
<b>Physical disability, frailty and sensory impairment (total)</b>				
Of which: Physical disability, frailty and/or temporary illness				
Hearing impairment				
Visual impairment				
Dual sensory loss				
<b>Mental Health (total)</b>				
Of which: Dementia				
<b>Vulnerable people (total)</b>				
<b>Learning disability (total)</b>				
<b>Substance misuse (total)</b>				
<b>Total of above</b>	AO/C62			

<b>Return Ref: P2f</b> <i>Page 2- for the 18 – 64 age group only</i>  <b>Period</b> <b>01/04/07 to 31/03/08</b>		<b>Return Title:</b> <b>Number of clients receiving community-based services during the period, provided or commissioned by the CSSR, by components of service, primary client type and age group.</b>			
<b>Components of service – 18 to 64 age group only</b>					
<b>Primary client type:</b>	Short term residential not respite	Direct payments	Professional support	Equipment & adaptations	Other
<b>Physical disability, frailty and sensory impairment (total)</b>					
Of which: Physical disability, frailty and/or temporary illness					
Hearing impairment					
Visual impairment					
Dual sensory loss					
<b>Mental Health (total)</b>					
Of which: Dementia					
<b>Vulnerable people (total)</b>					
<b>Learning disability (total)</b>					
<b>Substance misuse (total)</b>					
<b>Total of above</b>					

**THIS FORM IS USED FOR CALCULATING PERFORMANCE INDICATORS**

<b>Return Ref: P2f</b> <i>Page 3 - for the 65 and over age group only</i>  <b>Period</b> 01/04/07 to 31/03/08		<b>Return Title:</b> Number of clients receiving community-based services during the period, provided or commissioned by the CSSR, by components of service, primary client type and age group.		
<b>Components of service – 65 and over age group only</b>				
<b>Primary client type:</b>	<b>Total of clients</b>	<b>Home Care</b>	<b>Day care</b>	<b>Meals</b>
<b>Physical disability, frailty and sensory impairment (total)</b>				
Of which: Physical disability, frailty and/or temporary illness				
Hearing impairment				
Visual impairment				
Dual sensory loss				
<b>Mental Health (total)</b>				
Of which: Dementia				
<b>Vulnerable People (total)</b>				
<b>Learning Disability (total)</b>				
<b>Substance Misuse (total)</b>				
<b>Total of above</b>	AO/C62			

**Return Ref: P2f**  
*Page 4- for the 65 and over age group only*

**Period**  
**01/04/07 to 31/03/08**

**Return Title:**  
**Number of clients receiving community-based services during the period, provided or commissioned by the CSSR, by components of service, primary client type and age group.**

**Components of service – 65 and over age group only**

<b>Primary client type:</b>	<b>Short term residential not respite</b>	<b>Direct payments</b>	<b>Professional support</b>	<b>Equipment &amp; adaptations</b>	<b>Other</b>
<b>Physical disability, frailty and sensory impairment (total)</b>					
Of which: Physical disability, frailty and/or temporary illness					
Hearing impairment					
Visual impairment					
Dual sensory loss					
<b>Mental Health (total)</b>					
Of which: Dementia					
<b>Vulnerable people (total)</b>					
<b>Learning disability (total)</b>					
<b>Substance misuse (total)</b>					
<b>Total of above</b>					

**Return Ref: P2f**  
**Page 5 – all ages**

**Period**  
**01/04/07 to 31/03/08**

**Return Title:**  
**Number of clients receiving community-based services during the period, provided or commissioned by the CSSR, by components of service, primary client type and age group.**

**Basis of return:**

- Whole population count**
- Sample**

*Please describe the basis of your sample:*

*Notes:*

**THIS FORM IS USED FOR CALCULATING PERFORMANCE INDICATORS**

<b>Return Ref: P2s</b> <i>Page 1 - for the 18 – 64 age group only</i>  <b>Period</b> <b>31/03/08</b>	<b>Return Title:</b> <b>Number of clients on the books to receive community-based services on the last day of the period, provided or commissioned by the CSSR, by selected components of service, primary client type and age group.</b>				
<b>Selected components of service – 18 to 64 age group only</b>					
<b>Primary client type:</b>	<b>Total of clients</b>	<b>Home care</b>	<b>Day care</b>	<b>Meals</b>	<b>Short term residential not respite</b>
<b>Physical disability, frailty and sensory impairment (total)</b>	AO/C29				
Of which: Physical disability, frailty and/or temporary illness					
Hearing impairment					
Visual impairment					
Dual sensory loss					
<b>Mental Health (total)</b>	AO/C31				
Of which: Dementia					
<b>Vulnerable People (total)</b>					
<b>Learning Disability (total)</b>	AO/C30				
<b>Substance Misuse (total)</b>					
<b>Total of above</b>					

**THIS FORM IS USED FOR CALCULATING PERFORMANCE INDICATORS**

<b>Return Ref: P2s</b> <i>Page 2 - for the 18 – 64 age group only</i>	<b>Return Title:</b> Number of clients on the books to receive community-based services on the last day of the period, provided or commissioned by the CSSR, by selected components of service, primary client type and extended age group.			
<b>Period</b> 31/03/08				
<b><i>Selected components of service – 18 to 64 age group only</i></b>				
<b><i>Primary client type:</i></b>	<b>Direct payments</b>	<b>Professional support</b>	<b>Equipment &amp; adaptations</b>	<b>Other</b>
<b>Physical disability, frailty and sensory impairment (total)</b>				
Of which: Physical disability, frailty and/or temporary illness				
Hearing impairment				
Visual impairment				
Dual sensory loss				
<b>Mental Health (total)</b>				
Of which: Dementia				
<b>Vulnerable People (total)</b>				
<b>Learning Disability (total)</b>				
<b>Substance Misuse (total)</b>				
<b>Total of above</b>	AO/C51			

**THIS FORM IS USED FOR CALCULATING PERFORMANCE INDICATORS**

<b>Return Ref: P2s</b> <i>Page 3 - for the 65 -74 age group only</i>	<b>Return Title:</b> Number of clients on the books to receive community-based services on the last day of the period, provided or commissioned by the CSSR, by selected components of service, primary client type and age group.				
<b>Period</b> 31/03/08					
<b><i>Selected components of service – 65 to 74 age group only</i></b>					
<b><i>Primary client type:</i></b>	<b>Total of clients</b>	<b>Home care</b>	<b>Day care</b>	<b>Meals</b>	<b>Short term residential not respite</b>
<b>Physical disability, frailty and sensory impairment (total)</b>					
Of which: Physical disability, frailty and/or temporary illness					
Hearing impairment					
Visual impairment					
Dual sensory loss					
<b>Mental Health (total)</b>					
Of which: Dementia					
<b>Vulnerable People (total)</b>					
<b>Learning Disability (total)</b>					
<b>Substance Misuse (total)</b>					
<b>Total of above</b>	AO/C32				

**THIS FORM IS USED FOR CALCULATING PERFORMANCE INDICATORS**

<b>Return Ref: P2s</b> <i>Page 4 - for the 65-74 age group only</i>	<b>Return Title:</b> Number of clients on the books to receive community-based services on the last day of the period, provided or commissioned by the CSSR, by selected components of service, primary client type and age group.			
<b>Period</b> 31/03/08				
<b><i>Selected components of service – 65 to 74 age group only</i></b>				
<b><i>Primary client type:</i></b>	<b>Direct payments</b>	<b>Professional support</b>	<b>Equipment &amp; adaptations</b>	<b>Other</b>
<b>Physical disability, frailty and sensory impairment (total)</b>				
Of which: Physical disability, frailty and/or temporary illness				
Hearing impairment				
Visual impairment				
Dual sensory loss				
<b>Mental Health (total)</b>				
Of which: Dementia				
<b>Vulnerable People (total)</b>				
<b>Learning Disability (total)</b>				
<b>Substance Misuse (total)</b>				
<b>Total of above</b>	AO/C51			

**THIS FORM IS USED FOR CALCULATING PERFORMANCE INDICATORS**

<b>Return Ref: P2s</b> <i>Page 5 - for the 75 and over age group only</i>	<b>Return Title:</b> Number of clients on the books to receive community-based services on the last day of the period, provided or commissioned by the CSSR, by selected components of service, primary client type and age group.				
<b>Period</b> 31/03/08					
<b><i>Selected components of service –75 and over age group only</i></b>					
<b>Primary client type:</b>	<b>Total of clients</b>	<b>Home care</b>	<b>Day care</b>	<b>Meals</b>	<b>Short term residential not respite</b>
<b>Physical disability, frailty and sensory impairment (total)</b>					
Of which: Physical disability, frailty and/or temporary illness					
Hearing impairment					
Visual impairment					
Dual sensory loss					
<b>Mental Health (total)</b>					
Of which: Dementia					
<b>Vulnerable People (total)</b>					
<b>Learning Disability (total)</b>					
<b>Substance Misuse (total)</b>					
<b>Total of above</b>	<b>AO/C32</b>				

<b>Return Ref: P2s</b> <i>Page 6 - for the 75 and over age group only</i>	<b>Return Title:</b> Number of clients on the books to receive community-based services on the last day of the period, provided or commissioned by the CSSR, by selected components of service, primary client type and age group.			
<b>Period</b> 31/03/08				
<b>Selected components of service – 75 and over age group only</b>				
<b>Primary client type:</b>	Direct Payments	Professional support	Equipment & adaptations	Other
<b>Physical disability, frailty and sensory impairment (total)</b>				
Of which: Physical disability, frailty and/or temporary illness				
Hearing impairment				
Visual impairment				
Dual sensory loss				
<b>Mental Health (total)</b>				
Of which: Dementia				
<b>Vulnerable People (total)</b>				
<b>Learning Disability (total)</b>				
<b>Substance Misuse (total)</b>				
<b>Total of above</b>				

**THIS FORM IS USED FOR CALCULATING PERFORMANCE INDICATORS**

<b>Return Ref: P2s</b> <i>Page 7– all ages</i>  <b>Period</b> <b>31/03/08</b>	<b>Return Title:</b> <b>Number of clients on the books to receive community-based services on the last day of the period, provided or commissioned by the CSSR, by selected components of service, primary client type and age group.</b>
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**Total number of clients receiving Direct payments :**

**Aged 75-84**

AO/C51

**Aged 85 and over**

AO/C51

The following section should only be completed by the 13 Councils who are piloting Individual Budgets <http://individualbudgets.csip.org.uk/dynamic/dohpage2.jsp>

Number of clients planned to receive services by or on behalf of social services via an Individual Budget at 31 March 2008

<b><i>Client group</i></b>	<b><i>Total number of clients planned to receive services via an Individual Budget</i></b>	<b><i>Number of clients planned to receive a direct payment as part of an Individual budget</i></b>
<b><i>Aged 18-64</i></b>		
Physical disability, frailty and sensory impairment		
Learning Disability		
Mental Health		
Substance misuse		
Other vulnerable people		
<b>Total 18-64</b>		
<b><i>Aged 65 and over</i></b>		
65-74		
75-84		
85 and over		
<b>Total 65 and over</b>		

<p><b>Return Ref: P2s</b> <i>Page 8– all ages</i></p> <p><b>Period</b> <i>31/03/08</i></p>	<p><b>Return Title:</b> Number of clients on the books to receive community-based services on the last day of the period, provided or commissioned by the CSSR, by selected components of service, primary client type and age group.</p>
<p><b>Basis of return:</b></p> <p><input type="checkbox"/> Whole population count</p> <p><input type="checkbox"/> Sample</p>	
<p><i>Please describe the basis of your sample:</i></p>	
<p><i>Notes:</i></p>	



**Return Ref: P4**  
**Page 1 – Ethnicity by service type for the 18 – 64 age group only**

**Period**  
**01/04/07 to 31/03/08**

**Return Title:**  
**Number of clients receiving services during the period, provided or commissioned by the CSSR, by ethnicity, service type, primary client type and age group**

**Service type – 18-64 age group only**

<b>Ethnic groups:</b>		<b>Total of all clients</b>	<b>Community-based services in own home</b>	<b>CSSR residential care</b>	<b>Independent sector residential care</b>	<b>Nursing care</b>
<b>White</b>	<b>British</b>					
	<b>Irish</b>					
	<b>Any other White background</b>					
<b>Mixed</b>	<b>White and Black Caribbean</b>					
	<b>White and Black African</b>					
	<b>White and Asian</b>					
	<b>Any other mixed background</b>					
<b>Asian or Asian British</b>	<b>Indian</b>					
	<b>Pakistani</b>					
	<b>Bangladeshi</b>					
	<b>Any other Asian background</b>					
<b>Black or Black British</b>	<b>Caribbean</b>					
	<b>African</b>					
	<b>Any other Black background</b>					
<b>Chinese or other ethnic group</b>	<b>Chinese</b>					
	<b>Any other ethnic group</b>					
<b>Not stated</b>						

**Return Ref: P4**  
**Page 2 – Ethnicity by service type for the 65 and over age group only**

**Period**  
**01/04/07 to 31/03/08**

**Return Title:**  
**Number of clients receiving services during the period, provided or commissioned by the CSSR, ethnicity, service type, primary client type and age group**

**Service type – 65 and over age group only**

<b>Ethnic groups:</b>		<b>Total of all clients</b>	<b>Community-based services in own home</b>	<b>CSSR residential care</b>	<b>Independent sector residential care</b>	<b>Nursing care</b>
<b>White</b>	<b>British</b>					
	<b>Irish</b>					
	<b>Any other White background</b>					
<b>Mixed</b>	<b>White and Black Caribbean</b>					
	<b>White and Black African</b>					
	<b>White and Asian</b>					
	<b>Any other mixed background</b>					
	<b>Asian or Asian British</b>					
	<b>Indian</b>					
	<b>Pakistani</b>					
	<b>Bangladeshi</b>					
	<b>Any other Asian background</b>					
<b>Black or Black British</b>	<b>Caribbean</b>					
	<b>African</b>					
	<b>Any other Black background</b>					
<b>Chinese or other ethnic group</b>	<b>Chinese</b>					
	<b>Any other ethnic group</b>					
<b>Not stated</b>						

<b>Return Ref: P4</b> <i>Page 3 – Ethnicity by primary client type for the 18-64 age group only</i>		<b>Return Title:</b> Number of clients receiving services during the period, provided or commissioned by the CSSR, by ethnicity, service type, primary client type and age group.				
<b>Period</b> 01/04/07 to 31/03/08						
<b>Primary client type – 18-64 age group only</b>						
<b>Ethnic groups:</b>		<b>Physical disability, frailty and sensory impairment</b>	<b>Learning disability</b>	<b>Mental health</b>	<b>Substance misuse</b>	<b>Vulnerable people</b>
<b>White</b>	<b>British</b>					
	<b>Irish</b>					
	<b>Any other White background</b>					
<b>Mixed</b>	<b>White and Black Caribbean</b>					
	<b>White and Black African</b>					
	<b>White and Asian</b>					
	<b>Any other mixed background</b>					
<b>Asian or Asian British</b>	<b>Indian</b>					
	<b>Pakistani</b>					
	<b>Bangladeshi</b>					
	<b>Any other Asian background</b>					
<b>Black or Black British</b>	<b>Caribbean</b>					
	<b>African</b>					
	<b>Any other Black background</b>					
<b>Chinese or other ethnic group</b>	<b>Chinese</b>					
	<b>Any other ethnic group</b>					
<b>Not stated</b>						

**Return Ref: P4**  
**Page 4 – Ethnicity by primary client type for the 65 and over age group only**

**Period**  
**01/04/07 to 31/03/08**

**Return Title:**  
**Number of clients receiving services during the period, provided or commissioned by the CSSR, by ethnicity, service type, primary client type and age group.**

**Primary client type – 65 and over age group only**

<b>Ethnic groups:</b>		<b>Physical disability, frailty and sensory impairment</b>	<b>Learning disability</b>	<b>Mental health</b>	<b>Substance misuse</b>	<b>Vulnerable people</b>
<b>White</b>	<b>British</b>					
	<b>Irish</b>					
	<b>Any other White background</b>					
<b>Mixed</b>	<b>White and Black Caribbean</b>					
	<b>White and Black African</b>					
	<b>White and Asian</b>					
	<b>Any other mixed background</b>					
<b>Asian or Asian British</b>	<b>Indian</b>					
	<b>Pakistani</b>					
	<b>Bangladeshi</b>					
	<b>Any other Asian background</b>					
<b>Black or Black British</b>	<b>Caribbean</b>					
	<b>African</b>					
	<b>Any other Black background</b>					
<b>Chinese or other ethnic group</b>	<b>Chinese</b>					
	<b>Any other ethnic group</b>					
<b>Not stated</b>						

**Return Ref: P4**  
**Page 5 –all ages**

**Period**  
**01/04/07 to 31/03/08**

**Return Title:**  
**Number of clients receiving services during the period, provided or commissioned by the CSSR, by ethnicity, service type, primary client type and age group.**

**Basis of return:**

**Whole population count**

**Sample**

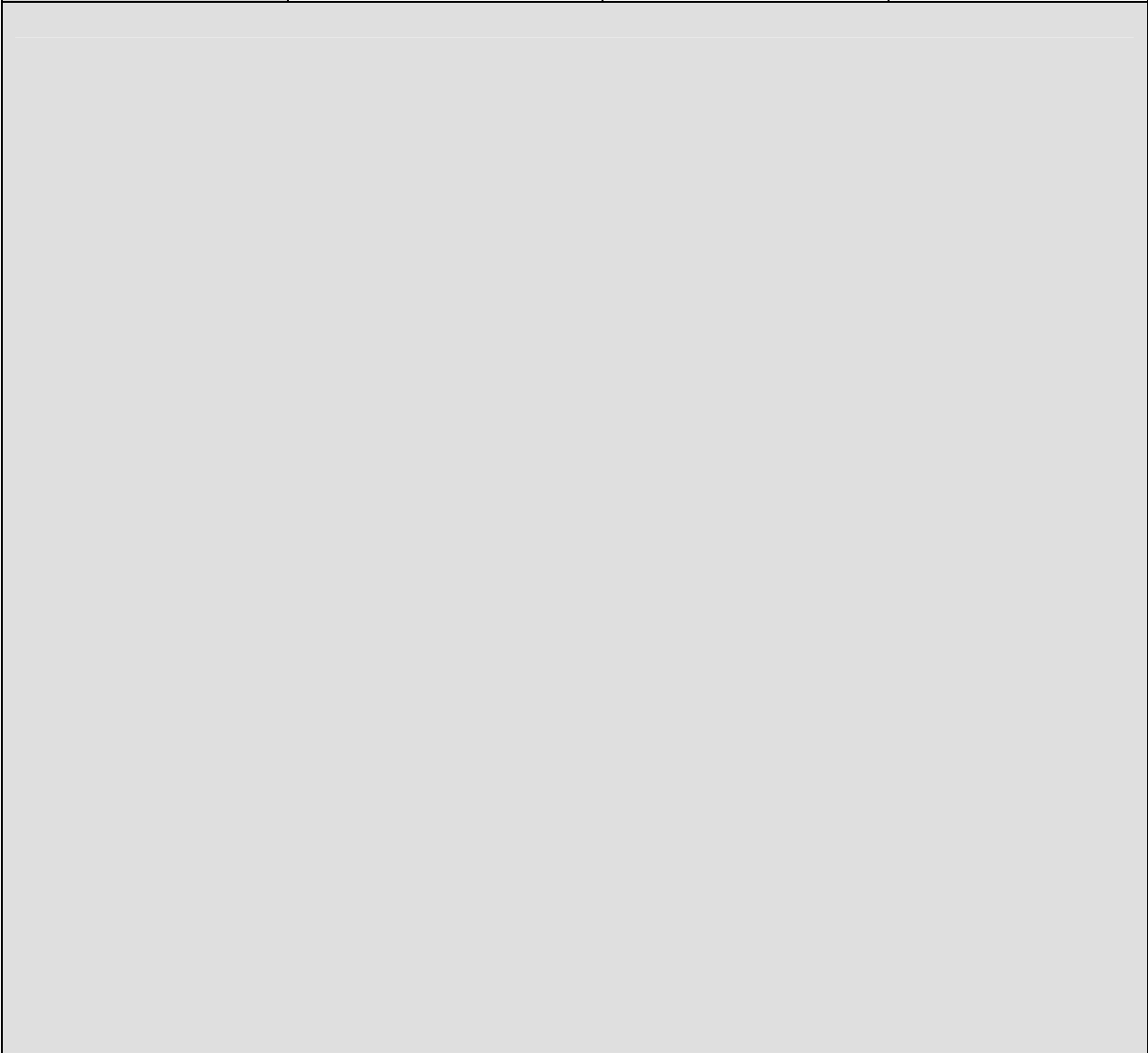
*Please describe the basis of your sample:*

*Notes:*

**Return Ref: C1**  
**Page 1**  
**Period**  
**01/04/07 to 31/03/08**

**Return Title:**  
**Number of carers for whom assessments or reviews were completed during the period by age group of carer.**

<b>Age group of Carer</b>	<b>Number of carers assessed or reviewed separately</b>	<b>Number of carers assessed or reviewed jointly with the client</b>	<b>Number of carers declining an assessment</b>
<b>Under 18</b>			
<b>18-64</b>			
<b>65-74</b>			
<b>75 and over</b>			
<b>All ages</b>			



<b>Return Ref: C1</b> <i>Page 2</i>		<b>Return Title:</b> Number of carers for whom assessments or reviews were completed during the period, by client group and age group of person cared for by the carer.	
<b>Period</b> 01/04/07 to 31/03/08			
<b>Client group and age group of person cared for by the carer</b>	<b>Number of carers assessed or reviewed separately</b>	<b>Number of carers assessed or reviewed jointly with the client</b>	<b>Number of carers declining an assessment</b>
<b>Age 18 -64</b>			
<b>Physical disability, frailty and sensory impairment</b>			
<b>Mental Health</b>			
<b>Learning disability</b>			
<b>Substance Misuse</b>			
<b>Vulnerable people</b>			
<b>Total</b>			
<b>Age 65 and over</b>			
<b>Physical disability, frailty and sensory impairment</b>			
<b>Mental Health</b>			
<b>Learning disability</b>			
<b>Substance Misuse</b>			
<b>Vulnerable people</b>			
<b>Total</b>			

**Return Ref: C1**  
**Page 3**  
**Period**  
**01/04/07 to 31/03/08**

**Return Title:**  
**Number of carers for whom assessments or reviews were completed during the period, by (i) age group of carer, and (ii) client group and age group of person cared for by the carer.**

**Basis of return:**

- Whole population count**
- Sample**

*Please describe the basis of your sample:*

*Notes:*

**THIS FORM IS USED FOR CALCULATING PERFORMANCE INDICATORS**

<b>Return Ref: C2</b> <i>Page 1</i>  <b>Period</b> <b>01/04/07 to 31/03/08</b>	<b>Return Title:</b> <b>Number of carers receiving different types of services provided as an outcome of an assessment or review, by age group of carer</b>	
<b>Age group of carer</b>	<b>Services including <i>respite for the carer</i> and /or other carers' specific services</b>	<b>Information and advice only</b>
<b>Under 18</b>		
<b>18-64</b>		
<b>65-74</b>		
<b>75 and over</b>		
<b>All ages</b>	<b>AO/C62</b>	
Empty area for data entry		

<b>Return Ref: C2</b> <i>Page 2</i>	<b>Return Title:</b> Number of carers receiving different types of services provided as an outcome of an assessment or review by client group and age group of person cared for by the carer.	
<b>Period</b> 01/04/07 to 31/03/08		
<b>Client group and age group of person cared for by the carer</b>	<b>Services including <i>respite for the carer</i> and /or other carers' specific services</b>	<b>Information and advice only</b>
<b>Age 18-64</b>		
<b>Physical disability, frailty and sensory impairment</b>		
<b>Mental Health</b>		
<b>Learning disability</b>		
<b>Substance Misuse</b>		
<b>Vulnerable people</b>		
<b>Total</b>		
<b>Age 65 and over</b>		
<b>Physical disability, frailty and sensory impairment</b>		
<b>Mental Health</b>		
<b>Learning disability</b>		
<b>Substance Misuse</b>		
<b>Vulnerable people</b>		
<b>Total</b>		

<b>Return Ref: C2</b> <i>Page 3</i>  <b>Period</b> <b>01/04/07 to 31/03/08</b>	<b>Return Title:</b> <b>Number of carers receiving different types of services provided as an outcome of an assessment or review, by (i) age group of carer, and (ii) client group and age group of person cared for by the carer.</b>
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**Basis of return:**

**Whole population count**

**Sample**

*Please describe the basis of your sample:*

*Notes:*

**End sheet:**

**State any cost-bearing activity undertaken by your Social Services Department in relation to meeting the needs of adults which you have not been able to include within the preceding returns. If possible both describe and quantify.**