

CLIENT SERVICE RECEIPT INVENTORY - CHILDREN'S VERSION -

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**This instrument is to be completed by the main carer of the child in the family.
The retrospective period over which data sought = 6 months**

BACKGROUND INFORMATION

1. Child's name and/or number _____
2. Interviewer's name and/or number _____
3. Date of interview *day/month/year* / /
d d m m y y
4. Relationship of interviewee to child
(*e.g. mother or aunt*) _____
5. Is the interviewee the main carer? Yes No
6. Child's address *Street* _____
Town _____ *Postcode* _____
7. Child's date of birth *day/month/year* / /
d d m m y y
8. Child's gender Male Female
9. How would you describe your child's ethnic status?
(*please circle one code only*)
- | | |
|-----------------|---|
| White | 1 |
| Black Caribbean | 2 |
| Black African | 3 |
| Black other | 4 |
| Indian | 5 |
| Pakistani | 6 |
| Bangladeshi | 7 |
| Chinese | 8 |
| Other | 9 |

HOUSEHOLD CIRCUMSTANCES

10. Please tell me about your housing type
- | | |
|---------------------|---|
| Owner occupier | 1 |
| Council rented | 2 |
| Housing Association | 3 |
| Private rented | 4 |
| Other | 5 |
11. Who does your child live with at the moment?
- | | |
|--------------------------------------|---|
| Both natural parents | 1 |
| Natural mother & mother's partner | 2 |
| Natural father & father's partner | 3 |
| Living with a relative/family friend | 4 |
| Formal foster care | 5 |
| Adoptive parents | 6 |
| Residential home | 7 |
| Other | 8 |

EMPLOYMENT AND INCOME

12. What is your employment status?
- | | |
|----------------------|---|
| Employed | 1 |
| Sheltered employment | 2 |
| Unemployed | 3 |
| Student | 4 |
| Housewife/husband | 5 |
| Retired | 6 |
| Other | 7 |

13. **If unemployed:** a) Month / year last in paid employment
- | | | | | | |
|--|----------------------|----------------------|---|----------------------|----------------------|
| | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> |
| | <i>m</i> | <i>m</i> | | <i>y</i> | <i>y</i> |

b) Job title of your last paid job _____

14. **If employed:** a) What is your job title? _____

b) Hours worked per week (on average)

c) What wage do you earn per month? £ ,

d) Is this before or after tax? Net Gross
(Gross wage = before tax and other deductions)

e) How many days have you been absent from work in the last 6 months?

f) Of these, how many are due to your child's behaviour?

g) Has your child's behaviour affected your working ability? Yes No

h) **If yes:** How many hours less have you worked per week?

- i) **If yes:** Please tick all problems related to your child's behaviour which effect your working ability
- | | |
|---------------------------------|--------------------------|
| 1 Tired | <input type="checkbox"/> |
| 2 Worried/anxious | <input type="checkbox"/> |
| 3 Feeling down | <input type="checkbox"/> |
| 4 Inability to concentrate | <input type="checkbox"/> |
| 5 Phone calls about the child | <input type="checkbox"/> |
| 6 Leaving work to collect child | <input type="checkbox"/> |
| 7 Other | <input type="checkbox"/> |

j) Out of these problems at work which is the most important?

- k) How often does this problem effect your working day?
- | | |
|------------------------|---|
| Less than once a month | 1 |
| Once or twice a month | 2 |
| Once or twice a week | 3 |
| Once or twice a day | 4 |

15. **If has partner:** a) What is his/her employment status?
- | | |
|----------------------|---|
| Employed | 1 |
| Sheltered employment | 2 |
| Unemployed | 3 |
| Student | 4 |
| Housewife/husband | 5 |
| Retired | 6 |
| Other | 7 |

b) **If employed:** Hours worked per week (on average)

c) What wage does s/he earn per month? £ ,

d) Is this before or after tax? Net Gross
(Gross wage = before tax and other deductions)

e) How many days have you been absent from work in the last 6 months?

f) Has your child's behaviour affected your partner's employment or chances of a career? Yes No

- g) **If yes:** How has your partners employment been principally affected?
- | | |
|----------------------|---|
| Loss of job | 1 |
| Choice of career | 2 |
| Absence from work | 3 |
| Change in work hours | 4 |
| Other | 5 |

16. What is the main source of your income for the family Earned Income Benefits

SCHOOL SUPPORT OR SPECIAL SCHOOL

17. Has your child attended a special school or unit in the last 12 months? Yes No

18. **If yes:** What type of educational facility does s/he attend?

LEA day school	1
LEA boarding school	2
Private day school	3
Private boarding special school	4
Special unit in mainstream school	5

19. How many half days a week does s/he attend the special school per term time week?
(Note: full time is 10 sessions, half time is 5 sessions) No. of sessions per week

20. Does your child receive any of the following for their learning difficulties/behaviour problems?

Individual tuition at home (LEA)	1
Individual tuition in a special unit	2
Help in a small group for classes (eg English/maths)	3

21. Has s/he seen any of the following people in school in the last 12 months due to their behaviour or learning difficulties?

Professional	Number of contacts	Average contact duration (minutes)	Months of contact
Educational Psychologist			NA
Welfare Officer			
Classroom assistant			
Special education needs coordinator			

22. Has s/he either been excluded or suspended?

Neither	0
Excluded permanently	1
Suspended	2
Suspended & excluded permanently	3

23. **If excluded / suspended:** a) how many times has s/he been excluded?
 b) how many times has s/he been suspended?

24. Has s/he been given a statement of special needs by the school and Education department?
(NB: If in special school children are nearly always statemented) Yes No

HEALTH SERVICE USE

25. Please record any use of hospital in-patient services by your child in the last 12 months.

Admission	Reason for stay	Ward speciality (eg Paediatrics)	No of inpatient days in last 12 months
1			
2			
3			

26. Please record any use of other hospital services by your child over the last 6 months.

Services used	Number of attendances due to behaviour problems	Number of other attendances
A & E		
Other out patient (paediatrics department, childrens department)		
Day Hospital Treatment setting		

27. Has your child used any of the following services in the last 6 months?

Service	Number of contacts	Average duration (minutes)	Home visit? (tick for yes)
Health			
School nurse			
Health visitor			
Dentist			
GP			
Paediatrician			
Optician			
Child development center			
Child guidance unit			
Speech therapy out of school			
Hearing specialist			
Other			
Counselling			
Family therapist			
Individual therapy			
Other.....			

27 (cont). Has your child used any of the following services in the last 6 months?

Service	Number of contacts	Average duration (minutes)	Home visit? (tick for yes)
Support			
Home help/ care worker			
Day care centre			
Social worker			
Social services nursery school place			
After school club			
Other			

28. Has your child stayed away overnight in any of the following places in the last 6 months?

In a children's home	2	How many days in total?	<input type="text"/>	<input type="text"/>	<input type="text"/>
With another foster carer	3	How many days in total?	<input type="text"/>	<input type="text"/>	<input type="text"/>
Any other residential placement	4	How many days in total?	<input type="text"/>	<input type="text"/>	<input type="text"/>

29. Has your family used any of the following services over the last 12 months as a result of you child's behaviour/disability? *(For example additional visits to the GP, family planning, social services, psychiatric services, marriage guidance, counselling, self help groups, alternative medicine, advice lines)*

Service	Number of contacts	Average duration (minutes)	Home visit? (tick for yes)

Thank-you for your help